



**ISLAMIC REPUBLIC OF AFGHANISTAN  
MINISTRY OF PUBLIC HEALTH**

**Project Name:  
Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project  
At Afghan-Japan Hospital, Kabul**

(Project ID: P173775)  
(Grant ID: D5930-AF)

**Contract No: AFG/MoPH/GCMU/COVID-19/36**

**Lump-Sum  
CONTRACT FOR CONSULTANT'S SERVICES  
DIRECT SELECTION**

**between**

**Ministry of Public Health (MoPH)**

**and**

**Care of Afghan Families (CAF)**

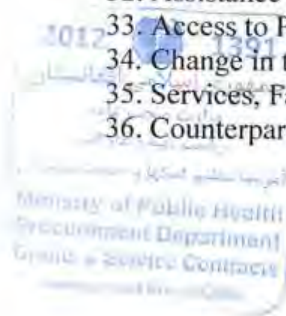
**Funded by:  
International Development Association (IDA)**

**Dated: Sep 2020**



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## I. Form of Contract

### LUMP-SUM

This CONTRACT (hereinafter called the "Contract") is made the *September 09, 2020*, between, on the one hand, *Ministry of Public Health* (hereinafter called the "Client") and, on the other hand, *Care of Afghan Families* (hereinafter called the "Consultant or Service Provider").

#### WHEREAS

- (a) the Client has requested the Service Provider to provide certain consulting services as defined in this Contract (hereinafter called the "Services");
- (b) the Consultant, having represented to the Client that it has the required professional skills, expertise and technical resources, has agreed to provide the Services on the terms and conditions set forth in this Contract;
- (c) the Client has received a grant from the *International Development Association (IDA)* toward the cost of the Services and intends to apply a portion of the proceeds of this grant to eligible payments under this Contract, it being understood that (i) payments by the Bank will be made only at the request of the Client and upon approval by the Bank; (ii) such payments will be subject, in all respects, to the terms and conditions of the grant agreement, including prohibitions of withdrawal from the grant account for the purpose of any payment to persons or entities, or for any import of goods, if such payment or import, to the knowledge of the Bank, is prohibited by the decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations; and (iii) no party other than the Client shall derive any rights from the grant agreement or have any claim to the grant proceeds;

NOW THEREFORE the parties hereto hereby agree as follows:

1. The following documents attached hereto shall be deemed to form an integral part of this Contract:
  - (a) The General Conditions of Contract (including Attachment 1 "Fraud and Corruption");
  - (b) The Special Conditions of Contract;
  - (c) Appendices:
    - Appendix A: Terms of Reference
    - Appendix B: Progress Report Formats
    - Appendix C: Key Experts
    - Appendix D: Breakdown of Contract Price
    - Appendix E: Work plan
    - Appendix F: Minutes of Contract Negotiations

In the event of any inconsistency between the documents, the following order of precedence shall prevail: The Special Conditions of Contract; the General Conditions of Contract, including Attachment 1; Appendix A; Appendix B; Appendix C; Appendix D; Appendix E;



Appendix F; Any reference to this Contract shall include, where the context permits, a reference to its Appendices.

2. The mutual rights and obligations of the Client and the Service Provider shall be as set forth in the Contract, in particular:
  - (a) the Service Provider shall carry out the Services in accordance with the provisions of the Contract; and
  - (b) the Client shall make payments to the Service Provider in accordance with the provisions of the Contract.

IN WITNESS WHEREOF, the Parties hereto have caused this Contract to be signed in their respective names as of the day and year first above written.

Prepared by: **Dr. Fidaullah Naseeri, Sr. Grant Management Specialist, GCMU**

Checked by: **Dr Niaz Mohammad Naeb Acting Head of GCMU**

Attested by: **Mr. Adillyar Shekib, Procurement Director of MoPH**

Reviewed by: **Mr. Hamed Hameedi, Sr. Procurement and Finance Advisor to the Minister**

For and on behalf of *Ministry of Public Health*

*Ahmad Jawad Osmani*  
*Acting Minister of Public Health*

For and on behalf *Care of Afghan Families (CAF)*

*Dr Mohammad Ashraf Elham*  
*Director General, CAF*



## II. General Conditions of Contract

### A. GENERAL PROVISIONS

#### 1. Definitions

1.1 Unless the context otherwise requires, the following terms whenever used in this Contract have the following meanings:

- (a) "Applicable Law" means the laws and any other instruments having the force of law in the Client's country, or in such other country as may be specified in the **Special Conditions of Contract (SCC)**, as they may be issued and in force from time to time.
- (b) "Bank" means the International Bank for Reconstruction and Development (IBRD) or the International Development Association (IDA).
- (c) "Borrower" means the Government, Government agency or other entity that signs the financing agreement with the Bank.
- (d) "Client" means the implementing agency that signs the Contract for the Services with the Selected Consultant.
- (e) "Consultant" means a legally-established professional consulting firm or entity selected by the Client to provide the Services under the signed Contract.
- (f) "Contract" means the legally binding written agreement signed between the Client and the Service Provider and which includes all the attached documents listed in its paragraph 1 of the Form of Contract (the General Conditions (GCC), the Special Conditions (SCC), and the Appendices).
- (g) "Day" means a working day unless indicated otherwise.
- (h) "Effective Date" means the date on which this Contract comes into force and effect pursuant to Clause GCC 11.
- (i) "Experts" means, collectively, Key Experts, Non-Key Experts, or any other personnel of the Consultant, Sub-Service Provider or JV member(s) assigned by the Service Provider to perform the Services or any part thereof under the Contract.
- (j) "Foreign Currency" means any currency other than the currency of the Client's country.
- (k) "GCC" means these General Conditions of Contract.
- (l) "Government" means the government of the Client's country.
- (m) "Joint Venture (JV)" means an association with or without a legal personality distinct from that of its members, of more than one



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entity where one member has the authority to conduct all businesses for and on behalf of any and all the members of the JV, and where the members of the JV are jointly and severally liable to the Client for the performance of the Contract.

- (n) "Key Expert(s)" means an individual professional whose skills, qualifications, knowledge and experience are critical to the performance of the Services under the Contract and whose Curricula Vitae (CV) was taken into account in the technical evaluation of the Consultant's proposal.
- (o) "Local Currency" means the currency of the Client's country.
- (p) "Non-Key Expert(s)" means an individual professional provided by the Service Provider or its Sub-Service Provider to perform the Services or any part thereof under the Contract.
- (q) "Party" means the Client or the Consultant, as the case may be, and "Parties" means both of them.
- (r) "SCC" means the Special Conditions of Contract by which the GCC may be amended or supplemented but not over-written.
- (s) "Services" means the work to be performed by the Consultant pursuant to this Contract, as described in Appendix A hereto.
- (t) "Sub-Consultant" means an entity to whom/which the Consultant subcontracts any part of the Services while remaining solely liable for the execution of the Contract.
- (u) "Third Party" means any person or entity other than the Government, the Client, the Consultant or a Sub-consultant.

**2. Relationship between the Parties**

2.1. Nothing contained herein shall be construed as establishing a relationship of master and servant or of principal and agent as between the Client and the Consultant. The Consultant, subject to this Contract, has complete charge of the Experts and Sub-Consultant, if any, performing the Services and shall be fully responsible for the Services performed by them or on their behalf hereunder.

**3. Law Governing Contract**

3.1. This Contract, its meaning and interpretation, and the relation between the Parties shall be governed by the Applicable Law.

**4. Language**

4.1. This Contract has been executed in the language specified in the SCC, which shall be the binding and controlling language for all matters relating to the meaning or interpretation of this Contract.

**5. Headings**

5.1. The headings shall not limit, alter or affect the meaning of this Contract.

**6. Communications**

6.1. Any communication required or permitted to be given or made pursuant to this Contract shall be in writing in the language specified in Clause GCC 4. Any such notice, request or consent shall be deemed to have been given or made when delivered in person to an authorized



representative of the Party to whom the communication is addressed, or when sent to such Party at the address specified in the SCC.

6.2. A Party may change its address for notice hereunder by giving the other Party any communication of such change to the address specified in the SCC.

**7. Location**

7.1. The Services shall be performed at such locations as are specified in **Appendix A** hereto and, where the location of a particular task is not so specified, at such locations, whether in the Government's country or elsewhere, as the Client may approve.

**8. Authority of Member in Charge**

8.1. In case the Consultant is a Joint Venture, the members hereby authorize the member specified in the SCC to act on their behalf in exercising all the Consultant's rights and obligations towards the Client under this Contract, including without limitation the receiving of instructions and payments from the Client.

**9. Authorized Representatives**

9.1. Any action required or permitted to be taken, and any document required or permitted to be executed under this Contract by the Client or the Consultant may be taken or executed by the officials specified in the SCC.

**10. Fraud and Corruption**

10.1 The Bank requires compliance with the Bank's Anti-Corruption Guidelines and its prevailing sanctions policies and procedures as set forth in the WBG's Sanctions Framework, as set forth in Attachment I to the GCC.

**a. Commissions and Fees**

10.2 The Client requires the Consultant to disclose any commissions, gratuities or fees that may have been paid or are to be paid to agents or any other party with respect to the selection process or execution of the Contract. The information disclosed must include at least the name and address of the agent or other party, the amount and currency, and the purpose of the commission, gratuity or fee. Failure to disclose such commissions, gratuities or fees may result in termination of the Contract and/or sanctions by the Bank.

**B. COMMENCEMENT, COMPLETION, MODIFICATION AND TERMINATION OF CONTRACT**

**11. Effectiveness of Contract**

11.1. This Contract shall come into force and effect on the date (the "Effective Date") of the Client's notice to the Consultant instructing the Consultant to begin carrying out the Services. This notice shall confirm that the effectiveness conditions, if any, listed in the SCC have been met.

**12. Termination of Contract for**

12.1. If this Contract has not become effective within such time period after the date of Contract signature as specified in the SCC, either Party may, by not less than twenty two (22) days written notice to the other Party, declare this Contract to be null and void, and in the



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- Failure to Become Effective** event of such a declaration by either Party, neither Party shall have any claim against the other Party with respect hereto.
- 13. Commencement of Services** 13.1. The Consultant shall confirm availability of Key Experts and begin carrying out the Services not later than the number of days after the Effective Date specified in the SCC.
- 14. Expiration of Contract** 14.1. Unless terminated earlier pursuant to Clause GCC 19 hereof, this Contract shall expire at the end of such time period after the Effective Date as specified in the SCC.
- 15. Entire Agreement** 15.1. This Contract contains all covenants, stipulations and provisions agreed by the Parties. No agent or representative of either Party has authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not set forth herein.
- 16. Modifications or Variations** 16.1. Any modification or variation of the terms and conditions of this Contract, including any modification or variation of the scope of the Services, may only be made by written agreement between the Parties. However, each Party shall give due consideration to any proposals for modification or variation made by the other Party.
- 16.2. In cases of substantial modifications or variations, the prior written consent of the Bank is required.
- 17. Force Majeure**
- a. Definition** 17.1. For the purposes of this Contract, "Force Majeure" means an event which is beyond the reasonable control of a Party, is not foreseeable, is unavoidable, and makes a Party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible under the circumstances, and subject to those requirements, includes, but is not limited to, war, riots, civil disorder, earthquake, fire, explosion, storm, flood or other adverse weather conditions, strikes, lockouts or other industrial action confiscation or any other action by Government agencies.
- 17.2. Force Majeure shall not include (i) any event which is caused by the negligence or intentional action of a Party or such Party's Experts, Sub-Consultant or agents or employees, nor (ii) any event which a diligent Party could reasonably have been expected to both take into account at the time of the conclusion of this Contract, and avoid or overcome in the carrying out of its obligations hereunder.
- 17.3. Force Majeure shall not include insufficiency of funds or failure to make any payment required hereunder.
- b. No Breach of Contract** 17.4. The failure of a Party to fulfill any of its obligations hereunder shall not be considered to be a breach of, or default under, this Contract insofar as such inability arises from an event of Force Majeure, provided that the Party affected by such an event has taken



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all reasonable precautions, due care and reasonable alternative measures, all with the objective of carrying out the terms and conditions of this Contract.

**c. Measures to be Taken**

17.5. A Party affected by an event of Force Majeure shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall take all reasonable measures to minimize the consequences of any event of Force Majeure.

17.6. A Party affected by an event of Force Majeure shall notify the other Party of such event as soon as possible, and in any case not later than fourteen (14) calendar days following the occurrence of such event, providing evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible.

17.7. Any period within which a Party shall, pursuant to this Contract, complete any action or task, shall be extended for a period equal to the time during which such Party was unable to perform such action as a result of Force Majeure.

17.8. During the period of their inability to perform the Services as a result of an event of Force Majeure, the Consultant, upon instructions by the Client, shall either:

- (a) demobilize, in which case the Consultant shall be reimbursed for additional costs they reasonably and necessarily incurred, and, if required by the Client, in reactivating the Services; or
- (b) continue with the Services to the extent reasonably possible, in which case the Consultant shall continue to be paid under the terms of this Contract and be reimbursed for additional costs reasonably and necessarily incurred.

17.9. In the case of disagreement between the Parties as to the existence or extent of Force Majeure, the matter shall be settled according to Clauses GCC 44 & 45.

**18. Suspension**

18.1. The Client may, by written notice of suspension to the Consultant, suspend part or all payments to the Consultant hereunder if the Consultant fails to perform any of its obligations under this Contract, including the carrying out of the Services, provided that such notice of suspension (i) shall specify the nature of the failure, and (ii) shall request the Consultant to remedy such failure within a period not exceeding thirty (30) calendar days after receipt by the Consultant of such notice of suspension.

**19. Termination**

19.1. This Contract may be terminated by either Party as per provisions set up below:



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**a. By the Client**

19.1.1. The Client may terminate this Contract in case of the occurrence of any of the events specified in paragraphs (a) through (f) of this Clause. In such an occurrence the Client shall give at least thirty (30) calendar days' written notice of termination to the Consultant in case of the events referred to in (a) through (d); at least sixty (60) calendar days' written notice in case of the event referred to in (e); and at least five (5) calendar days' written notice in case of the event referred to in (f):

- (a) If the Consultant fails to remedy a failure in the performance of its obligations hereunder, as specified in a notice of suspension pursuant to Clause GCC 18;
- (b) If the Consultant becomes (or, if the Consultant consists of more than one entity, if any of its members becomes) insolvent or bankrupt or enter into any agreements with their creditors for relief of debt or take advantage of any law for the benefit of debtors or go into liquidation or receivership whether compulsory or voluntary;
- (c) If the Consultant fails to comply with any final decision reached as a result of arbitration proceedings pursuant to Clause GCC 45.1;
- (d) If, as the result of Force Majeure, the Consultant is unable to perform a material portion of the Services for a period of not less than sixty (60) calendar days;
- (e) If the Client, in its sole discretion and for any reason whatsoever, decides to terminate this Contract;
- (f) If the Consultant fails to confirm availability of Key Experts as required in Clause GCC 13.

19.1.2. Furthermore, if the Client determines that the Consultant has engaged in Fraud and Corruption in competing for or in executing the Contract, then the Client may, after giving fourteen (14) calendar days written notice to the Consultant, terminate the Consultant's employment under the Contract.

