



ISLAMIC REPUBLIC OF AFGHANISTAN

MINISTRY OF PUBLIC HEALTH

Project Name:

Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project
Nangarhar Province
(Project ID: P173775)
(Grant ID: D5930-AF)

Contract No: AFG/MoPH/GCMU/COVID-19/21

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

between

Ministry of Public Health (MoPH)

and

Agency for Assistance and Development Afghanistan (AADA) & HN-TPO (JV)

Funded by:

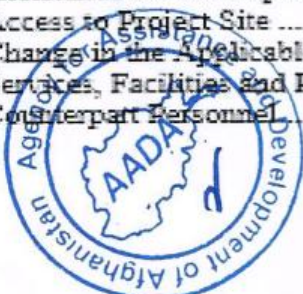
International Development Association (IDA)

Dated: May 2020



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I. Form of Contract

LUMP-SUM

This CONTRACT (hereinafter called the “Contract”) is made the *May, 2020*, between, on the one hand, **Ministry of Public Health** (hereinafter called the “Client”) and, on the other hand a Joint Venture (AADA/HN-TPO) consisting of the following entities, each member of which will be jointly and severally liable to the Client for all the Service provider’s obligation under this Contract, namely, AADA and HN-TPO (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.

For and on behalf of *Ministry of Public Health*

Ferozuddin Feroz MD, MBA, MSc
Minister of Public Health

For and on behalf of each of the member of the Joint Venture(JV) AADA

Dr.Yasamin Yousufzai
General Director

For and on behalf of HN-TPO

Dr.Ab.Majeed Siddiqi
Head of Mission



قرارداد پروژه پاسخ دهی عاجل و آماده سازی سیستم صحت COVID-19 در ولایت ننگرهار

در صورت بروز کدام تفاوت در بین اسناد، جهت اولویت موارد، ترتیب ذیل باید در نظر گرفته شود: شرایط خاص این قرارداد، شرایط عمومی این قرارداد، بشمول ضمیمه 1، ضمیمه A، ضمیمه B، ضمیمه C، ضمیمه D و ضمیمه F. هر آن مآخذ دیگر شامل این قرارداد، در جای که شرایط اجازه دهد، مآخذ به ضمیمه های آن،


2. حقوق و تعهدات مشترک (دو طرفه) از مشتری و مشاور در این قرارداد ذکر گردیده، بطور خاص عبارت است:

(a) مشاور (موسسه تطبیق کننده) خدمات را باید در مطابقت به این قرارداد عرضه نمایند، و

(b) مشتری (وزارت صحت عامه) اقساط پول را باید در مطابقت به این قرارداد پرداخت نمایند.

ما (جانبین) شاهد عقد این قرارداد بوده، طوریکه تاریخ و روز آن در فوق ذکر گردیده است.

از جانب وزارت صحت عامه


دوکتور فیروزالدین فیروز
وزیر صحت عامه جمهوری اسلامی افغانستان

از جانب مشاور یا موسسه AADA

دوکتور یاسمین یوسفزی

ریس عمومی موسسه AADA

از جانب موسسه HN-TPO

دوکتور عبدالمجید صدیقی

رئیس موسسه HN-TPO در افغانستان



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



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 1 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 |

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.

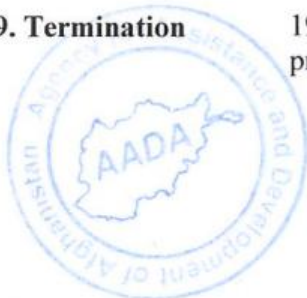
17.9. In the case of disagreement between the Parties as to the existence or extent of Force Majeure, the matter shall be settled according to Clauses GCC 44 & 45.

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:



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.

- (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.



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**

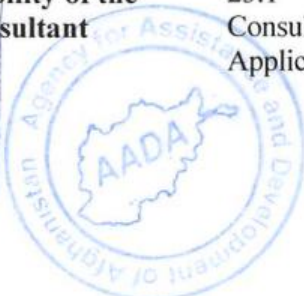
21.1.5 The Consultant has an obligation and shall ensure that its Experts and Sub-Consultant shall have an obligation to disclose any situation of actual or potential conflict that impacts their capacity to serve the best interest of their Client, or that may reasonably be perceived as having this effect.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

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

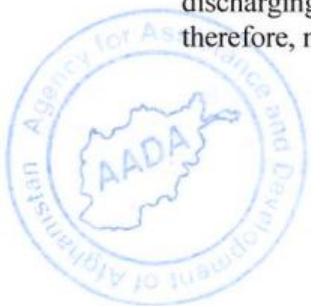
30.1 Except as the Client may otherwise agree in writing, no changes shall be made in the Key Experts.

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.



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

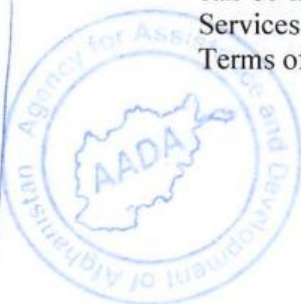
37.1 In consideration of the Services performed by the consultant under this Contract, the Client shall make such payments to the consultant for the deliverables specified in **Appendix A** and in such manner as is provided by GCC F below.

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.



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;¹ (ii) to be a nominated² 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 inspect³ 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.



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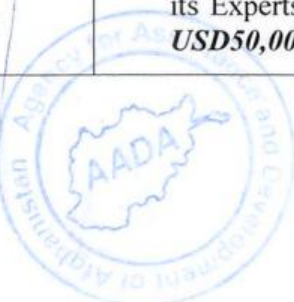
- ¹ For the avoidance of doubt, a sanctioned party's ineligibility to be awarded a contract shall include, without limitation, (i) applying for pre-qualification, expressing interest in a consultancy, and bidding, either directly or as a nominated sub-contractor, nominated consultant, nominated manufacturer 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.
- ² 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.
- ³ 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.

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: Ministry of Public Health Great Massoud Square, Kabul Afghanistan Attention: Ferozuddin Feroz Minister of Public Health Facsimile: Not Applicable E-mail : info@gcmu-moph.gov.af</p> <p>Consultant: AADA & HN-TPO (JV) Attention: Dr.Yasamin Yousufzai, General Director of AADA</p> <p>Facsimile: Not Applicable E-mail: yyousofzai@aada.org.af Phone No: +937000012254 Nationality of Org: Afghanistan</p> <p>Dr.Ab.Majeed Siddiqi, Head of Mission of HN-TPO, Afghanistan Facsimile: Not Applicable E-mail: majeed@healthnettpoaf.org Ph: +93 78 788 8860 Nationality of Org: Netherlands</p> |
| 8.1 | The Lead Member on behalf of the JV is: AADA |
| 9.1 | <p>The Authorized Representatives are:</p> <p>For the Client: Ferozuddin Feroz, Minister of Public Health</p> <p>For the Consultant: Dr.Yasamin Yousufzai, General Director</p> |
| 11.1 | The effectiveness conditions are the following: After signing of the contract, the Service Provider shall mobilize the contract |

| | |
|------|---|
| 12.1 | Termination of Contract for Failure to Become Effective: The time period shall be seven (7) calendar days from date of contract signature. |
| 13.1 | Commencement of Services: After the signing of the contract Confirmation of Key Experts' availability to start the Assignment shall be submitted to the Client in writing as a written statement signed by each Key Expert. |
| 14.1 | Expiration of Contract: The time period shall be four years (47 months) starting from May, 2020 till, March, 31 2024. Note 1: This contract includes six-month project work plan with the related cost. For the remaining period of the project, the work plan and its related costs shall be agreed by both parties during the implementation of the initial six-month and subsequent years, subject to availability of funds and satisfactory performance of the service provider; the contract will be amended for a period of rest of the consecutive years on yearly basis. Note 2: In case of need during the implementation of the project, the current scope of work would be expanded, subject to availability of fund and satisfactory performance of the consultant; in which case the Work Plan and ToR will be revised to revise the scope of services for the respective year/s. |
| 17.1 | COVID – 19 pandemic for which the contract is awarded, cannot be invoked under the clause. |
| 19.1 | Termination of contract Failure to achieve the specified targets for indicators will trigger disciplinary actions by the MoPH which could lead to termination of the contract. |

