



ISLAMIC REPUBLIC OF AFGHANISTAN  
MINISTRY OF PUBLIC HEALTH

Project Name:  
Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project in  
Takhar province

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

Contract No: AFG/MoPH/GCMU/COVID-19/28  
Amendment-2

Lump-Sum  
CONTRACT FOR CONSULTANT'S SERVICES  
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Agency for Assistance and Development of Afghanistan (BDN)

Funded by:  
International Development Association (IDA)

Dated: January 2021





تعدیل شماره دوم قرارداد کوید-19 تحت پروژه ERHSP ولایت تخار

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاريخ 3 اگست 2020 فی مابین، از یک جانب، وزارت صحت عامه (از این به بعد به نام "مشتری" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، موسسه شبکه انکشافی باختر (BDN) "مشاور" یاد می شود) به امضا رسیده است، و بتاريخ 20 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 فبروری 2021 ذیل تعدیل (تعدیل شماره دوم) میگردد:

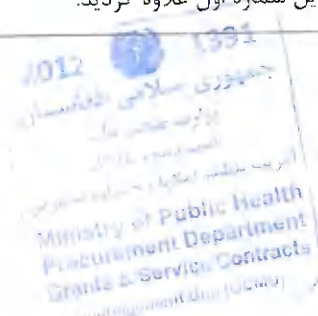
شرایط خاص قرارداد که ذیل تذکر رفته است، تعدیل گردیده و متمم شرایط عمومی قرارداد اصلی میباشد. هر زمانیکه تناقض موجود بود این ماده بر ماده های که در شرایط عمومی قرارداد اصلی و تعدیل شماره اول ذکر شده برتری دارد.

11.1	این تعدیل سر از تاریخ 3 فبروری 2021 قابل اعتبار میباشد
14.1	<p>این فقره جایگزین فقره قبلی 14.1 میباشد.</p> <p>مدت زمان این تعدیل قرارداد الی 30 مارچ 2024 میباشد.</p> <p>نو-1: این تعدیل دوم قرارداد شامل پلان کاری و بودجه مربوطه برای پنج ماه دوم پروژه میباشد.</p> <p>برای مدت زمان باقیمانده قرارداد، پلان کاری و بودجه مربوط به آن در جریان تطبیق شش ماه دوم و سال های بعدی با توافق هر دو جانب، مشروط بر موجودیت بودجه و اجراءات قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.</p> <p>نو-2: بنابر نیازمندی در جریان تطبیق پنج ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجراءات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز بازنگری خواهد گردید.</p>
38.1	<p>این فقره جایگزین فقره قبلی 38.1 میباشد.</p> <p>مقدار سقف جدید قرارداد برای 12 ماه مبلغ (81,693,209 افغانی) هشتاده و یک میلیون، ششصد و نود و سه هزار، دو صد و نه افغانی است افغانی است.</p> <p>i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحنی کوید-19:</p> <p>a. قیمت قرارداد کوید-19 برای شش ماه نخست: 41,291,775 افغانی</p> <p>b. قیمت قرارداد کوید-19 برای پنج ماه دوم تحت تعدیل شماره دوم: 32,974,778 افغانی</p> <p>c. قیمت قرارداد برای 11 ماه (c=a+b): 74,266,553 افغانی</p> <p>ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد: 4,129,178 افغانی</p> <p>d. بودجه احتیاطی برای شش ماه نخست:</p> <p>e. بودجه احتیاطی برای پنج ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 3,297,478 افغانی</p> <p>f. بودجه احتیاطی برای 11 ماه (f=d+c): 7,426,656 افغانی</p> <p>این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد.</p> <p>iii. قیمت جدید سقف قرارداد (iii=c+f) (81,693,209 افغانی) هشتاده و یک میلیون، ششصد و نود و سه هزار و دو صد و نه افغانی است.</p> <p>تمامی قیمت های فوق الذکر شامل نکس های مستقیم داخلی بوده و نکس های داخلی غیر مستقیم در آن شامل نمیشود. قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.</p>
41.2	جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:



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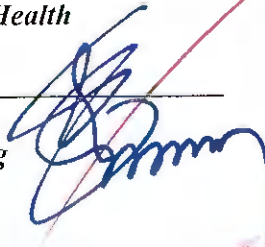
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# of installment	Due date for submission of progress activity report and invoices	Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)	Deliverables
1 <sup>st</sup> installment	Hoot 21. 1399 (Mar 11, 2021)	Forty percent (40%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of January and February 2021 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3 <sup>rd</sup> installment based on the TPM verification report.
2 <sup>nd</sup> installment	Jawza 20, 1400 (June 10, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of March, April and May 2021 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3 <sup>rd</sup> installment based on the TPM verification report.
3 <sup>rd</sup> (Final) Installment	Sunbullah, 1400 (Sep, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission of Jun and July 2021 (monthly) activity report and end of project report (the second six-month) accepted by MoPH. 2-This instalment will be made after due verification by the TPM. 3-After verification by the TPM; Excessive costs if any given during the 1 <sup>st</sup> and 2 <sup>nd</sup> instalments will be adjusted in this instalment.