**b. By the Consultant**

19.1.3. The Consultant may terminate this Contract, by not less than thirty (30) calendar days' written notice to the Client, in case of the occurrence of any of the events specified in paragraphs (a) through (d) of this Clause.

- (a) If the Client fails to pay any money due to the Consultant pursuant to this Contract and not subject to dispute pursuant to Clause GCC 45.1 within forty-five (45) calendar days after receiving written notice from the Consultant that such payment is overdue.



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- (b) If, as the result of Force Majeure, the Consultant is unable to perform a material portion of the Services for a period of not less than sixty (60) calendar days.
- (c) If the Client fails to comply with any final decision reached as a result of arbitration pursuant to Clause GCC 45.1.
- (d) If the Client is in material breach of its obligations pursuant to this Contract and has not remedied the same within forty-five (45) days (or such longer period as the Consultant may have subsequently approved in writing) following the receipt by the Client of the Consultant's notice specifying such breach.

**c. Cessation of Rights and Obligations**

19.1.4. Upon termination of this Contract pursuant to Clauses GCC 12 or GCC 19 hereof, or upon expiration of this Contract pursuant to Clause GCC 14, all rights and obligations of the Parties hereunder shall cease, except (i) such rights and obligations as may have accrued on the date of termination or expiration, (ii) the obligation of confidentiality set forth in Clause GCC 22, (iii) the Consultant's obligation to permit inspection, copying and auditing of their accounts and records set forth in Clause GCC 25 and to cooperate and assist in any inspection or investigation, and (iv) any right which a Party may have under the Applicable Law.

**d. Cessation of Services**

19.1.5. Upon termination of this Contract by notice of either Party to the other pursuant to Clauses GCC 19a or GCC 19b, the Consultant shall, immediately upon dispatch or receipt of such notice, take all necessary steps to bring the Services to a close in a prompt and orderly manner and shall make every reasonable effort to keep expenditures for this purpose to a minimum. With respect to documents prepared by the Consultant and equipment and materials furnished by the Client, the Consultant shall proceed as provided, respectively, by Clauses GCC 27 or GCC 28.

**e. Payment upon Termination**

19.1.6. Upon termination of this Contract, the Client shall make the following payments to the Consultant:

- (a) payment for Services satisfactorily performed prior to the effective date of termination; and
- (b) in the case of termination pursuant to paragraphs (d) and (e) of Clause GCC 19.1.1, reimbursement of any reasonable cost incidental to the prompt and orderly termination of this Contract, including the cost of the return travel of the Experts.



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## C. OBLIGATIONS OF THE CONSULTANT

### 20. General

**a. Standard of Performance**

20.1 The Consultant shall perform the Services and carry out the Services with all due diligence, efficiency and economy, in accordance with generally accepted professional standards and practices, and shall observe sound management practices, and employ appropriate technology and safe and effective equipment, machinery, materials and methods. The Consultant shall always act, in respect of any matter relating to this Contract or to the Services, as a faithful adviser to the Client, and shall at all times support and safeguard the Client's legitimate interests in any dealings with the third parties.

20.2. The Consultant shall employ and provide such qualified and experienced Experts and Sub-Consultant as are required to carry out the Services.

20.3. The Consultant may subcontract part of the Services to an extent and with such Key Experts and Sub-Consultant as may be approved in advance by the Client. Notwithstanding such approval, the Consultant shall retain full responsibility for the Services.

**b. Law Applicable to Services**

20.4. The Consultant shall perform the Services in accordance with the Contract and the Applicable Law and shall take all practicable steps to ensure that any of its Experts and Sub-Consultant, comply with the Applicable Law.

20.5. Throughout the execution of the Contract, the Consultant shall comply with the import of goods and services prohibitions in the Client's country when

- (a) as a matter of law or official regulations, the Borrower's country prohibits commercial relations with that country; or
- (b) by an act of compliance with a decision of the United Nations Security Council taken under Chapter VII of the Charter of the United Nations, the Borrower's Country prohibits any import of goods from that country or any payments to any country, person, or entity in that country.

20.6. The Client shall notify the Consultant in writing of relevant local customs, and the Consultant shall, after such notification, respect such customs.

**21. Conflict of Interest**

21.1. The Consultant shall hold the Client's interests paramount, without any consideration for future work, and strictly avoid conflict with other assignments or their own corporate interests.

**a. Consultant Not to Benefit from**

21.1.1 The payment of the Consultant pursuant to GCC F (Clauses GCC 38 through 42) shall constitute the Consultant's only payment in connection with this Contract and, subject to

**Commissions,  
Discounts, etc.**

Clause GCC 21.1.3, the Consultant shall not accept for its own benefit any trade commission, discount or similar payment in connection with activities pursuant to this Contract or in the discharge of its obligations hereunder, and the Consultant shall use its best efforts to ensure that any Sub-Consultant, as well as the Experts and agents of either of them, similarly shall not receive any such additional payment.

21.1.2 Furthermore, if the Consultant, as part of the Services, has the responsibility of advising the Client on the procurement of goods, works or services, the Consultant shall comply with the Bank's Applicable Regulations, and shall at all times exercise such responsibility in the best interest of the Client. Any discounts or commissions obtained by the Consultant in the exercise of such procurement responsibility shall be for the account of the Client.

**b. Consultant  
and Affiliates  
Not to Engage  
in Certain  
Activities**

21.1.3 The Consultant agrees that, during the term of this Contract and after its termination, the Consultant and any entity affiliated with the Consultant, as well as any Sub-Consultant and any entity affiliated with such Sub-Consultant, shall be disqualified from providing goods, works or non-consulting services resulting from or directly related to the Consultant's Services for the preparation or implementation of the project.

**c. Prohibition of  
Conflicting  
Activities**

21.1.4 The Consultant shall not engage, and shall cause its Experts as well as its Sub-Consultant not to engage, either directly or indirectly, in any business or professional activities that would conflict with the activities assigned to them under this Contract.

**d. Strict Duty to  
Disclose  
Conflicting  
Activities**

21.1.5 The Consultant has an obligation and shall ensure that its Experts and Sub-Consultant shall have an obligation to disclose any situation of actual or potential conflict that impacts their capacity to serve the best interest of their Client, or that may reasonably be perceived as having this effect. Failure to disclose said situations may lead to the disqualification of the Consultant or the termination of its Contract.

**22. Confidentiality**

22.1 Except with the prior written consent of the Client, the Consultant and the Experts shall not at any time communicate to any person or entity any confidential information acquired in the course of the Services, nor shall the Consultant and the Experts make public the recommendations formulated in the course of, or as a result of, the Services.

**23. Liability of the  
Consultant**

23.1 Subject to additional provisions, if any, set forth in the SCC, the Consultant's liability under this Contract shall be provided by the Applicable Law.



**24. Insurance to be taken out by the Consultant**

24.1 The Consultant(i) shall take out and maintain, and shall cause any Sub-Consultant to take out and maintain, at its (or the Sub-Consultant', as the case may be) own cost but on terms and conditions approved by the Client, insurance against the risks, and for the coverage specified in the SCC, and (ii) at the Client's request, shall provide evidence to the Client showing that such insurance has been taken out and maintained and that the current premiums therefore have been paid. The Consultant shall ensure that such insurance is in place prior to commencing the Services as stated in Clause GCC 13.

**25. Accounting, Inspection and Auditing**

25.1 The Consultant shall keep, and shall make all reasonable efforts to cause its Sub-Consultant to keep, accurate and systematic accounts and records in respect of the Services and in such form and detail as will clearly identify relevant time changes and costs.

25.2 Pursuant to paragraph 2.2 e. of Appendix to the General Conditions the Consultant shall permit and shall cause its subcontractors and sub Consultant to permit, the Bank and/or persons appointed by the Bank to inspect the Site and/or the accounts and records relating to the performance of the Contract and the submission of the bid, and to have such accounts and records audited by auditors appointed by the Bank if requested by the Bank. The Consultant's and its Subcontractors' and sub Consultant ' attention is drawn to Sub-Clause 10.1 which provides, inter alia, that acts intended to materially impede the exercise of the Bank's inspection and audit rights constitute a prohibited practice subject to contract termination (as well as to a determination of ineligibility pursuant to the Bank's prevailing sanctions procedures).

**26. Reporting Obligations**

26.1 The Consultant shall submit to the Client the reports and documents specified in **Appendix A**, in the form, in the numbers and within the time periods set forth in the said Appendix.

**27. Proprietary Rights of the Client in Reports and Records**

27.1 Unless otherwise indicated in the SCC, all reports and relevant data and information such as maps, diagrams, plans, databases, other documents and software, supporting records or material compiled or prepared by the Consultant for the Client in the course of the Services shall be confidential and become and remain the absolute property of the Client. The Consultant shall, not later than upon termination or expiration of this Contract, deliver all such documents to the Client, together with a detailed inventory thereof. The Consultant may retain a copy of such documents, data and/or software but shall not use the same for purposes unrelated to this Contract without prior written approval of the Client.

27.2 If license agreements are necessary or appropriate between the Consultant and third parties for purposes of development of the plans, drawings, specifications, designs, databases, other documents and software, the Consultant shall obtain the Client's prior written approval to such agreements, and the Client shall be entitled at its discretion to require recovering the expenses related to the development of the



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program(s) concerned. Other restrictions about the future use of these documents and software, if any, shall be specified in the SCC.

**28. Equipment, Vehicles and Materials**

28.1 Equipment, vehicles and materials made available to the Consultant by the Client, or purchased by the Consultant wholly or partly with funds provided by the Client, shall be the property of the Client and shall be marked accordingly. Upon termination or expiration of this Contract, the Consultant shall make available to the Client an inventory of such equipment, vehicles and materials and shall dispose of such equipment, vehicles and materials in accordance with the Client's instructions. While in possession of such equipment, vehicles and materials, the Consultant, unless otherwise instructed by the Client in writing, shall insure them at the expense of the Client in an amount equal to their full replacement value.

28.2 Any equipment or materials brought by the Consultant or its Experts into the Client's country for the use either for the project or personal use shall remain the property of the Consultant or the Experts concerned, as applicable.

**D. CONSULTANT'S EXPERTS AND SUB-CONSULTANT**

**29. Description of Key Experts**

29.1 The title, agreed job description, minimum qualification and estimated period of engagement to carry out the Services of each of the Consultant's Key Experts are described in **Appendix B**.

**30. Replacement of Key Experts**

30.1 Except as the Client may otherwise agree in writing, no changes shall be made in the Key Experts.

30.2 Notwithstanding the above, the substitution of Key Experts during Contract execution may be considered only based on the Consultant's written request and due to circumstances outside the reasonable control of the Consultant, including but not limited to death or medical incapacity. In such case, the Consultant shall forthwith provide as a replacement, a person of equivalent or better qualifications and experience, and at the same rate of remuneration.

**31. Removal of Experts or Sub-Consultant**

31.1 If the Client finds that any of the Experts or Sub-Consultant has committed serious misconduct or has been charged with having committed a criminal action, or if the Client determines that a Consultant's Expert or Sub-Consultant has engaged in Fraud and Corruption while performing the Services, the Consultant shall, at the Client's written request, provide a replacement.

31.2 In the event that any of Key Experts, Non-Key Experts or Sub-Consultant is found by the Client to be incompetent or incapable in discharging assigned duties, the Client, specifying the grounds therefore, may request the Consultant to provide a replacement.



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31.3 Any replacement of the removed Experts or Sub-Consultant shall possess better qualifications and experience and shall be acceptable to the Client.

31.4 The Consultant shall bear all costs arising out of or incidental to any removal and/or replacement of such Experts.

### **E. OBLIGATIONS OF THE CLIENT**

#### **32. Assistance and Exemptions**

32.1 Unless otherwise specified in the SCC, the Client shall use its best efforts to:

- (a) Assist the Consultant with obtaining work permits and such other documents as shall be necessary to enable the consultant to perform the Services.
- (b) Assist the consultant with promptly obtaining, for the Experts and, if appropriate, their eligible dependents, all necessary entry and exit visas, residence permits, exchange permits and any other documents required for their stay in the Client's country while carrying out the Services under the Contract.
- (c) Facilitate prompt clearance through customs of any property required for the Services and of the personal effects of the Experts and their eligible dependents.
- (c) Issue to officials, agents and representatives of the Government all such instructions and information as may be necessary or appropriate for the prompt and effective implementation of the Services.
- (d) Assist the consultant and the Experts and any Sub-Consultant employed by the consultant for the Services with obtaining exemption from any requirement to register or obtain any permit to practice their profession or to establish themselves either individually or as a corporate entity in the Client's country according to the applicable law in the Client's country.
- (e) Assist the Consultant, any Sub-Consultant and the Experts of either of them with obtaining the privilege, pursuant to the applicable law in the Client's country, of bringing into the Client's country reasonable amounts of foreign currency for the purposes of the Services or for the personal use of the Experts and of withdrawing any such amounts as may be earned therein by the Experts in the execution of the Services.
- (f) Provide to the Consultant any such other assistance as may be specified in the SCC.

#### **33. Access to Project Site**

33.1 The Client warrants that the consultant shall have, free of charge, unimpeded access to the project site in respect of which access is required for the performance of the Services. The Client will be

responsible for any damage to the project site or any property thereon resulting from such access and will indemnify the consultant and each of the experts in respect of liability for any such damage, unless such damage is caused by the willful default or negligence of the consultant or any Sub-Consultant or the Experts of either of them.

**34. Change in the Applicable Law Related to Taxes and Duties**

34.1 If, after the date of this Contract, there is any change in the applicable law in the Client's country with respect to taxes and duties which increases or decreases the cost incurred by the consultant in performing the Services, then the remuneration and reimbursable expenses otherwise payable to the Consultant under this Contract shall be increased or decreased accordingly by agreement between the Parties hereto, and corresponding adjustments shall be made to the Contract price amount specified in Clause GCC 38.1

**35. Services, Facilities and Property of the Client**

35.1 The Client shall make available to the consultant and the Experts, for the purposes of the Services and free of any charge, the services, facilities and property described in the Terms of Reference (**Appendix A**) at the times and in the manner specified in said **Appendix A**.

**36. Counterpart Personnel**

36.1 The Client shall make available to the Consultant free of charge such professional and support counterpart personnel, to be nominated by the Client with the Consultant's advice, if specified in **Appendix A**.

36.2 Professional and support counterpart personnel, excluding Client's liaison personnel, shall work under the exclusive direction of the Consultant. If any member of the counterpart personnel fails to perform adequately any work assigned to such member by the consultant that is consistent with the position occupied by such member, the consultant may request the replacement of such member, and the Client shall not unreasonably refuse to act upon such request.

**37. Payment Obligation**

37.1 In consideration of the Services performed by the consultant under this Contract, the Client shall make such payments to the consultant for the deliverables specified in **Appendix A** and in such manner as is provided by GCC F below.

**F. PAYMENTS TO THE CONSULTANT**

**38. Contract Price**

38.1 The Contract price is fixed and is set forth in the SCC. The Contract price breakdown is provided in **Appendix C**.

38.2 Any change to the Contract price specified in Clause GCC 38.1 can be made only if the Parties have agreed to the revised scope of Services pursuant to Clause GCC 16 and have amended in writing the Terms of Reference in **Appendix A**.



**39. Taxes and Duties**

39.1 The Consultant, Sub-Consultant and Experts are responsible for meeting any and all tax liabilities arising out of the Contract unless it is stated otherwise in the SCC.