| | |
|------|--|
| 23.1 | No additional provisions. |
| 24.1 | The insurance coverage against the risks shall be as follows: (a) Professional liability insurance, with a minimum coverage of equal to contract ceiling; (b) Third Party motor vehicle liability insurance in respect of motor vehicles operated in the Client's country by the Service Provider or its Experts or Sub-Service Provider, with a minimum coverage of USD50,000.00 |



| | |
|---------------|--|
| | <p>(c) Third Party liability insurance, with a minimum coverage of <i>ten (10) percent of the contract value</i>;</p> <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: (AFN 84,642,854) Eighty-four millions, Six hundred forty-two thousand and Eight hundred fifty-four Afghani only;</p> <p>i. Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is: 76,948,049 fixed inclusive of all local direct taxes as per the break-down provided in Appendix D.</p> <p>ii. Contingency fund (10%) of contract price (bullet # i mentioned above): AFN 7,694,805 to be reimbursed according to the (Para E Contingency fund) of the ToR in this contract</p> <p>iii. Total cost of the Contract (iii=i+ii) AFN 84,642,854</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> |

قرارداد پروژه پاسخ دهی عاجل و آماده سازی سیستم صحت COVID-19 در ولایت ننگرهار

| | |
|--------------------|--|
| <p>24.1</p> | <p>پوشش بیمه در مقابل خطرات باید به ترتیب ذیل باشد:</p> <p>(a) مکلفیت بیمه مسلکی با کمترین پوشش مساوی به سقف قرارداد</p> <p>(b) مکلفیت بیمه وسایل ترانسپورته جراح ثالث در صورت که وسیله توسط مشاور یا متخصص مربوطه آن و یا هم توسط قراردادی فرعی آن در کشور مشتری فعالیت مینمایند کمترین پوشش آن 50000 دالر امریکایی میباشد،</p> <p>(c) الزامیت بیمه جناح ثالث، با کمترین پوشش (10) فیصد پول قرارداد میباشد،</p> <p>(d) مکلفیت بیمه استخدام کننده و جبران کارمندان با در نظر داشت متخصصین و قراردادی فرعی آن در مطابقت به تامین و عملی نمودن قانون کشور مشتری و همچنان متخصصین در باره زنده گی صحت ، تصادم، سفر و یا هم دیگر بیمه که مناسب باشد و</p> <p>(e) بیمه در تاوان و یا تخریب به (1) وسایل خریداری شده مکمل و یا هم بخش آن از بودجه تحت این قرارداد (2) ملکیت مشاور که برای ارائه خدمات استفاده شده باشد و (3) یا هم اسناد که توسط مشاور در تهیه خدمات آماده شده باشد.</p> |
| <p>27.2</p> | <p>مشاور نمیتواند این اسناد را در مقاصد غیر مربوطه این قرارداد بدون اجازه رسمی و منظوری مشتری استفاده نمایند.</p> |
| <p>30.2</p> | <p>تعویض پرسونل کلیدی پروژه در مطابقت به معیارات مندرجه سند لایحه وظایف (ToR) باید صورت گیرد.</p> |
| <p>38.1</p> | <p>مقدار پول این قرارداد برای شش ماه نخست قرارداد (84,642,854 افغانی) مبلغ هشتاد و چهار میلیون و شصت و چهل و دوهزار و هشتصد و پنجاه و چهار افغانی است.</p> <p>i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی سیستم صحت COVID-19 (76,948,049 افغانی) بشمول تکس های مستقیم داخلی مطابق تشریح که در ضمیمه D داده شده است.</p> <p>ii. بودجه احتیاطی (10%) قیمت قرارداد (بالت شماره i که در فوق تذکر رفته): 7,694,805 افغانی است که مطابق ماده E بودجه احتیاطی) لایحه وظایف یا TOR این قرارداد باید تادیه گردد.</p> <p>iii. قیمت مجموعی این قرارداد (iii=i+ii) 84,642,854 افغانی</p> <p>تمامی قیمت های فوق الذکر شامل تکس های مستقیم داخلی است و تکس های داخلی غیر مستقیم در آن شامل نمیشد.</p> <p>قرارداد (مطابق به ضرورت و نیاز زمانی) تعدیل خواهد شد تا مصارف سالهای بعدی طبق پلان های کاری مربوط تامین گردد؛ پلان کاری و لایحه وظایف سالانه تجدید نظر میشود.</p> |
| <p>39.1 و 39.2</p> | <p>مشتری (وزارت صحت عامه) تضمین میدارد که: موسسه مشاور، موسسه قراردادی فرعی و پرسونل از پرداخت تکس غیر مستقیم، مالیات، فیس و تکس بر عایدات و دیگر جریمه های که تحت قانون نافذ کشور در باره موسسه مشاور، موسسه قراردادی فرعی و پرسونل وضع گردیده، در مواردی آتی معاف میباشد:</p> |



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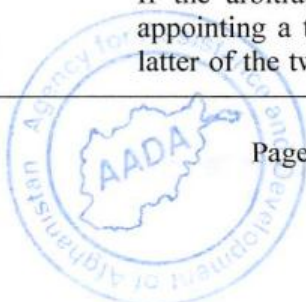
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| | <p>(b) any equipment, materials and supplies brought into the Client's country by the Service Provider or Sub-Service Provider for the purpose of carrying out the Services and which, after having been brought into such territories, will be subsequently 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>(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>(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> | | | | | | | | |
|-----------------|--|---|---|---|--------------|----------------|--|--|---|
| 41.2 | <p>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): Payment shall be made in three (3) installments according to the following schedule:</p> <table><tr><th># of instalment</th><th>Due date for submission of progress activity report and invoices</th><th>Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)</th><th>Deliverables</th></tr><tr><td>1st instalment</td><td>Two (2) days after signing of the contract</td><td>Thirty percent (30%) of the contract price (mentioned in bullet i of SCC 38.1)</td><td>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.⁴ 2-This installment will be made full payment and then will be adjusted in the 2nd installment based on the TPM verification report.</td></tr></table> | # of instalment | Due date for submission of progress activity report and invoices | Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1) | Deliverables | 1st instalment | Two (2) days after signing of the contract | 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. ⁴ 2-This installment will be made full payment and then will be adjusted in the 2 nd installment based on the TPM verification report. |
| # of instalment | Due date for submission of progress activity report and invoices | Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1) | Deliverables | | | | | | |
| 1st instalment | Two (2) days after signing of the contract | 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. ⁴ 2-This installment will be made full payment and then will be adjusted in the 2 nd installment based on the TPM verification report. | | | | | | |

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| | 2 nd installment | Sartan 21, 1399 (July 11, 2020) | Sixty percent (60%) of the contract price (<i>mentioned in bullet i of SCC 38.1</i>) | 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 installment will be made full payment and then will be adjusted in the 3 rd installment 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. |
| | 3 rd (final) Installment | Aqrah 20, 1399 (Nov 11, 2020) | Ten percent (10%) of the contract price (<i>mentioned in bullet i of SCC 38.1</i>) | 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 2nd instalment will be adjusted in this instalment. |
| <p>Note 1: 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>Note 2: No expenditures in above categories will be reimbursed if incurred after completion of the contract.</p> <p>Note 3: 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>Note 4: Contingency fund: AFN 7,694,805 to be reimbursed according to the para E of the ToR in this contract.</p> <p>Note 5: 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 | 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 commitment letter from Service Provider trustee board should be submitted to process the first payment. | | | |
| 41.2.4 | The account for local currency is: | | | |

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| | <p>Account Name: AADA COVID-19 NGR</p> <p>Bank Name: AZIZI BANK</p> <p>Bank Address: Zanaq Square, Kabul City Afghanistan</p> <p>Account number: 003801101541529</p> <p>Currency of account: AFN</p> <p>Swift Code: AZBAAFKA</p> <p>Correspondent Bank: TRANSKAPITAL BANK, MOSCOW RU</p> <p>Note: 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 contract shall be through these accounts only. The bank statement shall be submitted along with quarterly financial reports.</p> |
| 42.1 | The interest rate is: NA |
| 45.1 | <p>Disputes shall be settled by arbitration in accordance with the following provisions:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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. (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 |



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| | <p>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 Dubai, United Arab Emirate (UAE)</p> <p>(b) the English 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> |

IV. Appendices

Appendix –A TERMS OF REFERENCE

For the Afghanistan COVID-19 Emergency Response and Health System Preparedness
Project: (P173775)

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.

