ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/02
Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Medical Management and Research Courses for Afghanistan (MMRCA)

Funded by:
International Development Association (IDA)

Dated: November 2020

This CONTRACT (hereinafter called the "Contract") was made on ***May 2, 2020,*** between, on the one hand, ***the Ministry of Public Health (MoPH)*** (hereinafter called the "Client") located at ***Great Massoud Square, Kabul, Afghanistan*** and, on the other hand, ***MMRCA*** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on ***November 3, 2020*** as under:

I. AMENDMENTS IN THE SPECIAL CONDITIONS OF CONTRACT (SCC):

The following special conditions of contract shall constitute an amendment of, and supplement to the General Condition of initial contract. Whenever there is conflict, the provisions herein shall prevail over those in the General Conditions of initial contract and amendment-1.

11.1	The date on which this amendment shall come into effect is **November 3, 2020**
14.1	This clause replaces the earlier 14.1: The period of this contract amendment will be till **March 31, 2024.** **Note 1:** This contract amendment-2 includes the second six-month project work plan with the related cost. For the remaining period, the work plan and its related costs shall be agreed by both parties during the implementation of the second six-month and subsequent years, subject to availability of funds and satisfactory performance of the service provider; 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 semi-annual or yearly basis. **Note 2:** In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) would be modified (increased or decreased), subject to availability of fund and satisfactory performance of the consultant; in such case the work plan will also be revised accordingly.
38.1	This clause replaces the earlier 38.1: The new contract ceiling amount for the 12 months is: (**AFN 68,151,295**), Sixty-eight million, one hundred fifty-one thousand, two hundred ninety-five Afghani only; **i.** Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is: a. COVID-19 contract price for the first 6-month: AFN 34,848,267 b. COVID-19 contract price for the second 6-month under amendment-2: AFN 27,107,455 c. COVID-19 contract price for 12-month (c=a+b): AFN 61,955,722 **ii.** Contingency fund (10%) of contract price (bullet # **i** (b) mentioned above) is: d. Contingency fund for the first 6-month: AFN 3,484,827 e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 2,710,746 f. Contingency fund for 12-month (f=d+e): AFN 6,195,573 The contingency fund to be reimbursed according to the item under (Para E Contingency fund) of the ToR incorporated in this contract amendment **iii.** The new contract ceiling amount (iii=c+f) **AFN 68,151,295** All above costs are fixed inclusive of local direct taxes and exclusive of local indirect taxes. 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 semiannual or yearly basis.

41.2 The following table is added to the payment schedule of amendment-1:

# 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	Jadi 21, 1399 (Jan 10, 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 November and December 2020 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3rd installment based on the TPM verification report.
2nd instalment	Hamal 21, 1400 (April 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 January, February and March 2021 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3rd installment based on the TPM verification report.
3rd (final) Instalment	Saratan, 1400 (July, 2021)	Thirty percent (30%) of the contract amendment-2 price *(mentioned in bullet* i *(b) of SCC 38.1)*	1-Upon submission of April 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 1st and 2nd instalments will be adjusted in this instalment.

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

Prepared by	Sahibullah Alam	Sr. Grant Management Specialist, GCMU/MoPH	Signature:
Checked by	Dr. Niaz Mohammad Naeb	Acting Head of GCMU/MoPH	Signature:
Attested by	Mr. Adillyar Shekib,	Procurement Director of MoPH	Signature:
Reviewed by	Mr. Hamed Hameedi	Sr. Procurement and Finance Advisor to the Minister	Signature:

For and on behalf of ***Ministry of Public Health***	For and on behalf of ***MMRCA***
Ahmad Jawad Osmani ***Acting Minister of Public Health***	***Dr. Lailuma Abawi*** ***Director General***
Signature:	Signature:

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

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاریخ 2 ماه می 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، MMRCA (که از این به بعد به نام "مشاور" یاد می شود) به امضا رسیده است، و بتاریخ 20 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 نومبر 2020 ذیلاً تعدیل (تعدیل شماره دوم) میگردد:
شرایط خاص قرارداد که ذیلاً تذکر رفته است، تعدیل گردیده و متممه 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 نومبر 2020 قابل اعتبار میباشد
14.1	این فقره جاگزین فقره قبلی 14.1 میباشد. مدت زمان این تعدیل قرارداد الی 31 مارچ 2024 میباشد. نوت-1: این تعدیل دوم قرارداد شامل پلان کاری و بودجه مربوطه برای شش ماه دوم پروژه میباشد. 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 اجرات 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. نوت-2: بنابر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجرات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز بازنگری خواهد گردید.
38.1	این فقره جاگزین فقره قبلی 38.1 میباشد. مقدار سقف جدید قرارداد برای 12 ماه مبلغ **(68,151,295 افغانی)** شصت و هشت میلیون، یکصد و پنجا یک هزار،دوصد نود و پنج افغانی است. **i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحی کوید-19 :** a. قیمت قرارداد کوید-19 برای شش ماه نخست: 34,848,267 **افغانی** b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره دوم: 27,107,455 **افغانی** c. قیمت قرارداد برای 12 ماه (c=a+b): 61,955,722 **افغانی** **ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد:** d. بودجه احتیاطی برای شش ماه نخست: 3,484,827 **افغانی** e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 2,710,746 **افغانی** f. بودجه احتیاطی برای 12 ماه (f=d+e): 6,195,573 **افغانی** این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد. **iii. قیمت جدید سقف قرارداد (iii=c+f) (68,151,295) افغانی است.** تمامی قیمت های فوق الذکرشامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیباشد. 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.
41.2	جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:

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تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انوایس 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 جدی 1399 (10 جنوری 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 دیسیمبر 2020 2- این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
قسط دوم	21 حمل 1400 (10 اپریل 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	سرطان 1400 (جولای 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 میگیرد. 3- این قسط بعد از تاییدی توسط جناح ثالث، مصارف که در قسط اول و دوم زیاد پرداخته شده باشد (درصورت 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.

ترتیب شده توسط	صاحب الله علم	مشاور ارشد مدیریت قرارداد ها	امضا
بررسی شده توسط	داکتر نیاز محمد نائب	سرپرست آمریت خدمات مشورتی و تنظیم کمک ها	امضا
تایید شده توسط	عادلیار شکیب	ریس تهیه و تدارکات وزارت صحت عامه	امضا
مرور شده توسط	حمید حمیدی	مشاور ارشد مالی وتدارکاتی مقام وزارت	امضا

از جانب وزارت صحت عامه	از جانب مشاور یا MMRCA
احمد جواد عثمانی سرپرست وزارت صحت عامه	دوکتورس لیلما ابوی، ریس عمومی MMRCA
امضا	امضا

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وزارت صحت عامه
ریاست تهیه و تدارکات
آمریت تنظیم کمکها و خدمات مشورتی
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Management Unit

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	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	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	Current	XX	Progress reports	Monthly	Disaggregated by profession and gender
6	Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19	0	100%	Progress reports	Monthly	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	0	XX	Progress reports	Monthly	Disaggregated by profession and gender
8	Percentage of HFs complying 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

C. SCOPE OF SERVICES:

Although the scope of the overall project is nationwide, this contract will cover the entire population of the **Badghis** 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 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 four 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 four functions and work closely with the provincial center.

ii. At District Level: At each district level, there should be one District Center (DC). District Hospital (DH) should be chosen preferably as DC; in locations where a DH is not available to serve as DC, a CHC+, CHC, or BHC should be selected. One technical staff (MD or nurse) preferably female to be deployed in each DC. The staff at DC to carry out key interventions including, medical consultation, screening, referral, risk communication, facilitate sampling of COVID-19 suspected cases, coordination between RRTs and COVID-19 hospital, reporting of surveillance data and other tasks instructed by his/her line manager.

iii. The Rapid Response Team (RRT) to be functionalized per 300,000 population according to the MoPH instruction. All the SPs are required to ensure that RRTs are deployed to achieve key activities including: sample collection, contact tracing, and data entry, risk communication (case referral), transport of samples to lab site, and medical consultation of mild and moderate cases as well as establishing coordination with ambulance services for managing severe and critical cases.

The number of RRTs will be modified based on COVID-19 situation in the country or province. As such, the contract shall be amended accordingly.

The RRT should have one MD, one Public Health graduate (preferred)/nurse and one lab technician (as per the MoPH developed Job Description for RRTs). Each RRT will be equipped with one vehicle/ or any other available transportation means, tablets for data entry purposes, essential diagnostic tools (infrared/thermometer, sphygmomanometer, stethoscope, pulse oximeter), and PPE kits. The SP is responsible to cover urban areas of each province by the same services through RRTs.