*All other terms and conditions of the original contract and amendment-1 remained the same.*

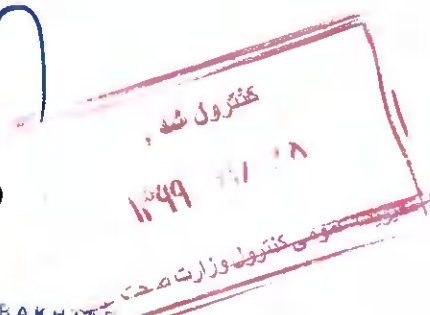
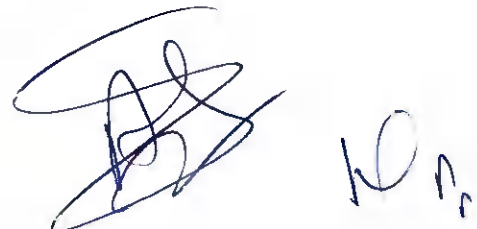
For and on behalf of **Ministry of Public Health**

**Bashir Noormal**  
Deputy Minister for Policy and Planning



For and on behalf of **Bakhtar Development Network (BDN)**

**Dr. Abdul Qawi Qadiri**  
Deputy Managing Director of BDN

تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انویس ها	مقدار و فیصدی قیمت قرارداد (درقسمت i شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	راپور ها و اسناد قابل تسلیم دهی (Deliverable)
قسط اول	21 حوت 1399 (11 مارچ 2021)	40% قیمت تعدیل شماره دوم قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	1- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه ماه های نومبر و دسیمبر 2020 2- این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
قسط دوم	20 جوزا 1400 (10 جون 2021)	30% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	3- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه ماه های جنوری، فیبروری و مارچ 2021 این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
قسط سوم	سنبله 1400 (سپتمبر 2021)	30% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	1- به تعقیب تسلیم دهی راپور فعالیت ماهانه ماه اپریل 2021 و راپور ختم پروژه (شش ماه دوم) که توسط وزارت صحت عامه مورد قبول قرار گیرد. 2- این قسط به تعقیب تاییدی جناح ثالث صورت میگردد. 3- این قسط بعد از تاییدی توسط جناح ثالث، مصارف که در قسط اول و دوم زیاد پرداخته شده باشد (در صورت موجودیت) درین قسط تسویه میگردد.

تمام مواد و شرایط دیگر قرارداد اصلی و تعدیل شماره اول به عین شکل باقی میماند و قابل اجرا میباشد.

از جانب وزارت صحت عامه

پوهاند داکتر بشیر نوریل

معین پالیسی و پلان

وزارت صحت عامه

مختبرول شد  
۱۳۹۹ / ۱۱ / ۲۸  
مختبرول وزارت صحت عامه

از جانب مشاور یا شبکه انکشافی باختر (BDN)

داکتر عبدالقوی قدیری

معاون شبکه انکشافی باختر

**BDN** BAKHTAR DEVELOPMENT NETWORK  
شبكة انكشافی باختر  
Solutions for a brighter future  
2001

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II. AMENDMENTS IN APPENDICES: the following appendices are amended as:  
APPENDIX A: This appendix replaces the earlier appendix A (Terms of References):

### TERMS OF REFERENCE

#### For the Afghanistan COVID-19 Emergency Response and Health System Preparedness Project (ERHSP), Project ID: (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, Oct 17, 2020, around 40 million people have been infected in 213 countries and more than 1 million have died of the coronavirus and more than 29 million people have recovered.

Afghanistan has had around 40,000 confirmed cases of COVID-19; around 1500 have died and 33500 people have recovered (Coronavirus). Kabul province has the highest number of confirmed cases.

In response to this outbreak the MoPH has started some measures nationwide including establishing the 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.

Considering the possibility of second wave of COVID-19 particularly in upcoming winter, the Ministry of Public Health planned to continue the NGOs contract under Afghanistan COVID-19 Emergency Response and Health System Preparedness project supporting by the World Bank.

##### OVERALL 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 aims 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 manage and isolate cases of COVID-19 suspected and confirmed cases
4. To regularly supply oxygen, medicines, and other materials

5. To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders...etc.
6. To ensure infection prevention and control measures at the health facilities and community level

**B. Table-1, 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	40%	100%	Progress reports	Monthly	As per MoPH updated protocol
2	Percentage of identified contacts who are successfully traced	30%	70%	Progress reports	Monthly	
3	Percentage of active beds for management of COVID-19 severe cases	80%	80%	Progress reports	Monthly	
4	Percentage of active beds for management of COVID-19 critical cases	20 %	20 %	Progress reports	Monthly	
5	Number of technical staff (Health workers) recruited for COVID-19 project	92%	100%	Progress reports	Monthly	Disaggregated by profession and gender
6	Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19	85%	100%	Progress reports	Monthly	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	93	200	Progress reports	Monthly	Disaggregated by profession and gender
8	Percentage of HF's complying with IPC protocols	100%	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%	50%	Progress reports	Monthly	Verified by TPM

**C. SCOPE OF SERVICES:**

Although the scope of the overall project is nationwide, this contract will cover the entire population of the Takhar 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.