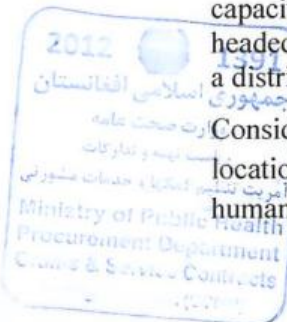
WHO announced COVID-19 outbreak a pandemic on March 11, 2020. As of today, April 2, 2020, around one million people have been sickened in 203 countries and around 50,000 have died of the coronavirus and more than 200,000 people have recovered, the World Health Organization (WHO) and figures from health officials.

Afghanistan has had a total of 665 confirmed cases of COVID-19 (Coronavirus). Herat province has the highest number of confirmed cases.

The Government of Afghanistan has re-opened its border with Iran, which had been closed briefly to all air and ground travels. The Ministry of Public Health (MoPH) has assigned health teams to airports and land borders to screen passengers for symptoms of COVID-19. All passengers who have traveled to China, Iran, Italy, or South Korea and countries with community spread during the one month prior to arrival in Afghanistan are separated from other passengers, checked for symptoms of COVID-19, and those with symptoms will be taken directly to a designated hospital for testing.

In response to this outbreak the MoPH has started some measures nationwide including establishing the Center for Combating Covid-19 in central level, headed 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 protect our citizens from the spread of COVID-19; 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. One of the aim of this project is to avoid disruption of BPHS/EPHS service delivery under Sehatmandi project.

The specific objectives of this project are:

1. To increase public awareness and promote healthy behaviors in regard to COVID-19
2. To conduct community surveillance and early detection of COVID-19 suspected cases
3. To ensure infection prevention and control measures at the health facilities and community level
4. To Manage and isolate cases of COVID-19 suspected and confirmed cases

C. INDICATORS and TARGETS FOR SP:

| No | Indicators | Baseline | End Targets | Means of Verification | Timeline | Remarks |
|----|---|----------|-------------|-----------------------|----------|--|
| 1 | Percentage of samples transferred to Lab facilities from all suspected cases | 0% | 100% | Progress reports | Monthly | As per MoPH updated protocol |
| 2 | Percentage of identified contacts who are successfully traced | 0% | 70% | Progress reports | Monthly | |
| 3 | Number of active beds for isolations and case management of COVID-19 | 0 Beds | 50 Beds | Progress reports | Monthly | |
| 4 | Percentage of isolation beds dedicated for ICU for managing of critical cases of COVID-19 | 5 % | 5 % | Progress reports | Monthly | |
| 5 | Number of technical staff (Health workers) recruited for COVID-19 project | 0 | 114 | Progress reports | Monthly | Disaggregated by profession and gender |
| 6 | Availability of equipment (both medical and non-medical) as per the specified guideline | 0 | 100% | Progress reports | Monthly | The medical equipment will be provided by UN |

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| | for managing of COVID-19 | | | | | |
| 7 | Number of people trained for COVID-19 | 0 | 181 | Progress reports | Monthly | Disaggregated by profession and gender |
| 8 | Percentage of HF's comply with IPC protocols | | 100% | Progress reports | Monthly | Verified by TPM |
| 9 | Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by TPM). | | 50% | 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 Nangarhar province including returnees, Kochies and IDPs. 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 and provincial health offices 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, provincial and district level mechanisms to combat the epidemic and support the structure and functions described by the MoPH at all these levels. The SPs are required to ensure proper staffing, training, and efficient logistics to functionalize the provincial and district level centers for combating corona virus epidemic.

- i. At the Provincial Level: There is a provincial Center for Combating Corona virus, headed by the Provincial governor and/or Provincial Health director. The center will have three main functions a) health services, b) surveillance c) monitoring and risk communication; d) logistic/ finance support. The Service provider needs to be engaged actively in all three functions and work closely with the provincial center.
- ii. At the District Level: The District Center for Combating Corona virus should be established. The MoPH has to facilitate the infrastructure and necessary equipment and supply will be provided. The World Health Organization (WHO) provides the training, but SPs need to plan cascading of the trainings. The Rapid Response Team (RRT) to be functionalized according to the MoPH instruction (*the list/number of RRT/province is attached*). The SP should link the RRT with the District Center based on priority; Each RRT will be equipped with one vehicle. The RRT have to run district centers in coordination with existence/available resources. These centers

have to do Surveillance and case finding (active through contact tracing, and passive by consulting patients coming to the center), taking samples for lab test as per protocol, transport of samples to the lab, health education and risk communication, in case of necessity hospitalize and isolate patients, refer cases with severe signs and symptoms through a dedicated ambulance to the provincial ICU dedicated for Covid-19. The SP is responsible to cover urban areas of each province by the same services.

The details of tasks are explained below:

2. Risk Communication (Public awareness and promote healthy behaviors)

The service provider should maintain proper communication with the entire population to update them of the existing facilities, where they should attend if have problems, who to call if they have problem and how/ why to change their behavior to protect themselves and others around them. Establish coordination with provincial call center to allow people call and ask for advice anytime they need. Distributing the contact numbers of district RRT to the people to seek advice when they needed. Using available channels to establish two-way communication with the people is the priority required from the Service Providers.

3. Early detection and surveillance of cases at community level:

- i. **Passive surveillance:** all health facilities are responsible to report immediately any suspected cases that match with the case definition of COVID-19 to the district RRT.
- ii. **Contact tracing:** Contact tracing shall be done to identify suspected secondary cases and in case of developing signs and symptoms with immediate evacuation/referral to isolation center located at provincial/district level based on MoPH developed guideline.
- iii. **Follow up of people in home quarantine:** The service provider to follow the suspected people at their residence and provide health education through CHWs network. In case of developing any signs and symptoms to be referred to the isolation centers. See the home quarantine guideline of MoPH.
- iv. **Taking samples and transfer it to the nearest reference lab facility:** The SPs need to take samples from suspected cases as per protocol at the district or provincial centers and transfer it to the nearest reference lab for Covid-19 test and follow up the results. The suspected cases can be referred/ transported to the provincial or district center for isolation.

4. To Manage cases and isolate of COVID-19 suspected and confirmed cases: The SP is responsible to deliver essential health care service to the people who are infected with COVID-19.

- i. Establish/Operationalize the COVID-19 isolation ward in the province. The MoPH will provide the infrastructures in the province and the SP will be responsible to staff them and run the centers. This activity will start with a minimum number of beds and will be upgraded based on need and instruction of the MoPH leadership.
- ii. The service provider shall equip the COVID-19 specific hospital. However, the necessary equipment will be provided by MoPH through UN agency as per Para-L.
- iii. Service provider shall follow the required staffing based on the MoPH estimation.
- iv. Service provider will supply the medical materials, consumable and other logistic required for COVID-19 patients rather than purchased by UN agency as per Para-L.

- v. Service provider shall provide remuneration, risk benefit, food cost and other benefits defined in approved guideline.
- vi. Service provider shall budget running cost - including minor renovation and maintenance of the COVID-19 isolation ward in the hospital.
- vii. WHO guideline for case management shall be implemented accordingly.

5. Infection prevention and control measures at the health facilities level:

The COVID-19 outbreak could last for a long time in the communities. Depending on the severity of the outbreak, health workers may recommend community actions to help keep people healthy, reduce exposures to COVID-19, and slow down the spread of the disease. Infection prevention and control measures should be done at all health facilities and communities. The SP is responsible to ensure the IPC materials and supplies available in all BPHS and EPHS health facilities and health personnel practice IPC protocols.