The details of tasks are explained below:

1. Risk Communication (Public awareness and promotion of healthy behaviors)

The service provider should maintain proper communication with the entire population to update them on the existing facilities, where they should attend if they have any problems, who to call if they have problem and how/ why to change their behavior to protect themselves and others around them. Using available channels to establish two-way communication with the people is the priority required from the Service Providers. The SP should follow the updated risk communication SoP/Guideline provided by MoPH related to COVID-19. In addition, the SPs shall distribute functional contact details of RRTs with those who need assistance at community level

2. 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 related RRTs.

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

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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)
Badghis	Qala-e-Naw	20	2	6

D. Contingency fund:

Considering the possibility of 2nd 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 (Badghis) province, including returnees, Kochies, prisoners, and IDPs.

The original contract for the period of (47) months which began on (May 3, 2020) till March 31st, 2024 would include the second 6-month budget and work-plan (effective from November 3, 2020 till May 2, 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-month 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
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

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.

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

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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 10th 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.

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 (Badghis)

Cost Item	Cost in AFN
(1) Remuneration	17,362,824
(2) Reimbursable	8,453,800
(3) Admin cost (5% of 1+2)	1,290,831
(4) Total of Remuneration and Reimbursable and Admin Cost (4=1+2+3)	27,107,455
(5) Contingency Fund (5=10% of 4)	2,710,746
(6) Total Cost of the Financial Proposal (6=4+5):	29,818,201

FORM FIN-3: BREAKDOWN OF REMUNERATION (Badghis)

No.	Name	Position	Number of staff	Person-month Remuneration Rate	Time Input Person/Month	Total cost (AFN)
1.1 Remuneration Cost (Provincial Level Mgt)						
	Key Experts					
K-1	rovincial Level	Technical Manager (K1)	1	100000	6	600,000
K-2		Finance Officer (K2)	1	60000	6	360,000
	Non-Key Experts					
N-1	Provincial level Mgt staff	Liaison Officer	1	50,000	6	300,000
N-2		Logistic Officer	1	30,000	6	180,000
N-3		Pharmacy Officer	1	40,000	6	9240,000
Total Remuneration Cost (Provincial Level Mgt)				120,000		**1,680,000**
1.2 Remuneration Cost (Central Level Mgt)						
N-4	Central level Mgt staff	General Director- Partial salary (9.13%)	1	50,000	6	300,000
N-5		Executive Director- Partial salary (15.97%)	1	50,000	6	300,000
N-6		Finance Manager- Partial salary (20%)	1	43,804	6	262,824
N-7		COVID 19 Coordinator	1	70,000	6	420,000
N-8		Admin Logistic Assistant	1	30,000	6	180,000
Total Remuneration Cost (Central Level Mgt)						**1,462,824**
2.1 Remuneration Cost (COVID 19) 20 bed Hospital)						
H-1		Medical Director	1	80000	6	480,000
H-2	Medical Specialist	Medical Specialist	2	90000	6	1,080,000
H-3	Doctors	MD	4	70000	6	1,680,000
H-4	Nursing Staff	Head Nurse	1	50000	6	300,000
H-5		ICU Nurse	4	50000	6	1,200,000
H-6		Ward Nurse	4	50000	6	1,200,000
H-7	Allied Health staff	X-Ray technician	2	40000	6	480,000
H-8		Ph.Tech	2	40000	6	480,000
H-9		Anesthesia Tech	2	40000	6	480,000
H-10		Lab.Tech	2	40000	6	480,000
H-11	Admin	Admin	1	40000	6	240,000
H-12		M. Record officer	2	40000	6	480,000
H-13		Stock Keeper	1	40000	6	240,000
H-14		Cashier	1	40000	6	240,000
H-15		HR. Assistant	1	40000	6	240,000
H-16		Ele/mechanic	1	40000	6	240,000
H-17	Support Staff	Cleaner	4	25000	6	600,000
H-18		Laundry	1	25000	6	150,000
H-19		غسال	1	25000	6	150,000
H-20		Cook	2	25000	6	300,000
H-21		Guard	4	25000	6	600,000
Total Remuneration Cost (COVID 19) 20 bed Hospital)						11,340,000
3.1 Remuneration Cost (Rapid Response Teams)						
RTA-1	2 Rapid Response Teams	MD	2	40000	6	480,000
RTA-2		Public Health graduation	2	40000	6	480,000
RTA-3		Labrant	2	40000	6	480,000
Total Remuneration Cost (Rapid Response Teams)						1,440,000
3.2 Remuneration Cost (District Center)						
DC-1	District Centers	Nurse	6	40000	6	1,440,000
Total Remuneration Cost (District Center)						1,440,000
Total Remuneration Cost						**17,362,824**