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- ii. **Contact tracing:** Contact tracing shall be done to identify suspected secondary contact cases and in case of developing signs and symptoms with immediate evacuation.
  - iii. **Follow up of people in home quarantine:** The service provider to follow the suspected people at their residence and provide health education through RRTs and CHWs network as per the quarantine guideline of MoPH which include home quarantine guidance. In case of developing any signs and symptoms to be referred to COVID-19 ward/hospital.
  - iv. **Taking samples and transfer it to the nearest reference lab facility:** The SPs need to take samples from suspected cases (as per the MoPH developed operational procedures for laboratory) at health facilities/community level and transfer them to nearest reference lab for Covid-19 testing and follow up of their results.
3. **To manage and isolate COVID-19 suspected and confirmed cases:** The SP is responsible to deliver essential health care services to the people who are infected with COVID-19. Maintain/operationalize COVID-19 ward/hospital for severe and critical cases. The MoPH has already provided the infrastructures in the province; the SP will be responsible to rationalize staffing based on HR plan, beds, and running the ward/hospital. The need for increasing/decreasing number of beds shall be subject to certain criteria which will be determined by the MoPH. As per the MoPH guideline, the mild and moderate COVID-19 cases should be advised to stay at their home and the SP should trace their contacts. Moreover, SP needs to refer severe and critical suspected cases directly to COVID-19 hospitals for further case management based on hospital SoPs for COVID-19 cases
4. **To regularly supply oxygen, medicines, and other materials:**
- a. The SP should develop a comprehensive plan to supply the COVID-19 ward/hospital RRTs and DCs on regular basis.
  - b. The SP is responsible to provide the required amount of oxygen to COVID-19 ward/hospital (for severe and critical patients) based on need and circumstances.
  - c. The SP is responsible to supply required medicines to all the COVID-19 wards/hospitals. This shall be applicable until the medicine supplies are carried out by UNICEF. However, the necessary equipment will be provided by MoPH through UN agency.
  - d. Service provider will supply medical materials/consumables and other logistics required for COVID-19 patients rather than purchased by UN agency.
  - e. The SP is responsible to provide heating materials (winterization supplies) for COVID-19 ward/hospital.
5. **To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders:** This intervention shall be implemented in accordance with the MoPH Screening Guideline which has been adopted based on International Health Regulation (IHR-2005).
6. **Infection prevention and control measures at health facility level:** The COVID-19 outbreak could last for a long time at community level. Depending on the severity of the outbreak, the SP may recommend community actions to help keep people healthy, reduce exposures to COVID-19, and slow down the spread of the disease.
- The SP should make sure that infection prevention and control measures are taken in both health facility (COVID-19 and BPHS/EPHS), and community levels. The SP should develop

a plan for cascading of IPC training and monitoring the implementation of IPC at RRTs and COVID-19 hospital/ward. In addition, all health personnel should practice IPC protocols. The SP is responsible to ensure the IPC materials and supplies are available in COVID-19 ward/hospital as well as for RRTs. However, IPC materials and supplies will be provided to BPHS/EPHS health facilities through Sehatmandi Project.

- i. **COVID-19 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...etc.
7. **To enhance capacity of health care providers:** The SP is responsible to cascade all capacity building activities at COVID-19 wards and hospitals as well as RRTs. These may include potential training events needed to train COVID-19 staff.
  8. Service provider will supply the medical materials, consumable and other logistics required for COVID-19 patients rather than purchased by UN agency as per Para-L.
  9. Service provider shall provide remuneration, risk& other benefits and food allowance as defined by the approved guideline.
  10. Service provider shall budget running cost - including minor renovations and maintenance of the COVID-19 wards/hospitals.
  11. MoPH Guidelines for COVID-19 case management, referral, and contact tracing, IPC, home Quarantine...etc. shall be implemented accordingly.

Table-2: Beds, RRTs and DCs profile.

Province	Name & Location of Hospital/Ward	# of Beds	# of RRTs	# of District Centers (DC)
Takhar	COVID-19 Ward, provincial Hospital of Takhar	20	5	17

#### D. Contingency fund:

Considering the possibility of 2<sup>nd</sup> Wave of COVID-19 in Afghanistan, the COVID-19 might be increased dramatically. The country may face with public health challenges and related emergencies. Therefore, the SP shall be required to allocate a 10% budget from the total contract amount to respond the COVID-19 emergency as contingency fund.

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.

#### E. LOCATION AND DURATION OF SERVICES

The above-mentioned services will be delivered to the entire population in (X) province, including returnees, Kochies, prisoners, and IDPs.

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The original contract for the period of 47 months which began on May 4 2020 till March 31<sup>st</sup>, 2024 would include the second 6-months budget and work-plan (effective from November 4, 2020 till May 3, 2021). 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 second six months of the project, subject to availability of fund and satisfactory performance of the service provider.

#### F. COMPLIANCE WITH TECHNICAL GUIDELINES

In carrying out the services described above, the service provider will comply with MoPH 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, home quarantine and case management, lab safety procedures and safe disposal of waste and burial...etc.).