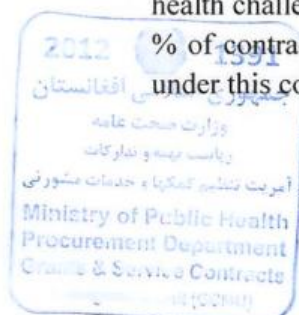
- i. Facility Level Infection Prevention and Control (IPC): Triage, applying standard precautions for all patients (which includes hand hygiene, respiratory hygiene, rational use of PPE kits, safe disposal of all types of wastes, environmental cleaning, and sterilization of patients care equipment), Administrative controls (based on MoPH developed guideline).
- ii. Community level infection prevention and control: The SPs need to supervise and monitor the implementation of community level measures decided by the MoPH at their respected communities including social distancing, home quarantine, management of dead bodies, movement restrictions and etc.
- viii.

| Province | Hospital/Ward (at provincial level) | Location | District centres (with functional RRT) | Location (to be proposed by SP based on the priority) |
|-----------|--|--------------|---|---|
| Nangarhar | 50 Beds | Jalabad city | 17 | Ghazni Khil, Khogyani, Kama Kot, Hesarak, Khewa, Chaparhar Rodat, Achin, Nazyan, Momandara, Dehbala |

*Number and location of district centers with functional RRT will be specified/agreed during the contract negotiation.

E. Contingency fund:

Looking to the fast spreading of COVID-19 and mass movement of population across the borders, 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 in the province, 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 in Nangarhar province, including returnees, Kochies, prisoners and IDPs. The contract is for four years starting from May, 2020 till March 31, 2024. This contract includes six-month project work plan with its related cost.

For the remaining period of the contract, the work plan and its 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 (screening of travelers, registration, referral, mobile surveillance, taking/transferring samples, PPE kits, contact tracing, isolation and case management, lab safety procedures and safe disposal of waste and burial and etc.).

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 |
|--|--|
| Technical Manager (K1) | |
| 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 provincial health projects/ Technical health positions (after graduation from university) |
| Financial Officer (K2) | |
| 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) all MoPH health facilities in the provinces; (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:

I.1. The Provincial Public Health Director (PPHD) has the following responsibilities:

1. Monitoring and supervision of the project.
2. To review the technical report of the Service Provider and provide required feedback.
3. Ensure effective coordination of all health providers such as MoPH, Service Provider, Private sector, UN agencies and other sectors at the Province level.
4. The MoPH/PPHD will provide the space for hospital settings if required.
5. Ensure effective coordination of community surveillance system.

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

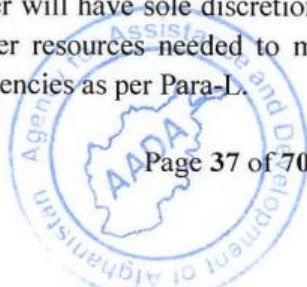
1. Ensure the Service Provider and the MoPH adhere to the terms of the contract.
2. Provision of technical assistance to SP.
3. Relevant technical staff from GCMU/PMO will conduct performance management missions to monitor the work and performance of the Service Provider.
4. Review the project technical reports submitted by the Service Provider 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 Service Provider 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 Service Provider communication with MoPH departments.

I.3. The MoPH technical departments have the following responsibilities:

1. Joint monitoring with GCMU/PMO
2. Provide technical assistant to service providers staff on technical guidelines and/ or changes in guidelines.

I.4. The Service Provider has the following responsibilities:

1. The SP is responsible to transport the specimen from district and central of province to nearest reference laboratory center through RRTs.
2. The Service Provider 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.



3. The Service Provider will enjoy sole discretion in the recruitment, posting, disciplining, and termination of staff paid for under this contract.
4. Ensure transparency and accountability by sharing the project plan and the progress made with stakeholder at different level.
5. Cooperating with any monitoring and evaluation process authorized by the MoPH/GCMU/PMO and Third Party.
6. Resolving quickly such deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO.
7. SP is responsible to cascade all conducted trainings by WHO to relevant staff of COVID-19 specific hospital and RRTs.
8. The Service Provider will technically support and actively participate in all provincial relevant sub-committees.
9. The Service Provider should actively participate in all joint monitoring visits of the COVID-19 hospital and RRTs as planned by PPHCC and other assigned representatives of MoPH technical departments.
10. The Service Provider must be responsive to all MoPH-GCMU/PMO communications on timely basis by an authorized person(s) through proper channel.
11. The service provider 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.
12. The service provider 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. Inception report, 15 days after signing of the contract.
2. Monthly Activity Progress Report.
3. Quarterly Financial Report.
4. Daily reporting as per the surveillance guideline of COVID-19.
5. Implement online reporting system as per the MoPH requirement.
6. Submission of the End of Project Report (EPR) one month after completion of the contract.
7. The Service Provider 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 | | Laboratory Regents |
| 17 | Syringe 20 ml with needle | # | Item |
| 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 |
| | X-Ray Requirement | 20 | Calcium Tube, 1*500piece/box (Glass tube) |
| | # | 21 | Vacutainer tube with EDTA, 1*100 (glass) piece/box |
| | Item | | |

| | | | |
|----|---------------------------|----|--|
| 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 disposable 1*100 piece/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 | | PPE for Health Care Staff |
| 7 | X-Ray Film, Laser, 10*8 | # | Item |
| 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. Norephnadrin 4 mg |
| 8 | Ambo bag Different size | 8 | Amp Dopamin 200mg |
| 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 |
| Equipment for General Wards for Mild and Moderate Cases | | 20 | Inj. Glucose 25%/20ml |

| | | | |
|-----------------------------|--|--|--|
| # | Item | 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 |
| Medical Instrument | | 29 | Vial. Omeprazole 40 mg |
| # | Item | Medicine for Mild & Moderate Patients | |
| 1 | Magile Forceps, different size | # | Item |
| 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 |
| Laboratory Equipment | | 6 | Vitamin C, 500mg in 5 ml inject Solution |
| # | Item | 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 Nuocolor (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 |



2019



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 | | | | | |
|--------------------------------|------------------|---|---|---|---|---|
| Activity | 1 | 2 | 3 | 4 | 5 | 6 |
| <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 initialled by the same authorized representative who signed the contract).

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

SECTION I: INDICATOR(S):

Province: Month: Year:

Table of Indicators and Targets for SP:

| No | Indicators | Baseline | Achievement | End Targets | Remarks |
|----|--|----------|-------------|-------------|--|
| 1 | Percentage of samples transferred to Lab facilities from all suspected cases | 0% | 100% | 100% | As per MoPH updated protocol |
| 2 | Percentage of identified contacts who are successfully traced | 0% | | 70% | |
| 3 | Number of active beds for isolations and case management of COVID-19 | XX Beds | | XX Beds | |
| 4 | Percentage of isolation beds dedicated for ICU for managing of critical cases of COVID-19 | 5 % | | 5 % | |
| 5 | Number of technical staff (Health workers) recruited for COVID-19 project | 0 | | XX | Disaggregated by profession and gender |
| 6 | Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19 | 0 | | 100% | The medical equipment will be provided by UN |

| | | | | | |
|---|---|---|----|------|--|
| 7 | Number of people trained for COVID-19 | 0 | XX | 100% | Disaggregated by profession and gender |
| 8 | Percentage of HF's comply with IPC protocols | | | 100% | Verified by TPM |
| 9 | Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by TPM). | | | 50% | 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 PHDs, 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 external (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 :



2021



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 Locatio n | User / Recei ver | Rem arks |
|------|------------|---------------|---------|------------|-----------------|--------------|------|------------|-----------------------|-----------|--------------------|------------------|----------|
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |

Prepared By
 Name:
 Designation:

Checked By
 Name:
 Designation:

Approved By
 Name:
 Designation:

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) Xxx

| No. | Particulars | Total Expenses | Withholding Tax | Tax Status | | Deposited Tax Voucher No. | Remark |
|-------|---------------|----------------|-----------------|---------------|-------------|---------------------------|--------|
| | | | | Tax deposited | Tax Payable | | |
| 1 | Remunerations | | | | | | |
| 2 | Recurrent | | | | | | |
| 3 | Capital | | | | | | |
| Total | | | | | - | | |

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 :



3022



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

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

| No | | Name | Expert's input (in person/month) per each Deliverable (listed in TECH-5) | Person months | | | | | | Total time-input (in Months) | | | | |
|-----------------|--|------|--|---------------|--|--|--|--|--|------------------------------|------|----------|-------|--|
| | | | Position | Duty Station | | | | | | | Home | Field | Total | |
| KEY EXPERTS | | | | | | | | | | | | | | |
| K-1 | | | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| K-2 | | | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| NON-KEY EXPERTS | | | | | | | | | | | | | | |
| N-1 | | TBD | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| | | | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| N-2 | | TBD | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| N-3 | | TBD | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| N-4 | | TBD | | Home | | | | | | | | | | |
| | | | | Field | | | | | | | | | | |
| | | | | | | | | | | | | Subtotal | | |
| | | | | | | | | | | | | Total | | |

9023



CURRICULUM VITAE (CV)

| | |
|---|------------------------|
| Position Title and No. | K-1: Technical Manager |
| Name of Expert: | Dr. Mehraban Shinwari |
| Date of Birth: | 2/3/1974 |
| Country of Citizenship/Residence | Afghanistan/Nangarhar |

Education:

| Institution | Degree | Date |
|------------------------------|---------------|-------------|
| Nangarhar Medical University | MD | 1997-2002 |
| Jodhpur University India | MPH | 2015-2017 |

Trainings:

Nutrition, HMIS, IMCI TOT, EPI, RH & FP, Report writing, TB, Mental health, Control of Communicable Diseases, Quality Assurance, Hospital Management, Report/proposal Writing, Supervision, M&E, Organizational Development, Grant Management, Effective Teaching Skill, Health System research and Management, Interpersonal Counseling and Communication(IPCC).

Employment record relevant to the assignment:

| Period | Employing organization , title/position, contact information for references | Country | Summary of activities performed relevant to the Assignment |
|------------------------|---|----------------|--|
| June 2017 to date | Deputy Project Manager Nangarhar Sehatmandi Project Nangarhar ,Afghanistan Reference: Dr.Mohammad Qasim "Noori" Program Manager +93785242526 qmnoori@gmail.com | Afghanistan | <ul style="list-style-type: none"> • Responsible for overall project technical activities • Provide and implement project work plan • Conduct supportive supervision and monitoring from HFs. • Provide on the job training • Submit weekly, monthly and quarterly reports. |
| July 2015 to June 2017 | Deputy Project Manager OHPM Paktia BPHS Project Paktika, Afghanistan Reference: Dr. Aziz Rahman "Mahboob" Program coordinator draziz.mahboob@gmail.com +93785759630 | Afghanistan | <ul style="list-style-type: none"> • Same as above |
| Feb 2010 to June 2015 | Provincial Technical Manager Paktika IMC BPHS, EPHS project Reference: Dr. Shamil sazimi@internationalmedicalcorps.org +93798809020 | Afghanistan | <ul style="list-style-type: none"> • Same as above |

| | | | |
|-------------------------|---|-------------|---|
| June 2009 to March 2010 | HMIS Officer, ACTD Paktia, BPHS, EPHS project Reference: Dr. Sulaimankhel, dr.sulaimansafi@yahoo.com +93787940196 | Afghanistan | <ul style="list-style-type: none"> Collected, compiled, analyzed the HMIS data and provided written feedback to HFs; Operated the HMIS and other relevant databases, updated and analyzed the information regularly; Provided reliable, accurate, and timely information and reports for planning and decision making purpose; |
|-------------------------|---|-------------|---|

Membership in Professional Associations and Publications: Member of Afghan Doctors Association

Language Skills: Pashtu (Native), Dari, English

Adequacy for the Assignment:

| Detailed Tasks Assigned on Consultant's Team of Experts: | Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks |
|--|--|
| D-1: Risk Communication (Public awareness and promote healthy behaviors) D-2: Early detection and surveillance of cases at community level D-3: To Manage cases and isolate of COVID-19 suspected and confirmed cases D-4: Infection prevention and control measures at the health facility level D-5: Strengthening Reporting D-6: Supervision and monitoring D-7: Trainings | Deputy Project Manager, Provincial Technical Manager, HMIS Officer, <ul style="list-style-type: none"> Responsible for overall project technical activities Provide and implement project work plan Conduct supportive supervision and monitoring from HFs. Provide on the job training Submit weekly, monthly and quarterly reports. HMIS data entry , data analyses and providing feedback to HFs |

Experts contact information: dr.mehrabanshinwari@yahoo.com, (093) 770108647/ (093)782040212

Name of Expert: Dr. Mehraban Shinwari

Signature

Date: 21/04/2020

Name of authorized Representative of the consultant
21/04/2020

Signature

Date:

Dr.Yasamin Yousufzai, General Director, AADA



CURRICULUM VITAE (CV)

| | |
|---|-------------------------|
| Position Title and No. | Finance Officer (K2) |
| Name of Expert: | Khan Alam "Sharifi" |
| Date of Birth: | 16/12/1992 |
| Country of Citizenship/Residence | Nangarhar , Afghanistan |

Education:

| No | Date | Institution | Degree |
|----|-------------|---|------------------------------|
| 1 | 2018 – 2020 | Khurasan University of Modern Sciences, Nangarhar | BBA (Finance Specialization) |
| 2 | 2011 – 2014 | Almaty Industrial College Kazakhstan | Accounting and Auditing |

Trainings Attended:

| Date | Firm | Training | Date | Firm | Training |
|------------------------|-----------------|-------------------------------|------------------------|-----------------|----------------------|
| 16th -20th June-2019 | AADA, Nangarhar | Financial Management training | 16th -20th June-2019 | AADA, Nangarhar | Financial Management |
| 18th to 22nd Feb-2018. | AADA, Nangarhar | Financial Management training | 18th to 22nd Feb-2018. | AADA, Nangarhar | Financial Management |

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 |
|---------------------|---|-------------|---|
| April, 2017 to date | Sehatmandi project Nangarhar, Finance Officer Reference: Dr. Qasim Noori BPHS Project Director Phone: 0785242526 Email; qmnoori@gmail.com | Afghanistan | <ul style="list-style-type: none"> • Overall responsible for preparing, checking & controlling of AADA project financial document • Planned and monitored project financial activities; • Developed, reviewed and revised project financial report; • Supervised and evaluated the performance of subordinates; • Ensured that the organization, and donor policies and procedures observed and implemented appropriately; |
| Nov 2014 to | TSFP-WFP/Nutrition/OCHA Trauma Admin/Finance Officer | Afghanistan | <ul style="list-style-type: none"> • Overall responsible for preparing, checking & controlling of TSFP-WFP, |

| | | |
|----------|--|--|
| Mar 2017 | Reference: Sayed Waheedullah Saeedi Deputy Finance Project Manager Phone: 0789849919 sayedwaheedullahsaeedi@gmail.com | Nutrition, OCHA and Trauma projects financial document in Nangarhar province |
|----------|--|--|

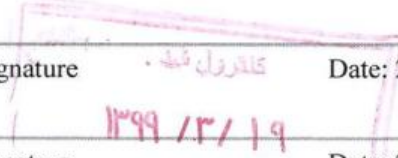
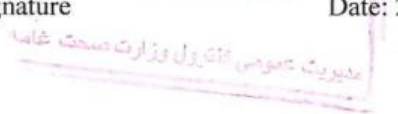
Membership in Professional Associations and Publications: NA