39.2 As an exception to the above and as stated in the SCC, all local identifiable indirect taxes (itemized and finalized at Contract negotiations) are reimbursed to the consultant or are paid by the Client on behalf of the Consultant.

**40. Currency of Payment**

40.1 Any payment under this Contract shall be made in the currency (ies) of the Contract.

**41. Mode of Billing and Payment**

41.1 The total payments under this Contract shall not exceed the Contract price set forth in Clause GCC 38.1.

41.2 The payments under this Contract shall be made in lump-sum installments against deliverables specified in **Appendix A**. The payments will be made according to the payment schedule stated in the SCC.

41.2.1 Advance payment. Unless otherwise indicated in the SCC, an advance payment shall be made against an advance payment bank guarantee acceptable to the Client in an amount (or amounts) and in a currency (or currencies) specified in the SCC. Such guarantee (i) is to remain effective until the advance payment has been fully set off, and (ii) is to be in the form set forth in **Appendix D**, or in such other form as the Client shall have approved in writing. The advance payments will be set off by the Client in equal portions against the lump-sum installments specified in the SCC until said advance payments have been fully set off.

41.2.2 The Lump-Sum Installment Payments. The Client shall pay the Consultant within sixty (60) days after the receipt by the Client of the deliverable(s) and the cover invoice for the related lump-sum installment payment. The payment can be withheld if the Client does not approve the submitted deliverable(s) as satisfactory in which case the Client shall provide comments to the consultant within the same sixty (60) days period. The consultants shall thereupon promptly make any necessary corrections, and thereafter the foregoing process shall be repeated.

41.2.3 The Final Payment. The final payment under this Clause shall be made only after the final report have been submitted by the consultant and approved as satisfactory by the Client. The Services shall then be deemed completed and finally accepted by the Client. The last lump-sum installment shall be deemed approved for payment by the Client within ninety (90) calendar days after receipt of the final report by the Client unless the Client, within such ninety (90) calendar day period, gives written notice to the Consultant specifying in detail deficiencies in the Services, the

final report. The consultant shall thereupon promptly make any necessary corrections, and thereafter the foregoing process shall be repeated. 41.2.4 All payments under this Contract shall be made to the accounts of the Consultant specified in the SCC.

41.2.4 With the exception of the final payment under 41.2.3 above, payments do not constitute acceptance of the whole Services nor relieve the consultant of any obligations hereunder.

**42. Interest on Delayed Payments**

42.1 If the Client had delayed payments beyond fifteen (15) days after the due date stated in Clause GCC 41.2.2 , interest shall be paid to the Consultant on any amount due by, not paid on, such due date for each day of delay at the annual rate stated in the SCC.

**G. FAIRNESS AND GOOD FAITH**

**43. Good Faith**

43.1 The Parties undertake to act in good faith with respect to each other's rights under this Contract and to adopt all reasonable measures to ensure the realization of the objectives of this Contract.

**H. SETTLEMENT OF DISPUTES**

**44. Amicable Settlement**

44.1 The Parties shall seek to resolve any dispute amicably by mutual consultation.

44.2 If either Party objects to any action or inaction of the other Party, the objecting Party may file a written Notice of Dispute to the other Party providing in detail the basis of the dispute. The Party receiving the Notice of Dispute will consider it and respond in writing within fourteen (14) days after receipt. If that Party fails to respond within fourteen (14) days, or the dispute cannot be amicably settled within fourteen (14) days following the response of that Party, Clause GCC 45.1 shall apply.

**45. Dispute Resolution**

45.1 Any dispute between the Parties arising under or related to this Contract that cannot be settled amicably may be referred to by either Party to the adjudication/arbitration in accordance with the provisions specified in the SCC.





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**II. General Conditions**  
**Attachment 1**  
**Fraud and Corruption**  
*(Text in this Appendix shall not be modified)*

**1. Purpose**

1.1 The Bank's Anti-Corruption Guidelines and this annex apply with respect to procurement under Bank Investment Project Financing operations.

**2. Requirements**

2.1 The Bank requires that Borrowers (including beneficiaries of Bank financing); bidders (applicants/proposers), Consultant, contractors and suppliers; any sub-contractors, sub-Consultant, consultants or suppliers; any agents (whether declared or not); and any of their personnel, observe the highest standard of ethics during the procurement process, selection and contract execution of Bank-financed contracts, and refrain from Fraud and Corruption.

2.2 To this end, the Bank:

a. Defines, for the purposes of this provision, the terms set forth below as follows:

- i. "corrupt practice" is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;
- ii. "fraudulent practice" is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;
- iii. "collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;
- iv. "coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;
- v. "obstructive practice" is:
  - (a) deliberately destroying, falsifying, altering, or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive, or collusive practice; and/or threatening, harassing, or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or
  - (b) acts intended to materially impede the exercise of the Bank's inspection and audit rights provided for under paragraph 2.2 e. below.

b. Rejects a proposal for award if the Bank determines that the firm or individual recommended for award, any of its personnel, or its agents, or its sub-Consultant, sub-contractors, consultants, suppliers and/ or their employees, has, directly or indirectly, engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices in competing for the contract in question;



- c. In addition to the legal remedies set out in the relevant Legal Agreement, may take other appropriate actions, including declaring misprocurement, if the Bank determines at any time that representatives of the Borrower or of a recipient of any part of the proceeds of the loan engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices during the procurement process, selection and/or execution of the contract in question, without the Borrower having taken timely and appropriate action satisfactory to the Bank to address such practices when they occur, including by failing to inform the Bank in a timely manner at the time they knew of the practices;
- d. Pursuant to the Bank's Anti-Corruption Guidelines and in accordance with the Bank's prevailing sanctions policies and procedures, may sanction a firm or individual, either indefinitely or for a stated period of time, including by publicly declaring such firm or individual ineligible (i) to be awarded or otherwise benefit from a Bank-financed contract, financially or in any other manner;<sup>1</sup> (ii) to be a nominated<sup>2</sup> sub-contractor, consultant, manufacturer or supplier, or consultant of an otherwise eligible firm being awarded a Bank-financed contract; and (iii) to receive the proceeds of any loan made by the Bank or otherwise to participate further in the preparation or implementation of any Bank-financed project;
- e. Requires that a clause be included in bidding/request for proposals documents and in contracts financed by a Bank loan, requiring (i) bidders (applicants/proposers), Consultant, contractors, and suppliers, and their sub-contractors, sub-Consultant, consultants, suppliers, agents personnel, permit the Bank to inspect<sup>3</sup> all accounts, records and other documents relating to the procurement process, selection and/or contract execution, and to have them audited by auditors appointed by the Bank.

<sup>1</sup> For the avoidance of doubt, a sanctioned party's ineligibility to be awarded a contract shall include, without limitation, (i) applying for pre-qualification, expressing interest in a consultancy, and bidding, either directly or as a nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider, in respect of such contract, and (ii) entering into an addendum or amendment introducing a material modification to any existing contract.

<sup>2</sup> A nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider (different names are used depending on the particular bidding document) is one which has been: (i) included by the bidder in its pre-qualification application or bid because it brings specific and critical experience and know-how that allow the bidder to meet the qualification requirements for the particular bid; or (ii) appointed by the Borrower.

<sup>3</sup> Inspections in this context usually are investigative (i.e., forensic) in nature. They involve fact-finding activities undertaken by the Bank or persons appointed by the Bank to address specific matters related to investigations/audits, such as evaluating the veracity of an allegation of possible Fraud and Corruption, through the appropriate mechanisms. Such activity includes but is not limited to: accessing and examining a firm's or individual's financial records and information, and making copies thereof as relevant; accessing and examining any other documents, data and information (whether in hard copy or electronic format) deemed relevant for the investigation/audit, and making copies thereof as relevant; interviewing staff and other relevant individuals; performing physical inspections and site visits; and obtaining third party verification of information.

COVID-19 Emergency Response and Health Systems Preparedness Project  
 Procurement & Contract Management Unit

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### III. Special Conditions of Contract

Number of GC Clause	Amendments of, and Supplements to, Clauses in the General Conditions of Contract
1.1(a)	The Contract shall be construed in accordance with the law of Afghanistan.
4.1	The language is: English.
6.1 and 6.2	<p>The addresses are:</p> <p>Client: <b>Ministry of Public Health</b>  <b>Great Massoud Square, Kabul Afghanistan</b></p> <p>Attention: <b>Ahmad Jawad Osmani, Acting Minister of Public Health</b></p> <p>Facsimile: <b>Not Applicable</b></p> <p>E-mail : <b>info@gcmu-moph.gov.af</b></p> <p>Consultant: <b>Care of Afghan Families (CAF)</b>  <b>House # 2194, Street 7<sup>th</sup>, Qala-e-Fathullah, Kabul, Afghanistan</b></p> <p>Attention: <b>Dr Mohammad Ashraf Elham</b>  <b>Director General, CAF</b></p> <p>Facsimile: <b>Not Applicable</b></p> <p>E-mail: <a href="mailto:caf.director.general@gmail.com">caf.director.general@gmail.com</a></p> <p>Phone No: +93 (0) 729789171</p> <p>Nationality: Afghanistan</p>
8.1	The Lead Member on behalf of the JV is: <i>N/A</i>
9.1	<p>The Authorized Representatives are:</p> <p>For the Client: <b>Ahmad Jawad Osmani, Acting Minister of Public Health</b></p> <p>For the Consultant: <b>Dr Mohammad Ashraf Elham</b>  <b>Director General, CAF</b></p>
11.1	The effectiveness conditions are the following: After signing of the contract, the Service Provider shall mobilize the contract by Sep 10, 2020.

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	<p>(d) employer's liability and workers' compensation insurance in respect of the experts and Sub-Service Provider in accordance with the relevant provisions of the applicable law in the Client's country, as well as, with respect to such Experts, any such life, health, accident, travel or other insurance as may be appropriate; and</p> <p>(e) insurance against loss of or damage to (i) equipment purchased in whole or in part with funds provided under this Contract, (ii) the Consultant's property used in the performance of the Services, and (iii) any documents prepared by the Service Provider in the performance of the Services.</p>
27.2	The Service Provider shall not use these for purposes unrelated to this Contract without the prior written approval of the Client.
30.2	The replacement of a key staff shall be based on meeting the minimum qualification and experience criteria indicated in the ToR.
38.1	<p>The Contract amount for the first six-month is: <b>(AFN 253,027,545)</b> Two Hundred Fifty Three Million, and Twenty Seven Thousand, Five Hundred Forty Five Afghani only;</p> <p>i. Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is: <b>AFN 194,636,573</b></p> <p>ii. fixed inclusive of all local direct taxes as per the break-down provided in Appendix D.</p> <p>iii. Contingency fund (30%) of contract price (bullet # i mentioned above): <b>AFN 58,390,972</b></p> <p>iv. to be reimbursed according to the (Para E Contingency fund) of the ToR in this contract</p> <p>v. Total cost of the Contract (iii=i+ii) <b>AFN253,027,545</b></p> <p>All above costs are fixed inclusive of local direct taxes and exclusive of local indirect taxes.</p> <p>Contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly the work plan and ToR will be revised on yearly basis.</p>
39.1 and 39.2	<p>The Client warrants that the Consultant, the Sub-Service Provider and the Experts shall be exempt from any indirect taxes, duties, fees, levies and other impositions imposed, under the applicable law in the Client's country, on the Consultant, the Sub-Service Provider and the Experts in respect of:</p> <p>(a) any payments whatsoever made to the Consultant, Sub-Service Provider and the Experts (other than nationals or permanent residents of the Client's country), in connection with the carrying out of the Services;</p>

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	<p>(b) any equipment, materials and supplies brought into the Client's country by the Service Provider or Sub-Service Provider for the purpose of carrying out the Services and which, after having been brought into such territories, will be subsequently withdrawn by them;</p> <p>(c) any equipment imported for the purpose of carrying out the Services and paid for out of funds provided by the Client and which is treated as property of the Client;</p> <p>(d) any property brought into the Client's country by the Consultant, any Sub-Service Provider or the Experts (other than nationals or permanent residents of the Client's country), or the eligible dependents of such experts for their personal use and which will subsequently be withdrawn by them upon their respective departure from the Client's country, provided that:</p> <p style="padding-left: 40px;">(i) the Consultant, Sub-Service Provider and experts shall follow the usual customs procedures of the Client's country in importing property into the Client's country; and</p> <p style="padding-left: 40px;">(ii) if the Consultant, Sub-Service Provider or Experts do not withdraw but dispose of any property in the Client's country upon which customs duties and taxes have been exempted, the Consultant, Sub-Service Provider or Experts, as the case may be, (a) shall bear such customs duties and taxes in conformity with the regulations of the Client's country, or (b) shall reimburse them to the Client if they were paid by the Client at the time the property in question was brought into the Client's country.</p>										
<p>41.2</p>	<p><b>The payment schedule for the COVID-19 Project amount for the first six-month (as per the bullet # i under clause # 38.1, of the SCC):</b> Payment shall be made in four (4) installments according to the following schedule:</p> <table border="1" data-bbox="475 1462 1369 1680"> <thead> <tr> <th data-bbox="475 1462 544 1680"># of installment</th> <th data-bbox="544 1462 699 1680">Due date for submission of inception/ progress activity report/EPR and invoices</th> <th data-bbox="699 1462 874 1680">Due date for receiving of payment</th> <th data-bbox="874 1462 1062 1680">Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)</th> <th data-bbox="1062 1462 1369 1680">Deliverables</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# of installment	Due date for submission of inception/ progress activity report/EPR and invoices	Due date for receiving of payment	Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)	Deliverables					
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1st Instalment	Two (2) days after signing of the contract	40 days after submission of commitment letter and invoice	Thirty percent (30%) of the contract price (mentioned in bullet i of SCC 38.1)	1-Upon submission of commitment letter from SP Trustee Board accepted by MoPH; will be treated as mobilization costs for setting up of facilities, equipment, medicines, doctors and other resources. <sup>4</sup> 2-This instalment will be made full payment and then will be adjusted in the 2 <sup>nd</sup> instalment based on the TPM verification report.
2nd Instalment	Aqrab 10, 1399 (Oct 31,2020)	Qaws 15, 1399 (Dec 05, 2020)	Thirty five percent (35%) of the contract price (mentioned in bullet i of SCC 38.1)	1-Upon submission and acceptance of relevant monthly activity reports; for the previous quarter; meeting the minimum requirements as laid down in the ToR and progress on the implementation of work plan. 2-This instalment will be made full payment and then will be adjusted in the 3 <sup>rd</sup> instalment based on the TPM verification report. 3-After verification by the TPM; Excessive costs if any given during the first instalment will be adjusted in this instalment.
3rd Instalment	Jadi 10, 1399 (Dec 30, 2020)	Dalwa 15, 1399 (Feb 03, 2021)	Thirty percent (30%) of the contract price (mentioned in bullet i of SCC 38.1)	1-Upon submission and acceptance of relevant monthly activity reports; for the previous quarter; meeting the minimum requirements as laid down in the ToR and progress on the implementation of work plan. 2-This instalment will be made full payment and then will be adjusted in the 4 <sup>th</sup> instalment based on the TPM verification report. 3-After verification by the TPM; Excessive costs if any given during the 2 <sup>nd</sup> instalment will be adjusted in this instalment.
4th (Final) Instalment	Hamal 22, 1400 (April 11, 2021)	Sawar 26, 1400 (May 16, 2021)	Five (5%) of the contract price (mentioned in bullet i of SCC 38.1)	1- Upon submission of relevant monthly activity reports and end of the first six-month project reports accepted by MoPH and after due verification by the TPM. 2-After verification by the TPM; Excessive costs if any given during the 3 <sup>rd</sup> instalment will be adjusted in this instalment.