#### G. 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:

**Table-3, Qualifications and Experiences of key professional staff:**

Education	Adequacy for the assignment
<b>Technical Manager (K1)</b>	
MD/equivalent medical degree from university certified by relevant higher education authority in Afghanistan or other countries.	At least two-years full time experience in managing of provincial health projects/ Technical health positions (after graduation from university)
<b>Financial Officer (K2)</b>	
At least DBA or equivalent in the field of finance.	At least one-year full time experience in positions of accounting and finance after graduation

#### H. 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.

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

##### I.1. The Provincial Public Health Directorate (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.

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*[Blue official stamp: Ministry of Public Health, Provincial Government, Herat Province]*

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. GCMU will follow the adherence of the contract terms signed between Service Provider and the MoPH.
2. Provision of technical assistance to SP.
3. Conduct performance management missions to monitor the work and performance of the Service Provider.
4. Review project technical reports submitted by the Service Provider and provide necessary feedback.
5. Convene meetings to discuss and resolve issues related to Afghanistan COVID-19 Emergency Response and Health System Preparedness Project implementation and other issues under scope of services
6. Sharing update policies and strategies with the Service Provider along with all revised technical guidelines
7. Process the payments in close coordination with Development Budget Department (DBD)/MoPH to the implementing partners
8. Facilitate the Service Provider communication with MoPH departments

**I.3. MoPH Technical Departments (TDs) have the following responsibilities:**

1. Attend Joint Monitoring Missions together with GCMU/PMO
2. Provide technical assistant to service providers' staff on technical guidelines and/ or changes in guidelines.
3. Review information and data associated with COVID-19 and provide regular feedback on weekly basis

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

1. The SP is responsible to transport specimen from district and province to nearest reference laboratory
2. The Service Provider will have sole discretion in the procurement of drugs, supplies, equipment, and other resources needed to meet contractual obligations except for items being supplied by UN Agencies.
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 levels.
5. Cooperate with any monitoring and evaluation processes authorized by the MoPH/ GCMU/PMO and Third-Party Monitor.
6. Resolve any deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO
7. Cascade all trainings conducted by WHO/UNICEF to relevant staff of COVID-19
8. The Service Provider will technically support and actively participate in related provincial sub-committees
9. The Service Provider should actively participate in all joint monitoring visits of the COVID-19 activities

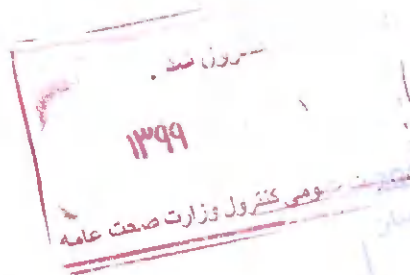
10. The Service Provider must respond to MoPH-GCMU/PMO communications on timely basis by an authorized person(s) through proper channel
11. The service provider should pay salary to the staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines which included all benefits.
12. The service provider to pay death benefits to the family of staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines.

#### J. REPORTING REQUIREMENTS AND SCHEDULE FOR SUBMISSION

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

1. Daily reporting as per the surveillance guideline of COVID-19 through DHIS2 from COVID-19 ward/hospital, RRTs and district centers.
2. Monthly Activity Progress Report (the SP shall submit till 10<sup>th</sup> of next month).
3. Quarterly Financial Report.
4. Submission of the End of Project Report (EPR) one month after completion of the contract.
5. The Service Provider will provide any other reports as needed to the MoPH.

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APPENDIX B: The following is added to the appendix B of the original contract (FORM TECH 6),  
FORM TECH 6 (CONTINUED)

**CURRICULUM VITAE (CV)**

<b>Position Title and No.</b>	K-1, Technical Manager
<b>Name of Expert:</b>	Dr Ehsanullah Talash
<b>Date of Birth:</b>	01.08.1968
<b>Country of Citizenship/Residence</b>	Afghanistan

**Education:**

No	Years of Study	Name of School/Faculty/University	Degree
2	1991-1997	Kabul Medical University-Afghanistan	MD
3	1978-2090	Abu – Osman Taloqani high school-Takhar Province	Baccalaureate

**Trainings:** Marketing Management, international health management IMNCI,  
ToT of MAM, EPR workshop, Project cycle management, RUD Mental health/Disability,  
Supply Chain 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
Feb,2018 to Sept 2020	<b>Employer:</b> AHEAD <b>Position.</b> Cluster Manager <b>References:</b> Dr.Marroof ,, Faiq Project Manager/BPHS, Takhar Email : <a href="mailto:m.faiq@ahead.org.af">m.faiq@ahead.org.af</a> Phone: +93700507071	Afghanistan	<b>While he was working in the mentioned positions were responsible for:</b> <ol style="list-style-type: none"> <li>1. Preparing and overall management of BPHS in the relevant Cluster</li> <li>2. Manage the CTB Project in overall programs, performances are going in the right trick</li> <li>3. Developing the capacity of projects team in health projects to manage and deliver a high quality health care service Particular mental health services</li> <li>4. Providing weekly, monthly and quarterly progress report of nutrition department and TSFP Project</li> <li>5. Participation in coordination meetings with UN, NGOs, and other stakeholders.</li> <li>6. Regular monitoring and supervision of HF's TSFP Project</li> <li>7. Outpatient examining and drug prescription Participation on daily morning report and daily visit discussion</li> </ol>
Jan,2016 till Sept,2017	<b>Employer:</b> MSH/CTB Project <b>Position.</b> Project Officer . <b>Reference:</b> Azizullha Hamim, Senior advisor/MSH, Phone: 0798860860, Email:ahamim@msh.org		
Dec 2010 Up to Dec 2014	<b>Employer:</b> ASMO <b>Position.</b> Senior sales Officer <b>Reference:</b> Dr Ibrahim Hiader, Director /ASMO Phone:0787378518 Email: eheidar@asmo.af		