Language Skills: Dari, Pashto, English and Russian

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 |
|---|--|
| D-1: Risk Communication (Public awareness and promote healthy behaviors) D-2: Early detection and surveillance of cases at community level D-3: To Manage cases and isolate of COVID-19 suspected and confirmed cases D-4: Infection prevention and control measures at the health facility level D-5: Strengthening Reporting D-6: Supervision and monitoring D-7: Trainings. | AADA Nangarhar, Finance Officer/controller Vertical projects Nangarhar Finance Officer <ul style="list-style-type: none"> • Overall responsible for preparing, checking & controlling of AADA project financial document • Planned and monitored project financial activities; • Developed, reviewed and revised project financial report; • Supervised and evaluated the performance of subordinates; • Ensured that the organization, and donor policies and procedures observed and implemented appropriately; |

Experts contact information : E-mail : khalalam.sharifi@gmail.com phone : +93 781257227

| | | |
|--|---|------------------|
| Name of Expert Khan Alam "Sharifi" | Signature  | Date: 21/04/2020 |
| Name of authorized Representative of the consultant Dr. Yasamin Yousofzai, General Director | Signature  | Date: 21/04/2020 |



APPENDIX D – BREAKDOWN OF CONTRACT PRICE

FORM FIN-2 SUMMARY OF FINANCIAL PROPOSAL

| Cost of the Financial Proposal | { Insert Foreign Currency } | { Insert Local Currency } AFN |
|---|-----------------------------|-------------------------------|
| (1) Remuneration | | 43,198,984 |
| (2) Reimbursables | | 30,084,872 |
| (3) Indirect Cost Rate 5% | | 3,664,193 |
| Total Cost | | 76,948,049 |
| (4) Contingency funds 10% | | 7,694,805 |
| Total Cost of the Financial Proposal: {Should match the amount in Form FIN-1} | | 84,642,854 |

FORM FIN-3 BREAKDOWN OF REMUNERATION

| Ministry of Public Health Procurement Department Grants & Service Contracts Registration Unit (GSAU) | | No. | Name | Position | # of Staff | Person-month Remuneration Rate | Time Input in Person/Month | {Currency # 1- as in FIN-2} | {Local Currency- as in Fin-2} |
|---|--|-----|-----------------------|------------------------|------------|--------------------------------|----------------------------|-----------------------------|-------------------------------|
| Key Experts - Field | | | | | | | | | |
| | | | Dr. Mehraban Shinwari | Technical Manager (K1) | 1 | 130,000 | 6 | | 780,000 |
| | | | Khan Alam | Financial Officer (K2) | 1 | 65,000 | 6 | | 390,000 |
| | | | Sub Total Key Experts | | | | | | 1,170,000 |
| Isolation center for 50 bed Hospital | | | | | | | | | |
| 20 Bed Isolation Ward COVID-19 Hospital | | | | | | | | | |
| 1 | | | | Hospital Director | 1 | 100,000 | 6 | | 600,000 |
| 2 | | | | Medical Director | 1 | 80,000 | 6 | | 480,000 |
| 3 | | | | Medical Specialist | 2 | 90,000 | 6 | | 1,080,000 |
| 4 | | | | Doctors | 10 | 70,000 | 6 | | 3,780,000 |
| 5 | | | | Sonologist | 1 | 90,000 | 6 | | 540,000 |
| 6 | | | | QA Officer (MD) | 1 | 70,000 | 6 | | 420,000 |
| 7 | | | | Ward Nurses | 16 | 50,000 | 6 | | 4,200,000 |
| 8 | | | | Head Nurse | 2 | 50,000 | 6 | | 450,000 |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

| | | | | | | | | |
|----|--|--|------------------------|----|--------|---|--|-----------|
| 9 | | | ICU Nurse | 10 | 50,000 | 6 | | 2,700,000 |
| 10 | | | X-Ray Technician | 2 | 40,000 | 6 | | 480,000 |
| 11 | | | Pharmacy Technician | 2 | 40,000 | 6 | | 480,000 |
| 12 | | | Anesthesia Technician | 1 | 40,000 | 6 | | 240,000 |
| 13 | | | Lab. Technician | 2 | 40,000 | 6 | | 480,000 |
| 14 | | | Admin | 1 | 40,000 | 6 | | 240,000 |
| 15 | | | Medical Record Officer | 2 | 40,000 | 6 | | 360,000 |
| 16 | | | Procurement Officer | 1 | 40,000 | 6 | | 240,000 |
| 17 | | | Admin Assistant | 1 | 40,000 | 6 | | 240,000 |
| 18 | | | Stock Keeper | 1 | 40,000 | 6 | | 240,000 |
| 19 | | | Cashier | 1 | 40,000 | 6 | | 240,000 |
| 20 | | | HR Assistnat | 1 | 40,000 | 6 | | 240,000 |
| 21 | | | Elec/Mechanic | 2 | 25,000 | 6 | | 225,000 |
| 22 | | | Cleaner | 10 | 25,000 | 6 | | 1,350,000 |
| 23 | | | Laundry | 2 | 25,000 | 6 | | 300,000 |
| 24 | | | Dead body washer | 1 | 25,000 | 6 | | 150,000 |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

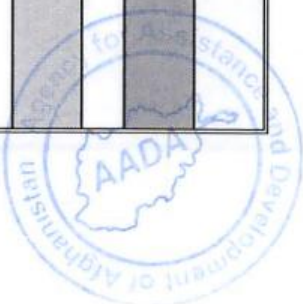
| | | | | | |
|------------------------------------|--|----|---------|---|------------|
| 25 | Tailor | 1 | 25,000 | 6 | 150,000 |
| 26 | Cook | 2 | 25,000 | 6 | 300,000 |
| 27 | Driver | 1 | 25,000 | 6 | 150,000 |
| 28 | Guard | 3 | 25,000 | 6 | 450,000 |
| 29 | Overtime incentive for additional visits more than 4 in each shift (specialists, doctors and nurses) | 42 | 6,000 | 6 | 1,350,000 |
| 30 | Death allowance to the family of staff | 1 | 100,000 | 6 | 400,000 |
| 31 | Labor cost for Burial of dead bodies | 1 | 30,000 | 6 | 180,000 |
| Total Remuneration 50 bed Hospital | | | | | 22,735,000 |
| Management for Hospital 50 Bed | | | | | |
| | COVID-19 Provincial Coordinator | 1 | 80,000 | 6 | 480,000 |
| | Admin/Logistic/HR officer | 1 | 40,000 | 6 | 240,000 |
| | Managing Director (20%) | 1 | 77,664 | 6 | 465,984 |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

| | | | | | | | | |
|-------------------|--|--|------------------------------------|----|---------|---|------------|------------|
| | | | Grants Technical Coordinator (50%) | 1 | 60,000 | 6 | 360,000 | |
| | | Total Management Cost | | | | | 1,545,984 | |
| | | Sub Total-50 Bed COVID-19 Hospital HNTPO | | | | | | 24,280,984 |
| RRT Fix centers | | | | | | | | |
| | | | Nurse | 12 | 40,000 | 6 | 2,400,000 | |
| | | | Support Staff | 12 | 15,000 | 6 | 1,080,000 | |
| | | Sub Total- | | | | | 3,960,000 | |
| RRT | | | | | | | | |
| | | | MD | 17 | 40,000 | 6 | 4,080,000 | |
| | | | Nurse | 17 | 40,000 | 6 | 4,080,000 | |
| | | | labrant | 17 | 40,000 | 6 | 4,080,000 | |
| | | Sub Total- RRT | | | | | 12,240,000 | |
| Provincial office | | | | | | | | |
| | | | Supervisor/Trainer | 1 | 80,000 | 6 | 480,000 | |
| | | | Data Entry Officer | 1 | 40,000 | 6 | 240,000 | |
| | | Sub Total Provincial Office | | | | | 720,000 | |
| Main office | | | | | | | | |
| | | | Project coordinator | 1 | 138,000 | 6 | 828,000 | |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

| Sub Total Main Office | | | | 828,000 |
|--|--|--|--|------------|
| Sub total salary cost COVID-19 50 Bed Hospital | | | | |
| Sub total salary RRT | | | | 24,280,984 |
| Total salary direct cost | | | | 18,918,000 |
| Indirect cost | | | | 43,198,984 |
| Grand Total Cost | | | | 43,198,984 |
| Contingency fund 10% | | | | 4,319,898 |



FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES

| N° | Type of Reimbursable Expenses | Unit | # of Activities | Unit Cost | Quantity | {Local Currency- as in FIN-2} |
|---|---|-----------|-----------------|-----------|----------|-------------------------------|
| REIMBURSABLE COSTS | | | | | | |
| 50 Bed Isolation center for Hospital | | | | | | |
| | Trainings | | | | | |
| | Cascad training planned and conducted by WHO | Per month | - | 81,000 | 5 | 405,000 |
| | ICU care for doctors and Nurses | Per month | - | 100,000 | 5 | 500,000 |
| | Training on Use of Mechanical Ventilator | | | 50,000 | 5 | 250,000 |
| | Infection Prevention & Control and Waste Management | | | 15,000 | 5 | 75,000 |
| | HMIS training for isolation ward and RRT staff | | | 24,000 | 3 | 72,000 |
| | Sub Total | | | | | 1,302,000 |
| | Running Costs | | | | | |
| | Rental Ambulance | Per month | - | 50,000 | 6 | 300,000 |
| | General Consumables | Per month | - | 102,483 | 6 | 614,900 |
| | Generator and Ambulance Fuel/Electricity | Per month | - | 555,000 | 6 | 3,330,000 |
| | Stationary | Per month | - | 38,907 | 6 | 233,442 |
| | Food | Per month | - | 773,822 | 6 | 4,642,930 |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

| | | | | | |
|---|-----------|---|-----------|---|-------------------|
| Cloths, Mattresses, Pillows, blankets Staff Uniform | Per month | - | 721,200 | 1 | 721,200 |
| Rehabilitation and Maintenance | Per month | - | 500,000 | 1 | 500,000 |
| Sub Total | | | | | 10,342,472 |
| Equipment and supplies | | | | | |
| Medical Equipment 50 Beds | per item | - | 3,506,600 | 1 | 3,506,600 |
| Non-Medical Equipment (50 Beds) | per item | - | 3,052,800 | 1 | 3,052,800 |
| Medical Supplies | per item | - | 80,000 | 6 | 480,000 |
| Medicine (50 Beds) | per item | - | 100,000 | 6 | 600,000 |
| Sub Total | | | | | 7,639,400 |
| Total direct cost 50 bed | | | | | 19,283,872 |
| Operational Costs provincial | | | | | |
| Stationary and supplies | Monthly | - | 15,000 | 6 | 90,000 |
| Furniture | Lump sum | - | 100,000 | 1 | 100,000 |
| Top Up Card | Monthly | - | 4,000 | 6 | 24,000 |
| Internet Cost | Monthly | - | 6,000 | 6 | 36,000 |
| Sub Total | | | | | 250,000 |
| Operational Costs Main office | | | | | |
| Communications Cost (Top up and Internet) | Per Month | - | 15,000 | 6 | 90,000 |
| Utilities (Gas, Electricity, Fuel for Generator & Winter Heating) | Per Month | - | 10,000 | 6 | 60,000 |



COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

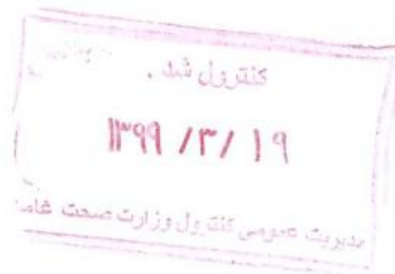
| | | | | | | |
|---------------------------------|---|-----------|----|--------|---|------------------|
| | Repair and maintenance Cost | Per Month | - | 3,000 | 6 | 18,000 |
| | Vehicle fuel and maintenance | Per Month | - | 12,000 | 6 | 72,000 |
| | Office and General Supplies | Per Month | - | 12,000 | 6 | 72,000 |
| | Generator Fuel | Per Month | - | 5,000 | 6 | 30,000 |
| | Travel and Perdeim Cost | Per Month | - | 5,000 | 6 | 30,000 |
| | Bank and Financial Charges | Per Month | - | 3,000 | 6 | 18,000 |
| | Sub Total | | | - | | 390,000 |
| | Management cost of main and provincial office (HNTPO) | | | | | 640,000 |
| RRT Team operation costs | | | | | | |
| | Communication Cost | | | | | |
| | Top up cards | Per month | 68 | 500 | 6 | 204,000 |
| | Sub Total | | | | | 204,000 |
| | Running Costs | | | | | |
| | Supplies | Per month | 17 | 27,000 | 6 | 2,454,000 |
| | HMIS format | Per month | 17 | 1,500 | 6 | 153,000 |
| | Infrared | Per month | 17 | 15,000 | 1 | 255,000 |
| | Sub Total | | | | | 2,862,000 |
| | Contractual Services | | | | | |
| | Rental vehicle | Per month | 17 | 50,000 | 6 | 5,400,000 |

| | | | | | | | |
|--|--|--|-----------|-----|--------|---|-----------|
| | Sub Total | | | | - | | 5,400,000 |
| | Total direct cost RRT and Screening team | | | | | | 8,466,000 |
| Trainings | | | | | | | |
| | Operational Costs | | | | | | |
| | Technical staff of RRTs | | | 64 | 1,000 | 3 | 192,000 |
| | Non-technical staff of RRT | | | 16 | 1,000 | 3 | 48,000 |
| | Staff of provincial office and PPHO | | | 20 | 1,500 | 3 | 90,000 |
| | Total Trainings | | | | | | 330,000 |
| Community Surveillance | | | | | | | |
| | Operational Costs | | | | | | |
| | Printing and supply of all surveillance forms and guidelines | | Per month | 121 | 1,000 | 6 | 726,000 |
| | Total community surveillance | | | | | | 726,000 |
| Mgt-2 (Provincial)- Operational Costs | | | | | | | |
| | Operation | | | | | | |
| | Operation cost provincial office | | Per month | 1 | 41,500 | 6 | 249,000 |
| | Total Operation Provincial Office | | | | | | 249,000 |
| Mgt 1 - Operational Costs | | | | | | | |
| | Operation | | | | | | |
| | Operation cost of Main office | | Per month | 1 | 65,000 | 6 | 390,000 |
| | Total Operation Main Office | | | | | | 390,000 |

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

| | |
|---|-------------------|
| Sub Total Operation Cost 50 Bed COVID-19 Hospital | 19,923,872 |
| Sub Total Operation Cost RRT | 10,161,000 |
| Total Cost Operation | 30,084,872 |
| Indirect cost | |
| Grand Total Operation Cost | 30,084,872 |
| Contingency fund 10% | 3,008,487 |