<sup>4</sup> Inception report should be submitted after fifteen (15) days of contract commencement date and submission of inception report should be mentioned in commitment letter.

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	<p><b>Note 1:</b> Service Provider must retain receipts, invoices and relevant records for procurement done for various kits, equipment, medicines; resources hired etc. to the utmost under this contract which shall be used as base costs for calculating the expenditure incurred during the contract implementation period.</p> <p><b>Note 2:</b> No expenditures in above categories will be reimbursed if incurred after completion of the contract.</p> <p><b>Note 3:</b> Any money paid under this contract is intended to be spent for the purposes of the COVID-19 project in agreed geographical areas within the time schedule agreed by the client and the service provider. Through regular monitoring and evaluation visits, the MoPH and any authorized auditing firm will monitor Service Provider' inputs, and spending. At the end of the contract period any fund remains unspent will be refunded by the Service Provider to MoPH specific bank account or will be used for the extension of contract based on decision of MoPH.</p> <p><b>Note 4:</b> Contingency fund: <b>AFN 58,390,972</b> to be reimbursed according to the para E of the ToR in this contract.</p> <p><b>Note 5:</b> Payment schedule will be re-drawn for the consecutive years of the contract period with revised work plan and ToR; both of which will be part of the amended contract, as and when agreed between the parties.</p>
41.2.1	<p>The following provisions shall apply to the advance payment and the advance bank payment guarantee: The first payment should be done upon submission of inception report but the payment after inception report will be laid the mobilization and implementation of the project, therefore, a <b>commitment letter from Service Provider trustee board</b> should be submitted to process the first payment.</p>
41.2.4	<p><b>The account for local currency is:</b>                  Account Name: CAF AFGHAN JAPAN COVIDE-19 HOSPITAL                  Bank Name: AZIZI BANK                  Bank Address: Zanbaq Square, Kabul City Afghanistan                  Account number: 000101111978718/AFN                  Currency of account: AFN                  Swift Code: AZBAAFKA                  Correspondent Bank: TRANSCAPITAL BANK, MOSCOW RU</p> <p><b>Note:</b> The Service Provider shall maintain two separate bank Accounts for each contract, one for their Kabul office (which is stipulated in this contract and MoPH will transfer the installments to this account) and another for their provincial office and all transactions for the contact shall be through these accounts only. The bank statement shall be submitted along with quarterly financial reports.</p>
42.1	<p>The interest rate is: NA</p>

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<p>45.1</p>	<p><b>Disputes shall be settled by arbitration in accordance with the following provisions:</b></p> <p>1. <u>Selection of Arbitrators.</u> Each dispute submitted by a Party to arbitration shall be heard by a sole arbitrator or an arbitration panel composed of three (3) arbitrators, in accordance with the following provisions:</p> <p>(a) Where the Parties agree that the dispute concerns a technical matter, they may agree to appoint a sole arbitrator or, failing agreement on the identity of such sole arbitrator within thirty (30) days after receipt by the other Party of the proposal of a name for such an appointment by the Party who initiated the proceedings, either Party may apply to <i>the Federation Internationale des Ingenieurs-Conseil (FIDIC) of Lausanne, Switzerland</i> for a list of not fewer than five (5) nominees and, on receipt of such list, the Parties shall alternately strike names therefrom, and the last remaining nominee on the list shall be the sole arbitrator for the matter in dispute. If the last remaining nominee has not been determined in this manner within sixty (60) days of the date of the list, <i>the Federation Internationale des Ingenieurs-Conseil (FIDIC) of Lausanne, Switzerland</i> shall appoint, upon the request of either Party and from such list or otherwise, a sole arbitrator for the matter in dispute.</p> <p>(b) Where the Parties do not agree that the dispute concerns a technical matter, the Client and the Service Provider shall each appoint one (1) arbitrator, and these two arbitrators shall jointly appoint a third arbitrator, who shall chair the arbitration panel. If the arbitrators named by the Parties do not succeed in appointing a third arbitrator within thirty (30) days after the latter of the two (2) arbitrators named by the Parties has been appointed, the third arbitrator shall, at the request of either Party, be appointed by <i>the secretary general of the permanent court of arbitration, The Hague</i></p> <p>(c) If, in a dispute subject to paragraph (b) above, one Party fails to appoint its arbitrator within thirty (30) days after the other Party has appointed its arbitrator, the Party which has named an arbitrator may apply to <i>the secretary general of the permanent court of arbitration, The Hague</i> to appoint a sole arbitrator for the matter in dispute, and the arbitrator appointed pursuant to such application shall be the sole arbitrator for that dispute.</p>
	<p>5. <u>Miscellaneous.</u> In any arbitration proceeding hereunder:</p> <p>(a) proceedings shall, unless otherwise agreed by the Parties, be held in <b>Dubai, United Arab Emirate (UAE)</b></p>




	<p>(b) the <b>English</b> language shall be the official language for all purposes; and</p> <p>(c) the decision of the sole arbitrator or of a majority of the arbitrators (or of the third arbitrator if there is no such majority) shall be final and binding and shall be enforceable in any court of competent jurisdiction, and the Parties hereby waive any objections to or claims of immunity in respect of such enforcement.</p>
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## IV. Appendices

### Appendix –A TERMS OF REFERENCE

#### The Afghanistan COVID-19 Emergency Response and Health System Preparedness Project: (P173775) For Implementation at National Hospital

#### A. BACKGROUND

A Cluster of pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on December 31, 2019. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in some affected geographic areas. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.

WHO announced COVID-19 outbreak a pandemic on March 11, 2020. As of, June 13, 2020, around eight million people have been sickened across the world and around 430 thousand have died of the coronavirus and around 4 million people have recovered.

Afghanistan has had around 25 thousand confirmed cases of COVID-19 (Coronavirus). Kabul province has the highest number of confirmed cases.

In response to this outbreak the MoPH has started some measures nationwide including establishing the hospitals for combating Covid-19 in central level, led by the Minister of Public Health. Also established committees at the central level on health services, planning, capacity building and support areas. The same structure is established at the provincial level headed by the Provincial Public Health Directors focus on health services and functionalizing a district center.

Considering the rapid spread of this outbreak, potential for greater loss of life and geographical location of Afghanistan in neighboring to Iran, the government of Afghanistan called for humanitarian assistance to fight against COVID-19 in the country. In response the World Bank has proposed an emergency response project called "Afghanistan COVID-19 Emergency Response and Health System Preparedness project".

#### B. OVER ALL OBJECTIVES

The overall objectives of the project are to respond and mitigate the threat posed by COVID-19 in Afghanistan and to strengthen national health systems preparedness and capacity to




respond to public health emergencies and to increase access to hospital services for Afghan citizens suffering from COVID-19.

**The specific objectives of this project are:**

1. To detect and diagnose COVID-19 cases by clinical signs/symptoms and lab confirmation
2. To Manage and isolate cases of COVID-19 suspected cases
3. To treat COVID-19 sever and critical cases
4. To ensure infection prevention and control measures at the hospital level

**C. INDICATORS and TARGETS FOR SP:**

No	Indicators	Baseline	End Targets	Means of Verification	Timeline	Remarks
1	Number of lab test (PCR) performed by the hospital	XX	XX	Progress reports	Monthly	As per WHO/MoPH updated protocol
2	Bed Occupancy Rate (BOR)	60%	90%	Progress reports	Monthly	
3	Percentage of isolation beds dedicated for ICU for managing of critical cases of COVID-19	25%	25 %	Progress reports	Monthly	
4	Percentage of isolation beds dedicated for Highly Dependence Unit (HDU) for managing of sever cases of COVID-19	75%	75 %	Progress reports	Monthly	Including suspect cases with sever and critical condition
5	Number of technical staff (Health workers) recruited for COVID-19 project	XX	XX	Progress reports	Monthly	Disaggregated by profession and gender
6	Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19	XX	100%	Progress reports	Monthly	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	XX	XX	Progress reports	Monthly	Disaggregated by profession and gender
8	Cured Rate	XX	XX	Progress reports	Monthly	As admitted patient and Verified by TPM
9	Percentage IPC standard achieved	XX	100%	Progress reports	Monthly	Verified by TPM



#### D. SCOPE OF SERVICES

Although the scope of the overall project is nationwide, this contract will cover the entire population of the Kabul province including patients referred in from the entire country to this hospital. The primary project beneficiaries will be infected people, at-risk populations, medical and emergency personnel as well as service providers (both public and private), medical and testing facilities staff. Staff of key technical departments of MoPH will also benefit from the project as their capabilities increase through the strengthening institutional capacity of the MoPH.

The service provider will be involved in the national level mechanisms to combat the epidemic and support the structure and functions described by the MoPH at this level. There has already been established the 100-beds Afghan-Japan hospital for combating COVID-19 led by the MoPH. The SP is required to ensure proper staffing, training, and efficient logistics to operate and manage the Afghan-Japan 100-beds hospital for combating corona virus epidemic.

**The hospital will have five main functions:**

- 1) Clinical services,
- 2) Ancillary services
- 3) Support service
- 4) Admin services including logistic/ finance support and
- 5) Monitoring, risk communication and reporting.

The service provider needs to be engaged actively in all five functions and work closely with the MoPH. The MoPH will provide the infrastructure and necessary equipment and supply. The World Health Organization (WHO) provides the training, but SPs need to plan cascading of the trainings. This activity will start with already identified number of beds and will be upgraded based on need and instruction of the MoPH leadership if required.

**The details of tasks are explained below:**

- i. The Service Provider (SP) is responsible to deliver essential health care service to the people who are infected with COVID-19.
- ii. The SP shall equip the Afghan-Japan 100-beds hospital. However, the necessary equipment will be provided by MoPH through UN agency as per Para-L.
- iii. The SP shall follow the required staffing based on the MoPH estimation.
- iv. The SP will supply the medical materials, consumable and other logistic required for Afghan-Japan 100-beds hospital rather than provided by UN agency as per Para-L.
- v. The SP shall provide remuneration, risk benefit, food cost and other benefits defined in approved guideline.
- vi. The SP shall budget running cost - including minor renovation and maintenance of the Afghan-Japan COVID-19 hospital.
- vii. The SP shall implement the WHO guidelines and protocols for case management accordingly.



- viii. In order to keep people healthy, reduce exposures to COVID-19, and slow down the spread of the disease, the SP is responsible to apply the infection prevention and control measures at the hospital level.
- ix. The SP is responsible to ensure the IPC materials and supplies available in all sections of the hospital and health personnel practice based on IPC protocols.
- x. The SP shall follow triage, applying standard precautions for all patients which includes hand hygiene, social distancing, respiratory hygiene, rational use of PPE kits, safe disposal of all types of wastes, environmental cleaning, sterilization of patients care equipment and administrative controls based on MoPH developed guidelines.

**Table-1 hospital name, location and number of beds:**

Province	Hospital Name	Location	Number of Beds
Kabul	Afghan-Japan 120-beds	Sanatorium, Darul-Aman Road, Kabul City	100

**E. CONTINGENCY FUND:**

Looking to the fast spreading of COVID-19 in the community and urban areas, the COVID-19 might be increased dramatically. The country may face with public health challenges and related emergencies. Therefore, the Service Provider should allocate 10% of contract amount for responding such COVID-19 EMERGENCY as contingency fund under this contract. This allocated contingency fund will be released based on the Service Provider request/proposal and MoPH/GCMU prior approval as per the need during the contract execution. Based on COVID-19 spreading and load of work on the hospital, the Service Provider needs to prepare a specific work plan including indicators to be tracked during implementation/utilization of the contingency funds.

**F. LOCATION AND DURATION OF SERVICES**

The above mentioned services will be delivered to the entire population of Kabul province, including patients referred-in from the entire country to this hospital. The contract is for 43 months starting from September 08, 2020 till March 31, 2024. This contract includes six-month project work plan with its related cost. For the remaining periods, the work plan and it related cost shall be agreed by both parties during the implementation of the project, subject to availability of fund and satisfactory performance of the service provider.

**G. COMPLIANCE WITH TECHNICAL GUIDELINES**

In carrying out the services described above, the service provider will comply with developed MoPH standard protocols/guidelines which might be updated from time to time for managing COVID-19.



**H. QUALIFICATIONS OF KEY PROFESSIONAL STAFF:**

The service provider shall be required to ensure the availability of full time professional key staff with the minimum qualifications and experiences described below:

**Qualifications and Experiences of key professional staff:**

Education	Adequacy for the assignment
<b>Technical Manager (K1)</b>	
MD/equivalent medical degree from university certified by relevant higher education authority in Afghanistan or other countries.	At least two-years full time experience in managing of health projects/Technical health positions (after graduation from university)
<b>Hospital Director (K2)</b>	
Medical Doctor (MD) or equivalent Medical degree from university certified by relevant higher education authority in Afghanistan or other countries.	<ul style="list-style-type: none"> <li>• At least 5-year full time experience of working in hospital including 2-year working in managing of provincial/regional/national hospital</li> <li>• Strong managerial, team building, communication and English language skills</li> <li>• Have received training in hospital management or equivalent</li> </ul>
<b>Financial Officer (K3)</b>	
At least DBA or equivalent in the field of finance.	At least one-year full time experience in positions of accounting and finance after graduation

**I. DATA, SERVICES, AND FACILITIES PROVIDED BY THE CLIENT**

The Client (MoPH) will provide the Service Provider with the following inputs: (i) relevant available information about COVID-19. (ii) Afghan-Japan 100-beds hospital in Kabul city; (iii) copies of standard reporting and recording forms; (iv) access to MoPH training courses; (v) technical assistance when needed, including opportunities to discuss results with the MoPH relevant departments; (vi) where appropriate, coordinate visits to intervention areas of other Service Provider doing similar work in the country and (vii) The funds to cover all the services defined in the ToR. (viii) A copy of the necessary documents regarding policies, strategies and other required information will be provided to the Service Provider

**J. AUTHORITY AND RESPONSIBILITIES OF MoPH (GCMU, PMO, PPHD AND TECHNICAL DEPARTMENTS) AND THE SERVICE PROVIDER:**

**J.1. The MoPH technical departments and PPHD has the following responsibilities:**

1. Monitoring and supervision of the hospital.
2. Provide technical assistant to service providers staff on technical guidelines and/ or changes in guidelines.
3. To review the technical report of the Service Provider and provide required feedback.
4. Ensure effective coordination of all health providers such as MoPH, Service Provider, Private sector, UN agencies and other sectors at the hospital level.



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5. The MoPH/PPHD will provide the space for hospital settings if required.