**Membership in Professional Associations and Publications:** None

**Language Skills (indicate only languages in which you can work):**

Languages	Speaking	Writing	Reading
Dari	Fluent	Fluent	Fluent
Pashto	Very good	Very Good	Very Good
English	Intermediate	Intermediate	Intermediate

**Adequacy for the Assignment:**

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Detailed Tasks Assigned on Consultant's Team of Experts:	Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks
<p><b>Post:</b> Technical Manager <b>Location:</b> Takhar province</p> <ol style="list-style-type: none"> <li>Organizing, planning and leading the overall implementation of Afghanistan COVID-19 Emergency Response</li> <li>Ensure transparency and accountability by sharing the project plan and the progress made with stakeholder at different level.</li> <li>Cooperating with any monitoring and evaluation process authorized by the MoPH/ GCMU/PMO and Third Party.</li> <li>Resolving quickly such deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO.</li> <li>He is responsible to cascade all conducted trainings by WHO to relevant staff of COVID-19 specific hospital and RRTs.</li> <li>actively participate in all joint monitoring visits of the COVID-19 hospital and RRTs as planned by PPHCC and other assigned representatives of MoPH</li> <li>Providing project reports as required.</li> </ol>	<p><b>Name of assignment or project:</b> CTB Project/Takhar <b>Year:</b> Jan 2016-Sept 2017 <b>Positions held:</b></p> <p><b>He has performed the following assigned tasks while he was working in the above mentioned positions:</b></p> <ol style="list-style-type: none"> <li>Successfully Implementation of CTB Project in Takhar</li> <li>Conducted high quality trainings according approved timeline and allocated budget in the field of TB</li> <li>Supervise the whole activities carryout in the health facilities of related Project.</li> <li>Ensure the diagnosis, treatment of the patient done according to the national treatment guidelines and SOP</li> <li>Developing the capacity of projects team in health projects to manage and deliver a high quality health service.</li> <li>Providing weekly, monthly and quarterly progress report</li> <li>Participation in coordination meetings with UN, NGOs, government agencies and other stakeholders.</li> <li>Providing regular feedback to HFs</li> </ol>

Experts contact information: E-mail: [ehsantalash@gmail.com](mailto:ehsantalash@gmail.com) & Ph :0700708050

**Certification:**

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

**Name of Expert:** Dr Ehsanullah Talash

Signature

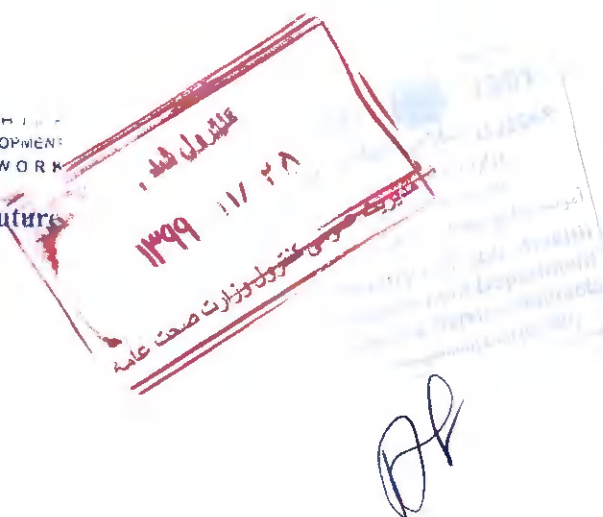
**Name of authorized representative of the Consultant**

Dr. Mohammad Hussain Hasseen

Signature

**Date:**

22-Dec- 2020



APPENDIX D: The following is added to the appendix D of the original contract (Breakdown of Contract Price):

Form Fin-2 Summary of Financial Proposal - Takhar COVID-19 ERHSP - Amendment-2

Cost of the Financial Proposal		Currency (Afghani)
(1) Remuneration		AFN 17,290,000
(2) Reimbursable		AFN 14,114,550
(3) Subtotal Cost		AFN 31,404,550
(4) Admin Cost@ 5%		AFN 1,570,228
(4) Contingency Fund(10%)		AFN 3,297,478
<b>Total Cost of the Financial Proposal</b>		<b>AFN 36,272,255</b>