APPENDIX E:
WORK SCHEDULE AND PLANNING FOR DELIVERABLES
For the first six-month



| N° | Deliverables | Q1 | | | | | | Q2 | | | | | | TOTAL |
|------------|--|----|---|---|---|---|---|----|---|---|---|---|---|-------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | |
| D-1 | Risk Communication (Public awareness and promote healthy behaviors) | | | | | | | | | | | | | |
| 1 | Conduct introductory workshop to stakeholders on commencement of project | | | | | | | | | | | | | 1M |
| 2 | Disseminate media clips, pamphlets, flyers and leaflets developed by MOPH | | | | | | | | | | | | | 6M |
| 3 | Disseminate contact number of RRTs, DCCC and provincial call center to community to allow people call and ask advice anytime they need | | | | | | | | | | | | | 6M |
| D-2 | Early detection and surveillance of cases | | | | | | | | | | | | | |
| | <i>Passive surveillance</i> | | | | | | | | | | | | | |
| 1 | Report any suspected cases immediately by HF/CHWs | | | | | | | | | | | | | 6M |
| 2 | Send specimen for lab confirmation through RRT/trained staff of isolation center | | | | | | | | | | | | | 6M |
| 3 | Isolate the detected case in isolation center or COVID-19 hospital | | | | | | | | | | | | | 6M |
| | <i>Contact tracing</i> | | | | | | | | | | | | | |
| 1 | Conduct home visit of confirmed cases for investigation through RRT | | | | | | | | | | | | | 6M |
| 2 | Identify & isolate suspected secondary cases (if signs and symptoms available) | | | | | | | | | | | | | 6M |
| | <i>Follow up people in home quarantine</i> | | | | | | | | | | | | | |
| 1 | CHWs follow up and provide health education to suspect people and refer them to isolation centers. | | | | | | | | | | | | | 6M |
| | <i>Referrals</i> | | | | | | | | | | | | | |
| 1 | Refer suspected people at community through dedicated ambulances to isolation centers | | | | | | | | | | | | | 6M |
| 2 | Pay CHW for providing awareness to community and referral of COVID-19 suspects | | | | | | | | | | | | | 6M |
| | <i>Community surveillance</i> | | | | | | | | | | | | | |
| 1 | Enhance the community surveillance network in coordination of PPHD /stakeholders. | | | | | | | | | | | | | 6M |
| 2 | Takeover the existed RRT from provincial health directorate | | | | | | | | | | | | | 1M |
| | <i>Provincial/District Center for Combating Corona virus, Provincial surveillance sub committees</i> | | | | | | | | | | | | | |
| 1 | Actively engage in all official forums and sub committees at provincial/district level | | | | | | | | | | | | | 6M |
| D-3 | To Manage cases and isolate of COVID-19 suspected and confirmed cases: | | | | | | | | | | | | | |
| 1 | Establish/ recruit staff/Operationalize the COVID-19 Specific hospital at provincial level | | | | | | | | | | | | | 1M |
| 2 | Equip the COVID-19 specific hospital and isolation centers | | | | | | | | | | | | | 2M |

Contract Negotiation Minutes of the Nangarhar Province
Afghanistan COVID-19 Emergency Response and Health System Preparedness Project
AFG/MoPH/GCMU/COVID-19/21

Service Provider: Agency for Assistance and Development of Afghanistan (AADA)/HN-TPO (JV)
 Date: April 30, 2020
 Time: 10:00 AM
 Venue: GCMU/MoPH

Agenda: Clarification of the technical and rationalization of financial proposal

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 COVID-19 outbreak a pandemic on March 11, 2020.

Afghanistan has had a total of 1703 confirmed cases of COVID-19 (Coronavirus). Kabul province has the highest number of confirmed cases.

Considering the rapid spread of this outbreak and potential for greater loss of life, the government of Afghanistan called for humanitarian assistance to fight against COVID-19. In response the World Bank has proposed a project called "Afghanistan COVID-19 Emergency Response and Health System Preparedness project". Based on the agreement between Afghanistan government and the World Bank, the Ministry of Public Health (MoPH) started to contract the implementation of COVID-19 project with the current Sehatmandi BPHS/EPHS service providers through direct selection method in 34 provinces.

Therefore, AADA/HN-TPO was requested to submit a brief technical and financial proposals for Nangarhar province. After the review of the proposals, the AADA/HN-TPO organization has invited to contract negotiations.

Following is the details of discussed and agreed points during the negotiation meeting:

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 and financial authority (at least 500,000 AFN/invoice), under a well-defined internal control system. | Agreed |
| 2 | The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly. | Agreed |
| 3 | The SP agreed to implement the project work plan as per the agreed timeline. | Agreed |
| 4 | Immediate after signing of the contract, the SP agreed to take over the isolation hospital/ward (50 beds) for COVID-19 from PPHD, equipped, staffed and functionalize as per the ToR at the provincial level. | Agreed |
| 5 | If the related COVID-19 hospital/ward staff is already recruited and deployed by the PPHD, the SP agreed to take over only the required number that has to be introduced by PPHD of the recruited staff as per the HR plan shared by MoPH/GCMU (this is only applicable to the health worker). If PPHD has hired more clinical staff, only as per the | Agreed |

| | | |
|----|--|--------|
| | contact with SP, clinical staff will be introduced to SP and surplus staff to be laid off by PPHD. Supportive and administrative staff to be recruited through transparent process. | |
| 6 | Immediate after signing of the contract, the SP agreed to take over the existed Rapid Response Team (RRT) and deploy required number of the RRT as per the MoPH guidance. Each RRT should be equipped with one vehicle. Note: One RRT is covering 100,000 populations in the province. Hence the number of RRT in this province is seventeen (17) | Agreed |
| 7 | The SP agreed to establish/functionalize the District Centre for combating COVID-19. The SP should link the RRT with the district centre based on priority. Number and location of district centres with functional RRT specified/agreed are:12 The SPs agreed to cascade of the trainings. | Agreed |
| 8 | The allocated number of beds for COVID-19 is 50 beds, (In case of gradual increasing in the number of patients, the SP and MoPH agreed to amend the contract and recruit the required number of staff and functionalize the hospital/ward beds in close coordination with PPHD). | Agreed |
| 9 | In unexpected situation such as spread of COVID-19 and increment in the number of COVID-19 patients, the subject contract will be amended (subjected to the availability of fund and visible evidence) | Agreed |
| 10 | The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19 | Agreed |
| 11 | The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affected the Sehatmandi project negatively. | Agreed |
| 12 | The SP is not allowed to use the Sehatmandi financial resources and management staff for the purpose of COVID-19 project. However, the same central and provincial offices and health facility ambulance are excepted from this clause. | Agreed |
| 13 | The SP agreed to pay the required amount (اكراميه) to the COVID 19 project staff who are died due to COVID-19 in the province (prior approval of MoPH should be taken) | Agreed |
| 14 | It is SP to provide all medical/non-medical equipment and medicines to COVID-19 project in the province (except those equipment which are listed in the ToR and will be provided by the MoPH through UNICEF | Agreed |
| 15 | SP agreed to provide list of those capital goods both medical and non-medical in the work plan which are planned to be purchased for COVID-19 hospital | Agreed |

II. Negotiation 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 | | 43,198,984 | 43,198,984 |
| 2- Reimbursable | | 30,084,872 | 30,084,872 |
| 3- Admin cost (5%) | | 3,664,193 | 3,664,193 |
| 4- Contingency cost (10%) | | 7,694,805 | 7,694,805 |
| Total =1+2+3 | | 76,948,049 | 84,642,854 |

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

| No | Discussed issues | Agreed points |
|----|---|---------------|
| 1 | The SP agreed to spend the allocated amount for the implementation of COVID-19 project only. | Agreed |
| 2 | The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes. | Agreed |
| 3 | The SP agreed to spend the allocated amount of this contract after effectiveness of the contract, <i>unless the MoPH officially instructed the SP for any changes.</i> | Agreed |
| 4 | The SP agreed to consider/implement the approved guideline of salary and allowances by Afghanistan cabinet for the relevant staff of COVID-19 project in the province. Salary of Rapid Response Team will be according to MOPH guideline. | Agreed |
| 5 | The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level. | Agreed |
| 6 | SP should consider 10% of total budget as contingency fund and this budget should not be included in the budget ceiling | Agreed |

Agenda No. 3: Negotiations on contract conditions:

- Contract duration and starting date:**

The time period shall be four years (47 months) starting from May 2020 till, March, 31 2024.

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

- 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): Yes
 - Certified list of SP board of trustee and founders: Yes

Negotiation Team members:

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

| Name | Designation |
|--------------------|--------------------|
| 1. Dr. Amarkhail | Sr. G.M.S |
| 2. Homayon Darwish | Finance Specialist |

Organization

MoPH/GCMU
MoPH/DBD
Ministry of Public Health
Procurement Department
Grants & Service Contracts

Signature

Original Signed
Original Signed

For and on behalf of Service Provider (SP):

| Name | Designation | Organization | Signature |
|--------------------------|------------------|--------------|-----------------|
| 1. Dr.Najeeb Baleegh | Program Director | AADA | Original Signed |
| 2.Dr. Najeebullah | Program Director | HN-TPO | Original Signed |
| 3.Mr. Masoudullah Sediqi | Finance Director | AADA | Original Signed |