**J.2. MoPH through the GCMU/PMO has the following responsibilities:**

1. Ensure the SP and the MoPH adhere to the terms of the contract.
2. Provision of technical assistance to SP.
3. Relevant technical staff from GCMU/PMO will conduct performance management missions to monitor the work and performance of the SP.
4. Review the project technical reports submitted by the SP and provide necessary feedback.
5. Convene meetings to discuss and resolve issues related to the Afghanistan COVID-19 Emergency Response and Health System Preparedness Project implementation and other issues under scope of services.
6. Sharing the updated policies and strategies with the SP along with all revised technical guidelines.
7. Process the timely transfer of fund in close coordination with Development Budget Department (DBD) of MoPH to the implementing partners.
8. Facilitate the SP communication with MoPH departments.

**J.3. The Service Provider has the following responsibilities:**

1. The SP will have sole discretion in the procurement of drugs, supplies, equipment, and other resources needed to meet contractual obligations rather than purchased by UN agencies as per Para-L.
2. The SP will enjoy sole discretion in the recruitment, posting, disciplining, and termination of staff paid under this contract.
3. Ensure transparency and accountability by sharing the project plan and the progress made with stakeholder at different level.
4. Cooperating with any monitoring and evaluation process authorized by the MoPH/GCMU/PMO and Third Party.
5. Resolving quickly such deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO.
6. The SP is responsible to cascade all conducted trainings by WHO to relevant staff of the hospital.
7. The SP will actively participate in committee related to hospital care of COVID-19.
8. The SP should actively participate in all joint monitoring visits of the Afghan-Japan hospital as planned by MoPH/PPHD and other assigned representatives of MoPH technical departments.
9. The SP must be responsive to all MoPH-GCMU/PMO communications on timely basis by an authorized person(s) through proper channel.
10. The SP should pay salary to the staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines which included all benefits.
11. The SP to pay the death benefit to the family of staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines.



**K. REPORTING REQUIREMENTS AND SCHEDULE FOR SUBMISSION**

The Service Provider will provide the MoPH with the following reports which are also deliverables of the contract:

1. Monthly Activity Progress Report.
2. Quarterly Financial Report.
3. Daily reporting as per the surveillance guideline of COVID-19.
4. Implement online reporting system as per the MoPH requirement.
5. Submission of the End of Project Report (EPR) one month after completion of the contract.
6. The SP will provide any other reports as needed to the MoPH.

**L. List of Equipment, Consumables, Lab reagents, X-Ray films, Medicine and PPE for Health Care Staff which will be provided by MoPH through UNICEF:**

Consumables for ICU patients		Consumables for Mild and Moderate patients	
#	Item	#	Item
1	Thermometer infrared	1	IV cannula (20, 22,24)
2	IV Chamber	2	Oxygen Mask disposable
3	Micro Drop	3	Nebulizer Mask (different Size)
4	IV cannula (20, 22,24)	4	Syringe 10cc with needle
5	Oxygen Mask disposable	5	Syringe 5 ml with needle
6	Filters for circuit of Ventilators	6	Wooden Tongue Depressor, 100/Pack
7	Urine Bag	7	Safety box
8	Foley Catheter Different Size	8	ECG Paper, 111mm width
9	Swab Sterile	9	Leucoplast (large), 7.5cmx5m
10	Nebulizer Mask (different Size)	10	Povidone -Iodine 7.5% (Sol), 450 ml
11	Oxygen Nasal Cannula (different Size)	11	Gas Pad 10X10 cm X 8 layer/pack
12	Suction Catheter (different Size)	12	Alcohol Pad, 200/ Box
13	Syringe 10cc with needle	13	Disposable Cap, 100/ Pack
14	Syringe 5 ml with needle	14	Oxygen Gas 2000 Pound
15	Syringe 60 ml with needle	15	Cotton role (Medical)
16	Syringe 50 ml with needle		<b>Laboratory Regents</b>
17	Syringe 20 ml with needle	#	<b>Item</b>
18	Wooden Tongue Depressor, 100/Pack	1	Glucometer strip, on call plus
19	Safety box	2	Diluent (Hematology Analyzer) reagent, Mindray or ( equivalent) 20lit/bottle
20	ECG Paper, 111mm width	3	E-Z Clenser (Hematology Analyzer), 1*100 ml Mindray or(equivalent)
21	Leucoplast (large), 7.5cmx5m	4	Lyse (Hematology Analyzer)reagent, 500ml/bottle Mindray or equivalent
22	Povidone -Iodine 7.5% (Sol), 450 ml	5	Rinse (Hematology Analyzer)reagent, 20 liter/gallon Mindray or (equivalent)

23	Gas Pad 10X10 cm X 8 layer/pack	6	probe clener, 1*17 ml/bottle
24	Alcohol Pad, 200/ Box	7	APTT , 6X2ml vial/kit
25	Disposable Cap, 100/ Pack	8	PT, 10X2ml vial/kit
26	Airway Guider different size	9	Bilirubin total , 5*20ml / kit
27	Endo tracheal tube without cuff	10	(SGPT)ALT, ( 5*80 mL) / Kit
28	NG tube different size	11	(SGOT)AST , ( 5*80 mL) / Kit
29	ECG 50 pad/pack	12	ALP(Alkaline phosphatase), ( 5*80 mL) / Kit
30	Center line catheter different size	13	Albumin, 5*25ml / kit
31	Tracheostomy kit	14	Total protein, 5*25ml bottle/kit
32	Battery for laryngoscope middle size	15	Cholesterol, 1*2-250ml bottle/kit
33	ECG gel 4000cc	16	Triglyceride, 1*2*250ml bottle/kit
34	lidocaine gel	17	Urea reagent, ( 5*80 mL) / Kit
35	Oxygen Gas 2000 Pound	18	Creatinine reagent, ( 5*80 mL) / Kit t
36	Tourniquet	19	PT Tube, 100Pic/Box
	<b>X-Ray Requirement</b>	20	Calcium Tube, 1*500piece/box (Glass tube)
#	<b>Item</b>	21	Vacutainer tube with EDTA, 1*100 (glass) piece/box
1	X-Ray film 30*40' blue	22	Gel Tube +Clot Activator, 1*100 piece/Box
2	X-Ray film 30*24' blue	23	ESR tube disposable1*100peice/box
3	X-Ray film 18*24' blue	24	Yellow Tips, Disposable, 1000/Pack
4	Fixer, 5 Liter/gallon	25	Blue Tips, Disposable, 1000/Pack
5	Developer, 5 Liter Gallon	26	Micro/Macro Pipit, 10-100 and 100-1000 Micron
6	X-Ray Film, Laser, 14 *17		<b>PPE for Health Care Staff</b>
7	X-Ray Film, Laser, 10*8	#	<b>Item</b>
8	X-Ray Film, Laser, 10 *12	1	Mask N 95
9	Cassette for CR 14 *17	2	Surgical Mask
10	Cassette for CR 10*8	3	PPE kit (Overall Gown sterile, Hair cover Cap, Apron Face shields)
11	Cassette for CR 10 *12	4	Hand Sanitizer 500 ml
		5	Gloves latex non sterile , Size SML (50 pairs/Box)
		6	Shoes Cover
		7	Body Bag

**List of Equipment and Medicine which will be provided by MoPH through ADB fund under COVID-19 Project**

Equipment		Medicine	
Medical Equipment for ICU wards		Medicine for ICU Patients	
#	Item	#	Item
1	Patient Monitor	1	Inj. Azithromycin 500 mg
2	Patient Monitor with etCo2	2	Tab Azithromycin 500mg

3	CMS system for Patient Monitor	3	Tab. Hydroxychloroquine sulfate 200mg
4	Auto C PAP machine	4	Inhaler salbutamol
5	Ventilator Machine	5	Amp ipratropium Nebulizer solution
6	Ventilator Machine face mask	6	Tab Ribavirin 400mg
7	Oxygen Concentrator 10Liter	7	Amp. Norephnininprin 4 mg
8	Ambo bag Different size	8	Amp Dopamin200mg
9	Infusion pump	9	Amp. Atropine 1 mg/1ml
10	Nebulizer Machine	10	Amp. Adrenalin 1mg/1ml
11	Defibrillator Machine	11	Vial. Propanol 200mg/20 ml
12	Suction machine	12	Vial. Ketamine 50mg/2ml
13	PH meter portable small	13	Vial ceftriaxone 1g
14	Oxygen Regulator	14	Amp. Midazolam 5 mg
15	Spirometer	15	Amp. Morphine
16	Emergency trolley (Turkey)	16	Amo. Sodium Bi Carbonate 7.5%50 ml
17	Laryngoscope (Adult & Peds. Size)	17	Vitamin C, 500mg in 5 ml inject Solution
18	Bronchoscope	18	Serum Ringer 1000cc with set
19	Patient bed	19	Serum Glucose 5% 1000cc with set
<b>Equipment for General Wards for Mild and Moderate Cases</b>		20	Inj. Glucose 25%/20ml
#	<b>Item</b>	21	Inj. Paracetamol 500mg
1	Patient Beds	22	Sol. Metronidazole 500 mg/100 ml
2	3 Channel, Digital ECG, Machine With Trolley(original)	23	Amp. Furosemide 20mg/2ml
3	Sphygmomanometer (Aneroid/Boshes) For Adult	24	Amp. Magnesium Sulphate 50%/10ml
4	Stethoscope	25	Amp. Phenobarbital 200mg/2ml
5	Pharmacy Refrigerator Glass Door	26	Amp. Diazepam 10mg/2ml
6	Wheel Chair	27	Amp. Ranitidine 50 mg
7	Stretcher	28	Drop. Artificial tear
<b>Medical Instrument</b>		29	Vial. Omeprazole 40 mg
#	<b>Item</b>	<b>Medicine for Mild &amp; Moderate Patients</b>	
1	Magile Forceps, different size	#	<b>Item</b>
2	Tromel medium Size	1	Inhaler salbutamol
3	Tromel Large Size	2	ipratropium BROMIDE Inhaler
4	Tray medium size	3	Tab Ribavirin 400mg
5	Stylet Adult and Peads. Size	4	Vial ceftriaxone 1g
6	Sponge Forceps	5	Syp Pholcodein
<b>Laboratory Equipment</b>		6	Vitamin C, 500mg in 5 ml inject Solution
#	<b>Item</b>	7	Tab Vitamin C 500mg
1	CBC Machine	8	Serum Ringer 1000cc with set
2	ABG machine + Electrolyte examining machines	9	Tab. Paracetamol 500mg(Tab)
3	Automatic Chemistry Analyzers	10	Omeprazole 40mg (Cap)

4	Microscope Bi Nuocular (Olympus Japan) with different lens	11	Syp. Paracetamol 100mg
5	INR machine	12	Tab Metronidazole 400 mag
		13	Tab Azithromycin 500mg
		14	Tab. Hydroxychloroquine sulfate 200mg





## Appendix-B

### A. INCEPTION NARRATIVE REPORT

- This report must be completed and signed by the Project responsible person
- The information provided below must correspond to the financial information that appears in the financial report.
- Please expand the paragraphs as necessary.
- The MoPH will reject any incomplete or badly completed reports.
- The answer to all questions must cover the reporting period as specified in point 1.4 under Description.

#### 1. Description

- 1.1. Name of Implementing Agency:
- 1.2. Name of partners (Sub Consultant/Joint Venture)
- 1.3. Contract number:
- 1.4. Start date and end date of the reporting period:
- 1.5. Name of Province:

#### 2. Assessment of implementation of activities

##### 2.1. Activities and results

Please list all the activities in line with your work plan provided in the contract during the reporting period of first 15 days:

**Title of the activity:** Topics/activities covered <please elaborate on the followings>:

- Establishment of office and staff recruitment;
- Taking over of isolation hospital/ward and renewal of staff contract
- Signing MoUs with PPHD and other stakeholders
- Orientation meetings and visits to/with provincial authorities and community members
- Making inventory for procurement of goods and equipment and supply drugs
- Reason for modification for the planned activity <please elaborate on the problems -including delay, cancellation, postponement of activities- which have arisen and how they have been addressed> (if applicable):
- Results of this activity <please quantify these results, where possible >:

##### 2.2. Please provide an updated detailed work plan

Year	Quarters/ Months					
	1	2	3	4	5	6
Activity						
<i>Example</i>						
Preparation Activity 1(title)						
Execution Activity 1(title)						
Preparation Activity 2 (title)						
Etc.						

#### 3. Partners and other Co-operation

- 3.1. How do you assess the relationship between the formal partners of this Action (i.e. those partners which have signed a partnership statement)? Please specify for each partner organization
- 3.2. How would you assess the relationship between your organization and State authorities in the project area? How has this relationship affected the project?
- 3.3. Where applicable, describe your relationship with any other organizations involved in implementing the Action:

- Associate(s) (if any)
- Sub-contractor(s) (if any)
- Final Beneficiaries and Target groups



- Other third parties involved

3.4. Where applicable, outline any links you have developed with other actions

Name of the contact person for the Action: .....  
 Signature: .....  
 Location: .....  
 Date report due: .....  
 Date report sent: .....

### B. Monthly Activity Progress Report Format

#### Islamic Republic of Afghanistan Ministry of Public Health

#### Monthly Activity Progress Report

Quarter Number: Reporting period; from: (day/month/year) To: (day/month/year)  
 Province: Organization (s):  
 Service Provider (Leading Agency): Contact Details:  
 Phone: Email:

Signature/ Name and Designation: (All pages of report shall be stamped, and initialed by the same authorized representative who signed the contract).

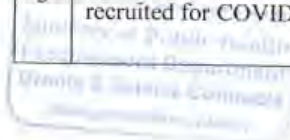
Date the report received at MoPH: Submitted by: Submitted to:  Name/Signature/Designation:	<b>Completeness of the reports:</b>			
	<b>Report Name</b>	<b>Hard copy enclosed</b>	<b>Soft copy enclosed</b>	<b>Copied to PPHD: Yes / No</b>
	<b>Monthly Activity Report</b>			
	<b>Financial Report</b>			

#### SECTION I: INDICATOR(S):

Province: Month: Year:

#### Table of Indicators and Targets for SP:

No	Indicators	Baseline	Achievement	End Targets	Remarks
1	Number of lab test (PCR) performed by the hospital	XX		XX	As per WHO/MoPH updated protocol
2	Bed Occupancy Rate (BOR)	80%		90%	
3	Percentage of isolation beds dedicated for ICU for managing of critical cases of COVID-19	25%		25 %	
4	Percentage of isolation beds dedicated for Highly Dependence Unit (HDU) for managing of sever cases of COVID-19	75%		75 %	Including suspect cases with sever and critical condition
5	Number of technical staff (Health workers) recruited for COVID-19 project	XX		XX	Disaggregated by profession and gender



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

6	Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19	XX		100%	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	XX		XX	Disaggregated by profession and gender
8	Cured Rate	XX		XX	As admitted patient and Verified by TPM
9	Percentage IPC standard achieved	XX		100%	Verified by TPM

**SECTION II: NARRATIVE SECTION**

**INSTRUCTION:** For each of the following questions write a brief answer. You have a **MAXIMUM** of three pages total in which to answer **ALL** the questions. Do not use font less than 10.