FORM FIN-3 BREAKDOWN OF REMUNERATION - Takhar COVID-19 ERHSP - Amendmen-2

No.	Name	Position	Person-month Remuneration Rate	No of Positions	Time Input in Person/Month	Currency (Afghani)
<b>Key Experts</b>						
K-1	Dr. Ehsan Palash	Technical Manager	80,000	1	5	400,000
K-2	Ahamad Samim Sharifi	Finance Officer	50,000	1	5	250,000
<b>Non-Key Experts for Word Hospital</b>						
N-1		Hospital Director	100,000	1	5	500,000
N-2		Medical Director	80,000	1	5	400,000
N-3		Medical Specialist	90,000	1	5	450,000
N-4		Medical Doctor	70,000	4	5	1,400,000
N-5		Head Nurse	50,000	1	5	250,000
N-6		ICU Nurse	50,000	4	5	1,000,000
N-7		Ward Nurse	50,000	6	5	1,500,000



N-8	Anesthesia Tech	40,000	1	5	200,000
N-9	Pharmacy Technician	40,000	2	5	400,000
N-10	Laboratory Technician	40,000	2	5	400,000
N-11	X-Ray Technician	40,000	1	5	200,000
N-12	Medical Record Officer	40,000	1	5	200,000
N-13	Data Entry Officer	40,000	1	5	200,000
N-14	Procurement Officer	40,000	1	5	200,000
N-15	Admin/HR Assistant	40,000	1	5	200,000
N-16	Stock Keeper	40,000	1	5	200,000
N-17	Electrician/Mechanic	40,000	1	5	200,000
N-18	Cleaner	25,000	4	5	500,000
N-19	Laundry	25,000	1	5	125,000
N-20	Mortician (غسبيل)	25,000	1	5	125,000
N-21	Cook	25,000	2	5	250,000
N-22	Guard	25,000	2	5	250,000
N-23	Driver	15,000	2	5	150,000
<b>Non-Key Experts for RR</b>					
32					
N-24	MD	40,000	5	5	1,000,000
N-25	Public Health Graduate/Nurse	40,000	5	5	1,000,000
N-26	Lab Technician	40,000	5	5	1,000,000
N-27	MD/Nurse for DCs (Female profable)	40,000	17	5	3,400,000
<b>Non-Key Experts Sub-Office</b>					
6					
N-28	Admin/HR Assistant	30000	1	5	150,000
N-29	Logistics Assistant	30000	1	5	150,000
N-30	Supervisor	25000	2	5	250,000
N-31	Guard	15000	1	5	75,000

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N-32	Cleaner	15000	1	5	75,000
<b>Non-Key Experts Head-Office</b>					
N-33	Finance Officer	24000	1	5	120,000
N-34	PME Officer	24000	1	5	120,000
<b>Total Remuneration Cost</b>			84		17,290,000
<b>Total Cost</b>					17,290,000

FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES - Takhar COVID-19 ERHSP - Amendment-2

SN	Budget Description	Unit Cost Per Month	Percentage Charge	Quantity	Number Unit	Number of Month	Total
1	Rent of Vehicle for RRT	50,000	100%	5	1	5	1,250,000
2	Rental Ambulance for Word Hospital	50,000	100%	1	1	5	250,000
3	Rent of vehicle for Sub Office	50,000	100%	1	1	5	250,000
4	Office Maintenance	5,000	100%	1	1	5	25,000
5	Food Cost	200	100%	20	30	5	600,000
6	Food for patient	200	100%	20	30	5	600,000
7	Minor Renovation for Word Hospital	200,000	100%	1	1	1	200,000
8	Communication/Internet Charges for Word Hospital	1,000	100%	5	1	5	25,000
9	Communication for RRT & DC	500	100%	22	1	5	55,000
10	Internet Charges for Data Entry	500	100%	22	1	5	55,000
11	Utilities (Electricity, Water & Gas for Cooking ) S.O	10,000	100%	1	1	5	50,000

12	Utilities (Electricity, Water & Gas for Cooking ) Word Hospital	30,000	100%	1	1	5	150,000
13	Cleaning Materials	25,000	100%	1	1	5	125,000
14	Office Supplies (Hygiene Material, Photocopy)	10,000	100%	1	1	5	50,000
15	Stationary for sub office and Word Hospital DC RRT	10,000	100%	1	1	5	50,000
16	Oxygen Supply	800,000	100%	1	1	5	4,000,000
17	Ikramia (Dead insurance)	100,000	100%	2	1	1	200,000
18	Funeral of Dead body	10,000	100%	5	1	1	50,000
19	Fuel (Generator & Light)	30,000	100%	1	1	5	150,000
20	Maintenance (Generator, Equipment)	5,000	100%	1	1	5	25,000
21	transportation Takhar to Kabul	20,000	100%	1	1	5	100,000
22	Per-diem	10,000	100%	1	1	5	50,000
23	Shipment Cost (From Sub office to HFs)	10,000	100%	1	1	5	50,000
24	Bank Charges (Salary, cheque book, statement)	6,000	100%	1	1	5	30,000
25	Printing of HMIS formats	10,000	100%	1	1	5	50,000
26	medicine & medical supplies	300,000	100%	1	1	5	1,500,000
27	Lab reagent	105,000	100%	1	1	5	525,000
28	Office Rent	50,000	100%	1	1	5	250,000
<b>Subtotal of Provincial Office Cost</b>							<b>10,715,000</b>