FORM FIN-4: BREAKDOWN OF REIMBURSABLE EXPENSES (Badghis)

N°	Type of Reimbursable Expenses	Unit	Unit Cost	Quantity	Total cost (AFN)
1.1 Reimbursable Cost (Main Office)					
1	Per diem allowances - Kabul to province	Quarter	17,500	2	35,000
2	In/out airport/ local transportation	Quarter	25,000	2	50,000
3	Stationary and Office Supplies	Month	5,000	6	30,000
4	Utilities	Month	2,500	6	15,000
5	Communication costs	Month	2,500	6	15,000
Total Reimbursable Cost (Main Office)					145,000
1.2 Reimbursable Cost (COVID-19 Provincial Office)					
1	Per diem allowances - province to district	Month	5,000	6	30,000
2	Rental 2 Vehicle for Supervision	Month	100,000	6	600,000
3	Stationary and Office Supplies	Month	3,000	6	18,000
4	Utilities	Month	3,000	6	18,000
5	Communication costs	Month	3,000	6	18,000
6	Galaxy Tab (1)	Tablet	25,000	1	25,000
7	Hostel rent	Month	10,000	6	60,000
Total Reimbursable Cost (COVID-19 Provincial Office)					769,000
1.3 Reimbursable Cost (COVID 19) 20 bed Hospital)					
1	Communication costs	Month	10,000	6	60,000
2	Utilities (Elec, water Gas,..	Month	60,000	6	360,000
3	Generator fuel	Month	25,000	6	150,000
4	Pharmaceuticals	Quarter	380,000	2	760,000
5	Oxygen - cylinder	Month	243,000	6	1,458,000
6	Governmental Ambulance (Driver + fuel & maintenance	Month	40,000	6	240,000
7	Office and General Supplies	Month	20,000	6	120,000
8	Repair and maintenance of equipment	Month	10,000	6	60,000
9	Minor Renovation	Month	9,000	6	54,000

10	Patient Food	Month	84,000	6	504,000
11	Food for Hospital staff	Month	142,500	6	855,000
12	Printing HMIS & MOPH forms	Month	5,000	6	30,000
13	Stationery supplies	Month	5,000	6	30,000
14	Winterization	winter	350,000	1	350,000
15	Galaxy Tab (1)	Tablet	25,000	1	25,000
16	Establishment of a routine medical investigation laboratory in Isolation Ward	Lump sum	200,000	1	200,000
17	Training	Lump sum	19,500	1	19,500
18	Death compensation	Lump sum	400,000	4	1,600,000
Total Reimbursable Cost (COVID 19) 20 bed Hospital)					6,875,500

1.4 Reimbursable Cost (Rapid Response Teams)

1	Communication costs	Month	7,000	6	42,000
2	Rental Ambulance/ Vehicles for RRTs	Month	120,000	6	720,000
3	Equipping RRTs	Month	22,700	1	22,700
4	Galaxy Tab (2)	Tablet	50,000	1	50,000
5	Stationary and office supplies	Month	4,000	6	24,000
6	Training	Lump sum	21,300	1	21,300
Total Reimbursable Cost (Rapid Response Teams)					880,000

1.5 Reimbursable Cost (District Centers)

1	Communication costs	Month	3,000	6	18,000
2	Rental Ambulance for DCs (for BHC Khairkhana)	Month	50,000	6	300,000
3	Furnishing of 1 new DC in district level	Month	10,000	1	10,000
4	Galaxy Tab (6)	Tablet	150,000	1	150,000
5	Stationary and office supplies	Month	9,000	6	54,000
6	Training	Lump sum	21,300	1	21,300
Total Reimbursable Cost (District Centers)					553,300
Total Costs					**8,453,800**