1	Provide progress against the work plan (as may be revised and updated in consultation with the MoPH),
2	Progress made toward delivery of COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT and achievements of specific objectives under the assignment:
3	Describe coordination activities such as meetings with PPHDs, WHO, UNICEF and other stakeholders which the Service Provider has conducted. Include here the number of meetings held, problems that have arisen and solutions, etc.
4	Describe any community level coordination activities; problems, or new program initiatives, which have taken, place in the reporting period. Include solutions, approaches, and corrective actions to problems identified.
5	What changes/improvements have you undertaken this reporting period?
6	Describe any project level constraints, shortcomings in this reporting period Include solutions or approaches to the constraints.
7	What <b>external</b> (incl. MoPH) monitoring or other visits have been made to your facilities this reporting period?

**SECTION III: TRAININGS COMPLETED DURING THIS REPORTING PERIOD:**

No	Topic of Training	Category of participants	No of participants		Start date	End date	Venue of training	Conducted By
			Female	Male				
1								
2								

**SECTION IV: KEY STAFF OF THE PROJECT:**

No	Name	Title	Start Date	Working Station	Contract's period
1					
2					

**SECTION V: CASE REPORT AND HOSPITAL/WARD MONTHLY REPORTING FORMS:**

Each hospital/ward should complete one copy of a form each month, and submit it to the Ministry of Public Health (MoPH). Also one form should be completed for every suspected case of COVID-19 and should be submitted to MoPH. These forms will be shared at the beginning of the contract.



**C. Quarterly Financial Report Format  
Financial Report Summary Sheet**

Funding Agency: XXX  
 Implementing Agency: XXX  
 Project Name: XXX  
 Province Name: XXX  
 Activity Name: XXX  
 Contract Number: XXX  
 Currency: XXX  
 Component (Combined or Solo) Xxxx

Reporting Period From: xxx Qtr of 202x (Gregorian Calendar DD-MM-YYYY To DD-MM-YYYY) :(Solar Calendar DD-MM-YYYY to DD-MM-YYYY)

Sr.No	Budget Item (Major Categories)	Original Budget	Total Fund Received	Expenses in This Quarter	Cumulative To Date (excluding current quarter)	Total Expenses To Date	Remaining Fund vs. Installment Received		Remaining Budget vs. Total Budget	
							in Amount	in %	in Amount	in %
1	Remunerations	Xxx	Xxx	Xxx	xxx	Xxx	Xxx	xxx	Xxx	Xxx
2	Recurrent	Xxx	Xxx	Xxx	xxx	Xxx	Xxx	xxx	Xxx	Xxx
3	Capital	Xxx	Xxx	Xxx	xxx	Xxx	Xxx	xxx	Xxx	Xxx
Grand Total		Xxx	Xxx	Xxx	xxx	Xxx	Xxx	xxx	Xxx	Xxx

**Prepared By**  
 Name :  
 Designation :

**Checked By**  
 Name :  
 Designation :

**Approved By**  
 Name :  
 Designation :



*Handwritten signature or initials in blue ink.*



## ASSETS LIST REPORT

Reporting Period From: xxx Qtr of 202x (Gregorian calendar DD-MM-YYYY To DD-MM-YYYY) ;( Solar Calendar DD-MM-YYYY to DD-MM-YYYY)

Funding Agency: XXX  
 Implementing Agency: XXX  
 Project Name: XXX  
 Province Name: XXX  
 Activity Name: XXX  
 Contract Number: XXX  
 Currency: XXX  
 Component (Combined or Solo) XXXX

N o.	Invo ice #	Invo ice Date	Stat us	Asset Name	Specifica tions	Co st in Afs	Q ty	Ser ial No	Inven tory No / Tag #	Suppli er	Curren t Location	User / Recei ver	Rem arks
1													
2													
3													

Prepared By  
 Name:  
 Designation:

Checked By  
 Name:  
 Designation:

Approved By  
 Name:  
 Designation:

*[Handwritten Signature]*



*[Handwritten Signature]*

## WITHHOLDING TAX SHEET

Reporting Period From: xxx Qtr of 202x (Gregorian calendar DD-MM-YYYY to DD-MM-YYYY) :( Solar Calendar DD-MM-YYYY to DD-MM-YYYY)

Funding Agency: XXX  
 Implementing Agency: XXX  
 Project Name: XXX  
 Province Name: XXX  
 Activity Name: XXX  
 Contract Number: XXX  
 Currency: XXX  
 Component (Combined or Solo) Xxxx

No.	Particulars	Total Expenses	Withholding Tax	Tax Status		Deposited Tax Voucher No.	Remark
				Tax deposited	Tax Payable		
1	Remunerations						
2	Recurrent						
3	Capital						
<b>Total</b>							

Note: It is confirmed that all taxes are withheld as per Afghanistan income tax law and deposited to government revenue account and if there is any pending payable taxes, will be cleared next quarter.

Prepared By  
 Name:  
 Designation:

Checked By  
 Name :  
 Designation:

Approved By  
 Name :  
 Designation :



## BANK RECONCILIATION STATEMENT

Reporting Period From: xxx Qtr of 202x (Gregorian calendar DD-MM-YYYY to DD-MM-YYYY) :( Solar Calendar DD-MM-YYYY to DD-MM-YYYY)

Funding Agency: XXX  
 Implementing Agency: XXX  
 Project Name: XXX  
 Province Name: XXX  
 Activity Name: XXX  
 Contract Number: XXX  
 Currency: XXX  
 Component (Combined or Solo) Xxxx

Closing balance as per bank statement as on XX/XX/XXXX (Main Account)		XXXXX
Adjustments:		
Add:	(Provincia Account Balance, Cash On hand, Received Loan etc)	XXXXXX
Less:	(Paid Loan, etc)	
<b>Adjusted/Corrected Balance per Bank</b>		<b>XXXXX</b>
Closing balance as per Book (Summary Sheet) as on XX/XX/XXXX		XXXXX
Adjustments:		
Add:	Payable (Salary, Suppliers, etc)	
Less:	Charges and etc ( )	XXXXXXX
<b>Adjusted/Corrected Balance per Book</b>		<b>XXXXX</b>

Difference XXX

Please attach scanned copy of Bank statements (Main and Provincial account for the Period) and Cash count sheet of ending quarter

Prepared By  
Name :  
Designation :

Checked By  
Name :  
Designation :

Approved By  
Name :  
Designation :

Note: This quarterly financial report template can be changed later based on the requirement of the project.



**APPENDIX C - KEY EXPERTS  
TEAM COMPOSITION, ASSIGNMENT, AND KEY EXPERTS' INPUTS**

N°	Name	Expert's input (in person/month) per each Deliverable (listed in TECH-5)						Total time-input (in Months)		
		Position	Duty Station	Person months			Home	Field	Total	
<b>KEY EXPERTS</b>										
K-1			Home							
			Field							
K-2			Home							
			Field							
			Field							
<b>NON-KEY EXPERTS</b>										
N-1	TBD		Home							
			Field							
			Home							
			Field							
N-2	TBD		Home							
			Field							
N-3	TBD		Home							
			Field							
N-4	TBD		Home							
			Field							
									<b>Subtotal</b>	
									<b>Total</b>	



**CAF**



**CURRICULUM VITAE (CV)**

**Form**

Position Title and No.	Technical Manager (KI)
Name of Expert:	Khadim Ali Atefi
Date of Birth:	1978
Country of Citizenship/Residence	Afghanistan

**Education:**

No	Date	Institution	Degree
1	2015-2018	Graduated from Internal Pediatric Residency from AKHS Provincial Hospital, Bamyan, Afghanistan	Speciality Certificate
2	1998 - 2007	Graduated from Medical Faculty, Balkh University, Mazar-e-sharif, Afghanistan	Diploma
3	1995-1997	Bihishtee High School	Bachelor

**Trainings Attended:**

Date	Firm	Training	Date	Firm	Training
Dec 2019	WHO	AFP Training conducted	Sep 2018	MoPH/WHO	IPD SAM training conducted
June 2019	WHO	ENBC Training conducted	Dec 2017	AKHS	SOP training
Jan 2019	MoPH/TCPH, GIZ kabul	NCDI Training conducted	2012	AKHS	LDP workshop

**Employment record relevant to the assignment:**

Period	Employing organization and your title/position. Contact information for references	Country	Summary of activities performed relevant to the Assignment
Apr 2020 up to Now	Hospital director of COVID-19 in Daikundi Contact: Ishaq Ali Darman Email: <a href="mailto:moph.daikundi1@gmail.com">moph.daikundi1@gmail.com</a> Phone: 0766522866	Afghanistan	Careful observing and implementing the hospital rules in Covid-19, like of using of PPE kit in during of examination suspect patient and treatment them. Also Monitoring for implementing triage system for those patient that has cough, fever and careful observing algorithm for suspected patient and confirm cases in COVID-19 hospital.
2018-2020	Hospital Director of DH Ulqan Daikundi Contact: Dr. hashmat haqmal Email: <a href="mailto:drhashmat2013@yahoo.com">drhashmat2013@yahoo.com</a> Phone: 0773879538	Afghanistan	Responsible for planning, leading, organizing, reporting and controlling of hospital services, ensure implementation of hospital standards, supervision from the activities of different wards of the hospital, strengthening coordination and building the capacity of hospital staff MDs, Nurses and MWs
2014 to 2015	EPHS Program Manager Daikundi Care of Afghan Families (CAF) contact: Dr. Ibrahimkhail LPM phone: 0766550130 email: <a href="mailto:lpm.sehat@gmail.com">lpm.sehat@gmail.com</a>	Afghanistan	Supervise and managing team of medical, logistic and admin with project planning, implementation, monitoring and follow up hospital capacity assessment follow up and implementation reporting project with follow up the EPHS guideline , policy, strategy throughout close supervision and monitoring.
2012-2013	Deputy coordinator in DDRD/CNTF in Hospital Contact: Dr. Rashedi CNTF provincial coordinator Email: <a href="mailto:m.rashedi2010@gmail.com">m.rashedi2010@gmail.com</a> Phone: 0744893113	Afghanistan	Overall management of counter narcotic (CNTF) project implementation and follow up of Drug addicted hospital also coordination of project activities with stakeholders in national and provincial level along conducting of CNTF assessment on quarterly basis and monitoring and supervision of the project.



2012	<b>GAVI-HSS Project manager Bamyan</b> <b>Contact: Dr. Nikfar</b> <b>Email: <a href="mailto:samin_nikfar@yahoo.com">samin_nikfar@yahoo.com</a></b> <b>Phone: 0770176298</b>	Aighamistan	Managing SHCs and mobile health teams as part of BPHS and technical follow up the project. As well as the planning and implementation of the project activities along supervision and monitoring of the project and assist team of supervisors.
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**Language Skills (indicate only languages in which you can work):** Good in Dari, Pashto and English writing, reading, speaking

**Adequacy for the Assignment:**

<b>Detailed Tasks Assigned on Consultant's Team of Experts:</b>	<b>Ref. to Prior Work that Best Illustrates Capability to Handle the Assigned Tasks</b>
<ul style="list-style-type: none"> <li>To ensure precise supervision and implementation standard rules and regulation during examination and treatment and progress of confirm and suspect patient.</li> <li>To ensure precise supervision and implementation of triage of patient with respiratory distress and fever respect of precise algorithm suspect and confirm cases.</li> <li>To ensure provision of services based on national MoPH updated guidelines on Covid-19 in isolation ward.</li> <li>To ensure supervision of technical procedures and implementation of update MoPH guidelines</li> <li>Responsible for planning, leading, organizing, reporting and controlling of hospital services, to ensure the implementation of hospital standards along supervision from activities of different wards of the hospital, strengthening coordination and building the capacity of hospital clinical staff.</li> </ul>	<ul style="list-style-type: none"> <li>On the time supervision and implementation standard rules and regulation during examination and treatment along progress of confirm and suspect patient in covid-19 Hospital.</li> <li>Regular follow up of OPD patient triage system for control and provision of necessary service in covid-19 hospital, based on updated MoPH guidelines.</li> <li>Strong follow up of implementation national MoPH updated guideline and any other scientific trusted medical clinical books in covid-19 hospital.</li> <li>Regular follow up and guidance of staff in technical procedure and protocols.</li> <li>Overall management, leading, planning, organizing daily and weekly activities of different clinical tasks in hospital level.</li> <li>Coordination, communication and capacity building of different staff in hospital.</li> </ul>

**Experts contact information :** E-mail : [khadimaliatefi@gmail.com](mailto:khadimaliatefi@gmail.com) Cell phone: +93-775744736

**Certification:** I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience, and I am available, as and when necessary, to undertake the assignment in case of an award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification or dismissal by the Client, and/or sanctions by the Bank.

Name of Expert: Dr. Khadim Ali Atefi Signature Date: 15.06.2020

Name of authorized: Dr.Moh.Ashraf Elham Signature Date: 15.06.2020 Representative of the Service Provider (The same who signs the Proposal)



CAF

**CURRICULUM VITAE (CV)**

Position Title and No.	Hospital Director (K2)
Name of Expert:	Dr. Zamani "Reshteen"
Date of Birth:	1977
Country of Citizenship/Residence	Afghanistan

**Education:**

No	Date	Institution	Degree
1	2004-2008	Completed specialization training in internal medicine in Ibni Sina Emergency Hospital	Speciality Certificate
2	1994-2000	MD in General Medicine from Ningarhar Medical faculty Afghanistan	Diploma
3	1990-1993	Sayed Jamalludin Afghan High School	Bachlorea

**Trainings Attended:**

Date	Firm	Training	Date	Firm	Training
2019	MoPH	Hospital Management Tra	2008	WHO	Patient safety training
2017	CAF	Hospital Management Tra	2008	In-bnisina Hosp	ECG Training
2010	UNICEF	IMCI Training	2007	In-bnisina Hosp	Ultra sound training

**Employment record relevant to the assignment:**

Period	Employing organization and your title/position. Contact information for references	Co untry	Summary of activities performed relevant to the Assignment
Jan 2019 to Now	<b>Hospital Director with Janatgul Khan DH Kabul MoPH Reference:</b> Name: Moh.Nabi Arab Position: General Director of Health section Kochi <u>E-mail:Drnagar855@gmail.com</u> Cell phone:0786970855	Afghanistan	Overlooking the financial and procurement processes from transparency point of view. Conduct the training sessions according to the needs and doing regular on the job training for staff and making of the hospital activities as stated in standard. Coordination and communication with hospital staff with Follow up the EPHS policy.
Jan 2018 to Dec 2018	<b>Medical Director with Janatgul Khan DH Kabul MoPH Reference:</b> Name: Abdul Rahim Nagar, Position: HD <u>E-mail:Drnagar855@gmail.com</u> Cell phone:0786970855	Afghanistan	Responsible for planning, leading, organizing, reporting and controlling of hospital services, ensure implementation of hospital standards, supervision from the activities of different wards of the hospital, strengthening coordination and building the capacity of hospital staff MDs, Nurses and MWs
July 2017 to Jan 2018	<b>Medical Director in Logar PH With CAF Ref:</b> Dr. Ashoqullah Majidi, HD Logar PH, Cell phone: 0799007025 e-mail: <u>ashuqullah.majidi@gmail.com</u>	Afghanistan	Responsible for Planning ,organizing leading, supervising, reporting the hospital activities, coordination among different hospital sections, regular visit of IPD ward, implementation SBM in hospital, capacity building of the MDs, Nurse, MWs, ensure achieving the project targets.
Sep 2012 to Jun 2017	<b>Hospital Director</b> Zabul PH, Hospital Reform Project Reference: Dr. Habiburrahman Niazi, Provincial hospital, /MoPH Phone: Cell 0700895855 Email: <u>habeeb.niazi@gmail.com</u> .	Afghanistan	Responsible for Planning, organizing, leading, controlling, reporting and staffing of the PH, ensure implementation of hospital standards and provision of quality hospital services, ensure coordination of hospital activities, submission of monthly & quarterly reports, participation in PHCC meetings, ensure achieving the project targets and chairing the hospital community board.

**COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT**

<b>From Jun 2009 to Aug 2012</b>	<b>Chief of internal ward ,Zabul PH</b> Reference: Dr.Malikdin Ahmazai Position: Hospital Directordr_malikdinahmadzai@yahoo.com Cell Phone : 0706191200	Afghanistan	Being responsible for provision of quality health care services in internal ward of the hospital based on hospital standards, visit from inpatients, treatment of complicated cases of internal disease, conducting internal medical conferences to build the capacity of MDs, Nurses and MWs, reporting of the hospital ward activities
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**Language Skills (indicate only languages in which you can work):** Good in Dari, Pashto and English writing, reading and speaking.

**Adequacy for the Assignment:**

<b>Detailed Tasks Assigned on Consultant's Team of Experts:</b>	<b>Ref. to Prior Work that Best Illustrates Capability to Handle the Assigned Tasks</b>
<ul style="list-style-type: none"> <li>• The Hospital Director Tasks:</li> <li>• Overlooking the financial and procurement processes from transparency point of view.</li> <li>• Conduct the training sessions according to the needs and doing regular on the job training.</li> <li>• The medical Director Tasks:</li> <li>• Collecting of Medical Reports as HMIS methods</li> <li>• Maintaining of Monthly and quarterly plan of professionally in Hospital</li> <li>• Following of used medicine with a coordination of management staff</li> <li>• The Provincial Hospital Director Tasks:</li> <li>• Prioritize their needs and develop a work plan for the capacity building as planned and other hospital management issues with hospital team.</li> <li>• Conduct the training sessions according to the needs and doing regular on the job training.</li> <li>• Review the financial management and procurement process in the hospital from transparency point during responsibility time</li> </ul>	<ul style="list-style-type: none"> <li>• The hospital director was overlooked the financial and procurement processes for accuracy and transparency at hospital level. As well as training and on the job training for hospital staff as per need and TNA. To follow up and implemented the MoPH policy and strategy at hospital level.</li> <li>• Responsible for planning, leading, organizing, reporting and controlling of hospital services, to the ensure implementation of hospital standards, supervision from the activities of different wards of the hospital, strengthening coordination and building the capacity of hospital staff.</li> <li>• Responsible for Planning, organizing, leading, controlling, reporting and staffing of the PH, ensure implementation of hospital standards and provision of quality hospital services, ensure coordination of hospital activities, submission of monthly &amp; quarterly reports, participation in PHCC meetings, ensure achieving the project targets and chairing the hospital community board.</li> </ul>

**Experts contact information :** E-mail : [zalmaireshteen@gmail.com](mailto:zalmaireshteen@gmail.com), Cell phone: 0703846994

**Certification:** I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience, and I am available, as and when necessary, to undertake the assignment in case of an award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification or dismissal by the Client, and/or sanctions by the Bank.

Name of Expert: Dr. Zalami "Reshteen"      Signature \_\_\_\_\_      Date: 15.06.2020

Name of authorized: Dr.Moh.Ashraf Elham      Signature \_\_\_\_\_      Date: 15.06.2020  
 Representative of the Service Provider (the same who signs the Proposal)



**CAF**

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**CURRICULUM VITAE (CV)**

<b>Position Title and No.</b>	Financial Officer (K3)
<b>Name of Expert:</b>	Hayatullah "Hayat"
<b>Date of Birth:</b>	1972
<b>Country of Citizenship/Residence</b>	Afghanistan

**Education:**

No	Date	Institution	Degree
1	2017 - 2018	Computer Science (DBA)	Diploma
2	2000-2002	Accounting & Management (DBA)	Diploma
3	1994-1996	IbneSeena High School, Peshawar	Bachelor

**Trainings Attended:**

Date	Firm	Training	Date	Firm	Training
2013	CAF	Budget and Budget Management	2016	CAF	Effective Supervision Skills
2013	CAF	Internal Auditing	2011	CAF	Financial reporting
2013	CAF	Accounting	2010	CAF	Accounting Software Quick Books

**Employment record relevant to the assignment:**

Period	Employing organization and your title/position. Contact information for references	Country	Summary of activities performed relevant to the Assignment
2019 to Now	Finance Officer HQ Care of Afghan Families (CAF) Contact: Edriss Yosufi Finance Direct Email: <a href="mailto:caf.finance.director@gmail.com">caf.finance.director@gmail.com</a> Phone: +93,729880511	Afghanistan	Keep constant regular communication and contact with account department for financial finding and finance information system with working closely with audit team members to solve the problems according organization policy.
2006 - 2018	Care of Afghan Families (CAF) Badakhshan Province. PPG/PPA/PCH/SEHAT-II/ SEHATMANDI, BPHS & EPHS Projects with different post as mentioned below: Operation Officer, Admin/Finance Officer, Admin/Finance Manager <b>Contact Person:</b> Mohammad Naiem Rassa, CAF Director General. Email: <a href="mailto:caf.director.general@gmail.com">caf.director.general@gmail.com</a> Phone: 93 (0) 799 311 619	Afghanistan	Managing overall financial resources of project: Responsible to support the project manager in developing annual budget, Cash management, Budget Management, preparing payroll, preparing vouchers and managing book of accounts, Bank Management, monitoring project expenditure against agreed budget, managing in-come Tax, coaching and mentoring. Financial Reporting. Capacity building of the sub ordinate staff and giving on job trainings for all operation staff. Responsible to support Projects Donor auditors and HQ internal auditors during the projects auditing regularly.
3-2004 to 9-2004	Gemeinnutzige GesellschaftmbH (AGEF) Kundoz Province. AGEF & ANBP Contact Officer, Contact, Person: Mr. Khalid, Coordinator Email: <a href="mailto:kabul@agef-afghanistan.org">kabul@agef-afghanistan.org</a> Phone: 0799300501	Afghanistan	Assist the Regional Reintegration Manager in Reintegration Process. Attending IP meetings with all DDR/ANBP members in the NE Region twice a month. Preparation of registration, placement, monitoring and evaluation of Business Start-Up (BSU) Program in the NE Region.



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

April 2000 to October 2003	Afghan Health Services (AHS) Peshawar, Pakistan, BPHS Project. Administrator Contact Person: Dr. Shawali, Director Email: <a href="mailto:ahs_peace@yahoo.com">ahs_peace@yahoo.com</a> Phone: +17208722168 CANADA	Peshawar	Arranging of the recruitment of support staff, assist the director in their evaluation ensuring that entry test are conducted for required skills. Preparing staff salaries. Collect monthly accountancy report with all supportive documents available according to AHS Financial Procedures after approval of the General Director.
Aug 1995 to Mar 2000	Japan Afghan Medical Service (JAMS) Peshawar, Pakistan, Medical Project. Admin/Finance Officer Contact Person: Dr. Shawali, Director U.P.O Box No. 847 Phone: +17208722168 CANADA	Peshawar	Arranging of financial documents and daily financial report to finance manager. Monthly and quarterly financial report to the Head Quarter of Organization, JAPAN. Checking of purchasing slip, Quotations, Cash Receipt Voucher, advanced payment, Labor wage sheets and personal Voucher.

Language Skills (indicate only languages in which you can work): Good in Dari, Pashto and English writing, reading and speaking.

**Adequacy for the Assignment:**

Detailed Tasks Assigned on Consultant's Team of Experts:	Ref. to Prior Work that Best Illustrates Capability to Handle the Assigned Tasks
<ul style="list-style-type: none"> <li>Managing overall financial resources of project: Responsible to support the project manager in developing annual budget, Cash management, Budget Management, preparing payroll, preparing vouchers and managing book of accounts, Bank Management, monitoring project expenditure against agreed budget, managing in-come Tax, coaching and mentoring. Financial Reporting.</li> <li>Assist the Regional Reintegration Manager in Reintegration Process. Attending IP meetings with all DDR/ANBP members in the NE Region twice a month.</li> </ul>	<ul style="list-style-type: none"> <li>Working closely with Audit team members to solve their findings and their concerned about donor feedback on BDK Projects Vouchers</li> <li>Check all the required documentation(requisition, Quotations, Bids, Purchase orders, Contract etc) is prepared and attached with related vouchers according CAF policy and procedure</li> <li>Being active member of HQ operation Team and support the concerned issues with high level capacity for checking and finalizing of documents</li> <li>Managing overall financial resources of the project.</li> <li>Ensuring the relevant organizational Policies, Donors requirements, and MOPH requirements are properly followed and met.</li> </ul>

Experts contact information : E-mail : [op.caf.bdk@gmail.com](mailto:op.caf.bdk@gmail.com) Cell phone: +93-729880600

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience, and I am available, as and when necessary, to undertake the assignment in case of an award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification or dismissal by the Client, and/or sanctions by the Bank.

Name of Expert: Hayatullah Hayat                      Signature                      Date: 15.06.2020

Name of authorized: Dr.Moh.Ashraf Elham      Signature                      Date: 15.06.2020  
Representative of the Service Provider (the same who signs the Proposal)

*[Faint signature and text, mostly illegible]*



**APPENDIX D – BREAKDOWN OF CONTRACT PRICE**

**FORM FIN-2 SUMMARY OF FINANCIAL PROPOSAL**

Cost of the Financial Proposal	{Insert Foreign Currency }	{Insert Local Currency }
(1) Remuneration		77,812,413
(2) Reimbursable		107,555,752
<b>Total Director Cost</b>		<b>185,368,165</b>
(4) Admin Cost @5%		9,268,408
<b>Total Cost :</b>		<b>194,636,573</b>
(3) Contingency Amount (30%)		58,390,972
<b>Total Cost of Financial Proposal:</b> {Should match the amount in Form FIN-1}		<b>253,027,545</b>



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*[Handwritten signature]*

**FORM FIN-3 BREAKDOWN OF REMUNERATION**

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

No.	Name	Position	Salary + Other Benefit	Qty	Duration	TOTAL
	<b>Key Experts</b>					
K-1	Technical Manager		128,000	1	6	768,000
K-2	Financial Officer		83,111	1	6	498,666
	<b>Non-Key Experts</b>					
	<b>Afghan Japan Hospital</b>					
	<b>A-Management</b>					
K-3	Hospital Director		100,000	1	6	600,000
	Medical Director		90,000	1	6	540,000
	Medical Specialist		90,000	18	6	9,720,000
	<b>B-Doctor</b>					
	MD		70,000	19	6	7,980,000
	Sonologist		70,000	2	6	840,000
	QA Officer (MD)		70,000	4	6	1,680,000
	<b>C-Nursing Staff</b>					
	Head Nurse		50,000	2	6	600,000
	ICU Nurs		50,000	15	6	4,500,000
	Ward Nurse		50,000	30	6	9,000,000
	<b>D-Allied Health staff</b>					
	X-Ray technician		40,000	6	6	1,440,000
	PharmacyTech		40,000	6	6	1,440,000
	Anesthesia Tech		40,000	-	6	0
	Lab. Tech		40,000	14	6	3,360,000
	Ambulance and Oxygen Responsible		40,000	-	6	0
	<b>E-Admin</b>					





COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Admin	40,000	4	6	960,000
M.Record officer	40,000	2	6	480,000
Procurement Officer	40,000	3	6	720,000
Admin Assistant	40,000	15	6	3,600,000
Stock Keeper	40,000	5	6	1,200,000
Cashier	40,000	1	6	240,000
HR. Asistant	40,000	6	6	1,440,000
Ele/mechanic	40,000	4	6	960,000
Receptions (Client Satisfying officers)	40,000	4	6	960,000
Maintenance officer	40,000	2	6	480,000
Dormitory Admin	40,000	1	6	240,000
<b>F-Support Staff</b>	-	-	-	-
Cleaner	25,000	61	6	9,150,000
Laundry	25,000	4	6	600,000
غسال	25,000	2	6	300,000
Tailor	25,000	2	6	300,000
Cook	25,000	5	6	750,000
Driver	25,000	6	6	900,000
Gurad	25,000	8	6	1,200,000
Other Supportive	25,000	6	6	900,000
<b>Customer Service</b>	-	-	-	-
Customer Service Officer (Day Shift)	40,000	-	6	0
Customer Service Officer (Night Shift)	40,000	-	6	0
<b>Dead Benefit</b>	-	-	-	-
Akramia due to Dead from COVID-19 Based on Military Policy	45,000	6	6	0
Akramia due to Dead from COVID-19 (6months salary)	48,317	6	6	1,635,063
<b>Health Insurance</b>	-	-	-	-
Staff Health insurance for Family of martyrs	7,770	28	6	1,314,684



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

	Incentive for Burial of Dead Bodies				
	Incentive for Burial of Dead Bodies	20,000	300	1	6,000,000
	Incentive for more than 4 visit				
	Customer Service Officer (Day Shift)	200	430	6	516,000
<b>Total =</b>			<b>259</b>		<b>77,812,413</b>

FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES

N°	Type of Reimbursable Expenses	Unit	Quantity	Unit Price	TOTAL	Duration	GRAND TOTAL
<b>Management Cost</b>							
1	Communication Cost	Postpaid	3	2,500	7,500	6	45,000
2	Office Equipment and furniture None Medical (Annex 2)	Pic	1	47,800	47,800	1	47,800
3	Stationery	Unit	1	5,000	5,000	6	30,000
4	office supplies	Unit	1	5,000	5,000	6	30,000
5	Computer and accessories	Pic	3	50,000	150,000	1	150,000
6	Printer	Pic	3	15,000	45,000	1	45,000
7	Photo copy Machine	Pic	1	170,000	170,000	1	170,000
8	Vehicle rental	Monthly	2	50,000	100,000	6	600,000

**Afghan-Japan Hospital**

1	Communication Cost	Postpaid	13	1,500	19,500	6	117,000
2	Internet installation and monthly cost	Postpaid	1	13,860	13,860	6	83,160
3	Office Equipment and furniture None Medical (Annex 2)	Time	1	4,835,500	4,835,500	1	4,835,500
4	Medical Equipment (Med Equip which is not added in WHO list)	Time	1	12,059,440	12,059,440	1	12,059,440
5	Office Equipment Maintenance	Monthly	1	600,000	600,000	1	600,000
6	Building Repair Maintenance	Time	1	50,000	50,000	6	300,000
7	Stationery	Time	1	20,000	20,000	6	120,000