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Non Medical equipment									
1	Tablets for data entry purposes	20,000	100%	24	1	1	1	1	480,000
2	Generator for Provincial Office	30,000	100%	1	1	1	1	1	30,000
<b>Subtotal of Non Medical Equipment</b>									
<b>510,000</b>									
Lab equipments									
1	ABG ( arterial Blood Gase)	423,500	100%	1	1	1	1	1	423,500
2	INR	45,600	100%	1	1	1	1	1	45,600
3	Glucometer on call pluse	1,200	100%	2	1	1	1	1	2,400
4	Blood bank refregretor	426,000	100%	1	1	1	1	1	426,000
5	Shaker for blood bank	269,500	100%	1	1	1	1	1	269,500
6	Centerfuj for Blood bank.	286,000	100%	1	1	1	1	1	286,000
7	Counting Chamber	850	100%	1	1	1	1	1	850
<b>Subtotal of Lab equipments</b>									
<b>1,453,850</b>									
Medical Equipment									
1	Blood transfusion bed/chiar freezer	3,500	100%	1	1	1	1	1	3,500
2	Lab, Chiar	38,000	100%	1	1	1	1	1	38,000
3	PH meter Portibale	1,800	100%	4	1	1	1	1	7,200
4	Spirometer	2,500	100%	1	1	1	1	1	2,500
5		10,000	100%	2	1	1	1	1	20,000

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APPENDIX E: The following is added to the appendix E of the original contract (WORK PLAN): Work Schedule and planning for deliverables

N°	Deliverables	1 2 3 4 5					Total
		1	2	3	4	5	
<b>1</b>	<b>Risk Communication (Public Awareness and Promotion of Healthy Behaviors)</b>						
1.1	Maintain two-way communication with the people and to inform them of the existing facilities	X	X	X	X	X	5
1.2	Distribute contact numbers of RRT members to the people to seek advice when they needed	X	X				2
<b>2</b>	<b>Early Detection and Surveillance of Cases at Community Level</b>						
2.1	Establish 6 new District Center and maintain in total 17 DCs for COVID-19	X	X	X	X	X	5
2.2	Maintain 5 RRTs and link them with the District Center and equip each RRT with one vehicle	X	X	X	X	X	5
2.3	Mobilize and instruct all BPHS HF's to report suspected cases to the DCs and RRT	X	X	X	X	X	5
2.4	Perform contact tracing by RRT to identify suspected secondary cases	X	X	X	X	X	5
2.5	Refer suspected cases by RRT to the isolation centers located at provincial/district levels	X	X	X	X	X	5
2.6	Take and transfer of samples by RRT in District Centers to the nearest reference lab facility	X	X	X	X	X	5
<b>3</b>	<b>Management and Isolation of Suspected and Confirmed Case of COVID-19</b>						
3.1	Maintain and functionalize Provincial COVID-19 Isolation Ward	X	X	X	X	X	5
3.2	Coordinate with and ask the PPHD to provide necessary equipment through UN agency	X		X			2
3.3	Maintain minimum required personnel for Provincial COVID-19 Isolation Ward	X	X	X	X	X	5
3.4	Provide staff members with the remuneration, risk benefit, food cost and other benefits	X	X	X	X	X	5
3.5	Manage COVID-19 mild and moderate cases using MoPH guideline	X	X	X	X	X	5
3.6	Manage severe and critical COVID-19 cases in the ICU of Provincial COVID-19 Isolation Ward	X	X	X	X	X	5
<b>4</b>	<b>To regularly supply oxygen, medicines, and other materials</b>						
4.1	Develop a comprehensive plan to supply COVID-19 ward/hospital, RRTs and DCs.	X					1
4.2	Provide required amount of oxygen to COVID-19 ward/hospital	X	X	X	X	X	5
4.3	Supply required medicines to the COVID-19 ward/hospital until medicine is supplied by UNICEF	X		X			2
4.4	Supply medical materials/consumables, logistics for COVID-19 patients rather than purchased by UN	X		X			2
<b>5</b>	<b>Screening of Visitors/Clients at Points of Entry such as Flights, Road Highways, Main Borders</b>						
5.1	Screen visitors/clients at points of entry in accordance with the MoPH Screening Guideline	X	X	X	X	X	5
<b>6</b>	<b>Infection Prevention and Control (IPC) Measures at the Health Facility Level</b>						
6.1	Provide IPC materials and supplies to all BPHS health facilities	X		X			2
6.2	Closely monitor health personnel's practice of the IPC protocols	X	X	X	X	X	5
6.3	Mobilize and closely monitor BPHS HF's to apply the triage procedures	X	X	X	X	X	5

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APPENDIX F: The following is added to the appendix F of the original contract (MINUTE OF CONTRACT NEGOTIATIONS):

**NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2  
of the Takhar Province under**

**Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project  
AFG/MoPH/GCMU/COVID-19/28 amendment-2**

Service Provider: BDN  
Date: January 20, 2021  
Time: 1:00 PM to 3:30 PM  
Venue: GCMU meeting room

**Agenda:** Clarification of the technical issues and negotiation on financial proposal

**Background:**

The Ministry of Public Health (MoPH) of Afghanistan has signed the contracts with current BPHS/EPHS implementing partner under Afghanistan COVID-19 Emergency Response and Health Systems Preparedness (ERHSP) for three years and 9 months covering the period of August 2020 till March 31, 2024. The original contract included 6-months budget and work-plan. As the first six months of the contract will come to an end in early February 2021 and considering the possibility of second wave of COVID-19 particularly in this winter, the MoPH planned to amend the current contract under COVID-19 ERHSP project for another five (5) months.

Therefore, BDN was requested to submit a brief technical and detailed financial proposals for Takhar province. After the review of the proposals, the BDN organization was 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 100,000 AFN/invoice), under a well-defined internal control system.	Agree
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.	Agree
3	The SP agreed to revise the work plan and reflect the activities which have been missed in the submitted work plan. The SP agreed to implement the project work plan as per the agreed timeline.	Agree
4	The SP is responsible to maintain the required number of technical and supportive staff in the COVID-19 ward/hospital for functionalizing of 50% of the beds. Maintaining technical, supportive and administrative staff to be through a transparent process and in close coordination with PPHD.	Agreed

**BDN** BAKHTAR  
DEVELOPMENT  
NETWORK  
شبکه انکشافی باکتر  
Solutions for a brighter future  
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جمهوری اسلامی افغانستان  
وزارت صحت عامه  
معاونت تهیه و مدارات  
آمریت تهیه تجهیزات و خدمات  
Ministry of Public Health  
Procurement Department  
Grants & Service Contracts  
Management Unit (GCMU)

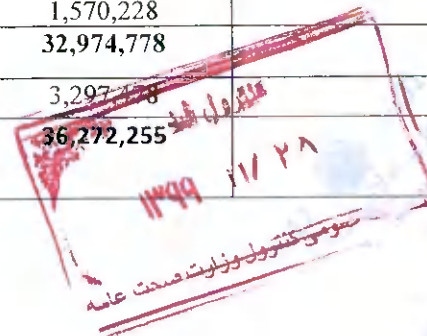


5	The SP agreed to adjust the number of Rapid Response Team (RRT) as per the ToR from the effective date of contract amendment-2. Each RRT should be equipped with one vehicle (rental). Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is five (5) and the location will be selected in the first week of contract commencement in close coordination with PPHD.	Agree
6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out.	Agree
7	The SP is responsible to provide the oxygen as per the actual need.	Agree
8	The SP agreed to establish/functionalize the District Centre (DC) in each district for combating COVID-19 as per the ToR. Number of DC are: 17	Agree
9	The SPs agreed to cascade the trainings conducted by the World Health Organization (WHO). For this purpose the SP will provide a detailed training plan to GCMU/MoPH.	Agree
10	The number of beds remain the same as the original contract (the first six month), however, 50% number of beds shall be functionalized from the beginning of the amendment-2 (the second five month). The utilization of related/assigned budget for another 50% of beds, is subject to MoPH/GCMU prior approval. For this purpose, the SP shall submit their official request for the functionalization of more number of beds (based on the need) along with the justification during the contract amendment-2 (the second five month) to MoPH/GCMU.	Agreed
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the same central and provincial offices, health facilities and ambulance are excepted from this clause.	Agreed
13	In case of need during the implementation of the project (the second five-month), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed
15	Cost for equipment shall be used only purchasing of equipment not for other activities.	Agreed

## II. Negotiation on financial matters:

a. The budget for the second 6 months of the project implementation under amendment-2 agreed as bellow:

Cost Item	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total cost
(1) Remuneration	0	17,290,000	
(2) Reimbursable	0	14,114,550	
(3) admin cost (5% of 1+2)	0	1,570,228	
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)	0	32,974,778	
(5) Contingency Fund (5=10% of 4)	0	3,297,258	
(6) Total Cost of the Financial Proposal (6=4+5): {Should match the amount in Form FIN-1}	0	36,272,255	



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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 amendment-2 after effectiveness date February 3, 2021.	Agreed
4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اكراميه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed

**III. Negotiations on contract amendment-2 conditions:**

- **Contract amendment-2 duration:** The time period for amendment-2 shall be five (5) months.
- **Currency of Payment:** AFN
- **Payment Condition:** as per the contract

**Conclusion of the meeting and next steps**

- **Pending documents and deadline:** all the documents must be signed and stamped.
  - Revised financial proposal: Yes
  - Revised Work Plan: Yes
  - Detailed of training plan
  - MoU (in case of association): N/A
  - Confirm Power of Attorney/Authority to negotiate: Yes
  - Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

**Negotiation Team members:**

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

No	Name	Designation	Organization	Signature
1	Dr. Mohammad Ismail Wassim	Capacity coordinator	Building CCC-EPR-COVID-19	
4	Dr. Mohammad Afzal Khosti	Surveillance coordinator	National GD-MEHIS	
3	Samim Hameedi	Financial Specialist	DBD	
5	Dr. Ahmad Farid Fayez	Sr. Grant Management Specialist	GCMU	
6	Dr. Abdul Momin Jalali	Performance Management Specialist	PMO	

For and on behalf of **Service Provider (BDN):**

No	Name	Designation	Organization	Signature
1	Dr. Qawi Qadiri	Deputy Managing Director	BDN	
2	Sayed Lemar	Senior Finance Officer	BDN	

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