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

8	office supplies	Time	1	50,000	50,000	6	300,000
	Training of hospital staff	Time	1	100,000	100,000	3	300,000
9	Printing of IEC/BCC materials /HMIS	Monthly	1	20,000	20,000	6	120,000
10	Food (Annex 3)	Daily	1	300	2,250,000	6	13,500,000
11	Vehicle rent	Monthly	1	50,000	50,000	6	300,000
12	Ambulance Rental	Monthly	3	70,000	210,000	6	1,260,000
13	Vehicle Maintenance	Monthly	1	10,000	10,000	6	60,000
14	Utilities (electricity, Gas and Water) (Annex -1)	Monthly	1	380,000	380,000	6	2,280,000
15	Hygiene Materials	Monthly	1	211,000	211,000	6	1,266,000
16	Computer and accessories	Monthly	10	50,000	500,000	1	500,000
17	Printer	Pic	6	15,000	90,000	1	90,000
18	Photo copy Machine	Pic	1	250,000	250,000	1	250,000
19	Projector	Pic	1	40,000	40,000	1	40,000
20	Generator Repair and Maintenance	Time	1	30,000	30,000	6	180,000
21	Drug (Not Added to WHO List)	Monthly	1	33,021,352	33,021,352	1	33,021,352
22	Medical Supply (Not Added to WHO List)	Pic	1	34,355,500	34,355,500	1	34,355,500
23	Evacuation of Septic Well	Time	100	5,000	500,000	1	500,000
<b>Total Costs</b>							<b>107,555,752</b>



CAF

**APPENDIX E:  
WORK SCHEDULE AND PLANNING FOR DELIVERABLES**

For the first six-month

N°	Deliverables <sup>1</sup> (D-..)	Months						TOTAL
		1	2	3	4	5	6	
<b>D1</b>	<b>Taking over of Afghan Japan Hospital</b> Signing the contract with MOPH for implementation of the hospital Signing contract with the staff as per the required staffing pattern Accommodates and runs the medical equipment, supplies, and drugs donated by MOPH/UN Provides necessary logistical items for the hospital as per CAF approved budget. Regular supply of pharmaceuticals as per MOPH protocols through the MOPH-UN grant and project fund Provides necessary HMIS and reporting tools and formats Establishing a leading committee for monitoring of the hospital at the national level							1 6 6 6 6 6 6
<b>D2</b>	<b>Triage of Severe Acute Respiratory Infection</b> Build the capacity of staff on triaging as per the COVID-19 algorithm Build the capacity of Lab staff on safe sample taking procedures							1 3
<b>D3</b>	<b>Hospitalization and Treatment</b> Managing hospital beds in ICU and suspected ward Establish an IP committee in the hospital Prepare IP supervision plan for the committee Coordinate provision of necessary IP equipment (PPE, surgical mask, Mask N95, ...) with MOPH and UN Agencies							1 6 6 6
<b>D4</b>	<b>Hospital Ancillary Services</b> Coordinate with MoPH/WHO for placing another PCR machine in the hospital Coordinate with MoPH/WHO for provision of PCR test kit (Swap) VTM+ RNA extraction kits Maintain the ECG, X-Ray, and Ultrasound services in the hospital Capacity building of pharmacy staff on safe storage and dispensing of drugs and supplies in the hospital							1 6 6 6
<b>D5</b>	<b>Hospital Support Services</b> Establish and maintain inventory system for provision of drugs and supplies through MOPH/UN and project fund Capacity building of medical record on proper recording, storing, and reporting Coordinate with MOPH on installation of online reporting system and database Provision of foods to the patients and staff Further improve mortuary services inside the hospital							6 6 6 6 6
<b>D6</b>	<b>Administrative Hospital Services</b> Capacity building of finance staff on CAF financial policy and procedure Daily recording of transaction using cashbook and bankbook Giving autonomy to the hospital director for procurement of until 500,000 AFG							6 6 6



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

	Timely payment of salary of staff after receipt of instalment									6
	Establishing a separate bank for the hospital									1
	Capacity building of staff on CAF procurement policy and procedures									6
	Prepared semi-annual procurement plan for the hospital									6
	Capacity building of staff on HR policy and procedure									6
	Contract with hospital staff as per agreed number in the budget									1
	Keeping staff file in safe and proper place									6
	Capacity building of staff on CAF security policy									6
	Keeping available security staff in coordination of police department									6
	Establishing a custom desk to connect patients with their family members									6
	Surveillance of COVID-19 cases and reporting to national FP									6
<b>D7</b>	<b>Capacity Building of Staff on Prevention of COVID-19</b>									
	Cascade the trainings provided by WHO to required staff of the hospital									3
<b>D8</b>	<b>Monitoring and Evaluation</b>									
	Specify a qualified and experts team to conduct regular control and surveillance of the activities									6
	Develop monitoring checklists based on the monitoring indicators									1
	Monitor the project performance as per the agreed work plan									6
	Update the surveillance department of the ministry of public health									6
	Cooperate with any monitoring and evaluation delegations									6
	Consider the feedback of the commissions and make a responsive action plan									6
	Participates in all joint monitoring visits of the COVID-19 hospital									6
<b>D9</b>	<b>Coordination and Communication</b>									
	Close coordination with MOPH at the national level									6
	Sharing the action with the emergency committee									6
	Participate in all national relevant sub-committees									6
<b>D10</b>	<b>Contingency Fund</b>									
	Use the contingency fund of the project to manage extreme cases of Coronavirus after approval of MOPH									Based on need
	Update the MOPH for the increase of patients from the current number of 120 beds									Based on need
<b>D11</b>	<b>Reporting and Recording</b>									
	Provide regular activities reports to the ministry of public health									6
	Provides quarterly financial reports to MOPH and asks for the project instalments									6
	Use the online reporting system as per the MOPH requirement									6
<b>D12</b>	<b>Organization and Staffing</b>									
	Hires the project staff, including key personnel and non-key staff									1
	Key staff support the project staff in terms of providing capacity building, supportive supervision									6

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

CAF's central management staff support project staff in terms of monitoring, supervision, capacity building, and mentoring										6
Finance and HR department of the main office transfer timely project funds from the central bank account to the project										6
Timely payment of staff salary, benefits, and project expenditures										6
Timely submission of technical and financial reports of the project to MOPH										6



CLP

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**APPENDIX F: MINUTES OF CONTRACT NEGOTIATION**  
**Contract Negotiations Minutes of the Afghan-Japan Hospital Kabul City**  
**Afghanistan COVID-19 Emergency Response and Health System Preparedness Project**  
**AFG/MoPH/GCMU/COVID-19/36**  
**For Implementation at Afghan-Japan Hospital**

Service Provider: Care of Afghan Families (CAF)  
Date: 21-22 June 2020 and 22 August – 01 Sep 2020 (several other meetings)  
Time: 02:00 p.m. – 04:00 p.m. (June 21, 2020), 09:00 a.m. – 04:00 p.m. (June 22, 2020)  
01:30 - 03:30 p.m. (August 22, 2020) and several other meetings  
Venue: GCMU Meeting room, MoPH

**Agenda:** Clarification of the technical proposal and rationalization of the proposed cost

**Background:**

A Cluster of pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on December 31, 2019 and WHO announced the COVID-19 outbreak a pandemic on March 11, 2020.

Afghanistan had a total of 28,833 confirmed cases of COVID-19 (Coronavirus) as of June 21, 2020. The Kabul province has the highest number of confirmed cases.

Considering the rapid spread of this outbreak and the potential for greater loss of life, the government of Afghanistan called for humanitarian assistance to fight against COVID-19. In response the World Bank had proposed a project called “Afghanistan COVID-19 Emergency Response and Health System Preparedness project”. Based on the agreement between the Afghanistan government and the World Bank, the Ministry of Public Health (MoPH) started to contract the implementation of the COVID-19 project with the current Sehatmandi BPHS/EPHS service providers through direct selection method in 34 provinces. but the health service is being delivered in Kabul City by MoPH not by BPHS/EPHS implementing NGOs, so the MoPH wants to contract-out the Afghan-Japan Hospital under the Afghanistan COVID-19 ERHSP project to CAF organization.

Therefore, CAF was requested to submit a brief technical and financial proposals for Afghan-Japan Hospital, Kabul city. After the review of the proposals, the CAF organization was invited to contract negotiations on June 21, 2020 which elapsed on June 22, 2020 as well. Detail discussions were made during the contract negotiations meeting but some issues such as the number of staff, supply of oxygen and some other issues did not agree, so, the CAF organization was invited for 2<sup>nd</sup> round of the contract negotiations meeting on Aug 22, 2020 for finalization of the pending issues. This time also the contract negotiations process did not finalize in one meeting, so for finalization of the pending issues especially the number of staff to be hired/kept at the hospital several meetings have been conducted. The last/final contract negotiations meeting in which all issues are agreed held on Sep 01, 2020

Following are the details of discussed and agreed with points during the negotiations meetings:

**Preliminary Matters**

- Confirm Power of Attorney/Authority to negotiate
- Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff).



**I. Negotiation on Technical points:**

No	Discussed issues	Agreed Points
1	Authority of the Technical Manager (K-1 position): According to the nature of the project, the K-1 should be given sufficient managerial, financial and procurement authority (at least AFN 500,000/ invoice), under a well-defined internal control system.	Agreed
2	The SP agreed to ensure 100% availability of three project key staff at the project level. In case of unavailability of any key-staff for more than two months in the project, the required disciplinary action will be taken by the MoPH accordingly.	Agreed
3	The SP agreed to revise the work plan accordingly	Agreed
4	The SP agreed to implement the project work plan as per the agreed timeline.	Agreed
5	Immediate after signing of the contract, the SP agreed to take over the Afghan-Japan Hospital for COVID-19 from the General Directorate of Curative Medicine of MoPH, equipped, staffed and functionalize as per the ToR and agreed on negotiations points.	Agreed
6	The SP agreed to functionalize 120 beds.	Agreed
7	<ul style="list-style-type: none"> <li>As per the MoPH approval dated 16 Sunbula 1399 (Sep 06, 2020) Ref # 770/29-19, the SP agreed to hire/ keep all hospital staff (259) who has an active contract with Afghan-Japan Hospital/MoPH for the first three months of the contract. After that the category and number of staff will be adjusted based on Bed Occupancy Assessment subject to MoPH approval.</li> <li>The SP agreed to apply/implement the salary and allowances as per the procedure/guidelines approved by the cabinet of the Islamic Republic of Afghanistan.</li> </ul>	Agreed
9	The SP agreed to hospitalize only sever/critical patients and maintain the percentage (%) of beds for ICU and Isolation ward as per standard.	Agreed
10	The SP agreed to pay Ikramia and health insurance to the Afghan-Japan Hospital staff's families who dying due to combating COVID-19 during their contract periods as per the approved salary and allowances procedure/guidelines by the cabinet of the Islamic Republic of Afghanistan.	Agreed
11	The SP agreed to provide food incentive to staff and admitted patients of Afghan-Japan Hospital as per the approved salary and allowances procedure/guidelines by the cabinet of the Islamic Republic of Afghanistan	Agreed
12	The SP agreed to wash and provide incentives for the burial of dead bodies of patients who dies within the hospital during the project life.	Agreed
13	The SP agreed to consider/implement existing and any new/updated guidelines and interventions for fighting with COVID-19.	Agreed
14	The SP agreed to purchase and provide the necessary number and quantity of the medical equipment, medicine and medical supply/consumables which are not included in the UNICEF list.	Agreed
15	If equipment, consumables, lab reagents, X-Ray films, medicine and PPE for Health Care Staff which will be provided by MoPH through UNICEF are not on time provided, SP can procure them from the contingency fund till their supply by UNICEF, taking prior approval of MoPH.	Agreed



**II. Negotiations on Financial matters:**

a. The budget for 6 months of the project implementation agreed as bellow:

Cost Item	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total Price of the contract
1- Remuneration	0	77,812,413	
2- Reimbursable	0	107,555,752	
3- Indirect cost (5%)	0	9,268,408	
4- Contingency cost (30%)	0	58,390,972	
Total	0	253,027,545	

b. The agreed financial points during the negotiation were as follow:

No	Discussed issues	Agreed points
1	For covering unexpected situations or increasing the numbers of beds the percentage of contingency fund has been increased from 10% which was reflected in the issued ToR dated June 13, 2020 to 30%. The allocated percentage of contingency funds will be allowed to be used based on the service provider request/proposal and MoPH/GCMU prior approval in case of need during the contract execution.	Agreed
2	The SP agreed to spend the allocated fund exclusively for the implementation of the COVID-19 project	Agreed
3	The contract ceiling is exclusive of all local indirect taxes and inclusive of all local direct taxes according to Afghanistan tax law	Agreed
4	The SP agreed to disburse the allocated amount after the effectiveness of the contract.	Agreed
5	The SP agreed to consider/implement the approved salary and allowances guidelines by the cabinet of the Islamic Republic of Afghanistan for the relevant COVID19 project staff for the Afghan-Japan Hospital Kabul Afghanistan considering the staff category mentioned in the technical part of this negotiations minutes	Agreed
6	The SP is not allowed to rent an additional office for the COVID-19 project (Afghan-Japan Hospital)	Agreed
7	SP is strictly prohibited giving COVID19 project funds as a loan or covering other project activities than COVID19. Prior written approval must be obtained from GCMU/MoPH.	Agreed
8	SP Agreed to maintain a satisfactory internal control system for the management of the project fund.	Agreed
9	SP Agreed to maintain a fair and faithful record for all the disbursement incurs during the project implementation period.	Agreed
10	The SP agreed to charge 5% admin cost on all health service delivery incurred expenditure	Agreed



*[Handwritten signature]*

**Agenda No. 3: Negotiations on contract conditions:**

- **Contract duration and starting date:**

The period shall be 42 months and 15 days starting from Sep 15, 2020 till, March, 31 2024.

Note 1: This contract includes a six-month project work plan with the related cost. For the remaining period, the work plan and its related cost shall be agreed by both parties during the implementation of the first six-month of the project, subject to the availability of fund and satisfactory performance of the service provider.

Note 2: In case of need during the implementation of the project, the current scope of work would be expanded, subject to the availability of fund and satisfactory performance of the consultant.

- **The Currency of Payment:** AFN
- **Payment Condition:** as per the contract
- **Separate bank accounts:** is required and SP will provide the new bank account for this project.

**Conclusion of the meeting and next steps**

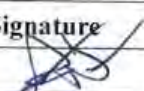
- **Pending documents and deadline:** all the documents must be signed and stamped.
  - Revised financial proposal: Yes
  - Separate bank accounts: Yes
  - Revised Work Plan: Yes
  - MoU (in case of association): N/A
  - Certified list of SP board of trustee and founders: Yes
  - Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

**Negotiation Team members:**

For and on behalf of the **Ministry of Public Health (MoPH)**

No	Name	Designation	Organization	Signature
1	Dr. Fidaullah Naseeri	Sr. Grant Management Sp.	GCMU of MoPH	
2	Dr. Muhibullah Barakzai	ICU Focal Point for Muhammad Ali Jinnal Hospital	ICU/MoPH	
3	Dr. Sayed Aminullah	M&E Specialist for EPHS Directorate of MoPH	HRP/MoPH	
4	Mr. Samim Hameedi	Finance Specialist	DBD of MOPH	
5	Dr. Zabiullah Hassan	Sr. Grant Management Sp.	GCMU of MoPH	
6	Dr. Ahmad Khalid Enayat	Sr. Grant Management Sp.	GCMU of MoPH	
7	Dr. Muhammadullah Amarkhail	Sr. Grant Management Sp.	GCMU of MoPH	
8	Dr. Sayed M. Osman Hamidi			

For and on behalf of **Service Provider (Care of Afghan Families):**

No	Name	Designation	Organization	Signature
1	Dr. Mohammad Ashraf Elam	Director General	CAF	
2	Mr. Edriss Yousfy	Admin/Finance Director	CAF	