List of **Medical and Non-Medical Equipment**

Establishment of a routine medical investigation laboratory in Isolation Ward					
S No	**Description**	**Unit**	**QTY**	**Estimated Unit Price (AFN)**	**Estimated Total Price (AFN)**
1	Microscope - Japan	PC	1	125,000.00	125,000.00
2	Centrifuge	PC	1	5,000.00	5,000.00
3	Stone table for lab	PC	1	20,000.00	20,000.00
4	Office table	PC	1	7,000.00	7,000.00
5	Reagent for WBC	PC	2	300.00	600.00
6	Reagent for ESR	PC	1	300.00	300.00
7	Reagent - Gimza (Merk)	PC	2	300.00	600.00
8	Reagent for EDTA	PC	1	300.00	300.00
9	Strip for HBS	PC	100	25.00	2,500.00
10	Strip for HCV	PC	100	25.00	2,500.00
11	Strip for HIV	PC	50	25.00	1,250.00
12	Syphilis tests	PC	50	25.00	1,250.00
13	Blood group Reagent	PC	2	500.00	1,000.00
14	Urine Strip	PC	2	100.00	200.00
15	Test for ESR	PC	1	700.00	700.00
16	Freezer	PC	1	10,000.00	10,000.00
17	Urine Container	PC	500	2.00	1,000.00
18	Timer	PC	1	300.00	300.00
19	Slide box	PC	5	160.00	800.00
20	Sugar machine	PC	1	1,500.00	1,500.00
21	Chamber container	PC	2	2,500.00	5,000.00
22	Hb Mater	PC	2	2,500.00	5,000.00
23	Calcium tube	PC	500	3.00	1,500.00
24	Emulsion oil	PC	3	100.00	300.00

25	Methanol	PC	2	300.00	600.00
26	Zyline	PC	1	300.00	300.00
27	Lancet	PC	5	100.00	500.00
28	Micropipette (100 micron)	PC	1	2,500.00	2,500.00
29	Micropipette (1000 micron)	PC	1	2,500.00	2,500.00
Sub Total (laboratory)					**200,000.00**
	Equipping RRTs				
1	Infrared/thermometer	PC	2	7,000.00	14,000.00
2	Sphygmomanometer	PC	2	600.00	1,200.00
3	Stethoscope	PC	2	250.00	500.00
4	Pulse oximeter (Germany or Japan)	PC	2	3,500.00	7,000.00
Sub Total (Equipping RRTs)					**22,700.00**
	Galaxy Tab				
1	Galaxy Tab (1) for Provincial office	Tablet	1	25,000.00	25,000.00
2	Galaxy Tab (1) for COVID-19 Isolation	Tablet	1	25,000.00	25,000.00
3	Galaxy Tab (2) for RRTs	Tablet	2	25,000.00	50,000.00
4	Galaxy Tab (6) for DCs	Tablet	6	25,000.00	150,000.00
Sub Total (Galaxy Tab)					**250,000.00**
	Grant Total				**472,700.00**

APPENDIX E: The following is added to the appendix E of the original contract

WORK SCHEDULE AND PLANNING FOR ACTIVITIES FOR THE 2ND SIX-MONTH

N°	Deliverables/Activities	Months						Total
		1	2	3	4	5	6	
Activities Related to Inception and Preparation Phase								
1	Meetings with PPHD, stakeholders and governor of Badghis Province	X						1
2	Need Assessment of 20 beds Isolation ward	X						1
3	Establishment and equipping of 2 RRTs	X						1
4	Assessment of geographic division of districts to RRTs	X						1
5	Contract renewal with technical, support and management staff of Isolation Ward	X						1
6	Contract renewal of Technical staff of 2RRTs and 6 DCs	X						1
7	1st coordination meeting with EPHS management	X						1
8	1st coordination meeting with BPHS staff	X						1
9	Developing detail action plans/ project implementation plans to identify the gaps and fill them properly	X						1
10	Supply of equipment, X-ray films, consumables, medicine, disinfectants, lab-reagents as received from UNICEF/ADB	X						1
11	Purchase and supply of pharmaceutical not supplied by UNICEF/WHO/MoPH as part of commitment	X						1
12	Establishing two way communication strategy between MMRCA Covid-19 designated staff and communities	X						1
13	Supply of winterization items (wood and gas) as per needed quantity	X						1
14	Establishing an ordinary laboratory to conduct routine investigations within the hospital	X	X					2
Activities Related to Training of Staff								
14	Cascading of trainings/ToT to the Covid-19 hospital staff, EPHS staff, BPHS staff and RRTs staff as per given training plan	X						1
Activities Related to Case Management, Risk Communication, Case Detection, Surveillance, Referral and Infection Prevention								
15	Continuation and Operation of 10 beds isolation ward at the provincial level at the begging of project and based on needs with close coordination of GCMU and PMO the number of beds will be increased reaching to a maximum of 20 beds	X	X	X	X	X	X	6
16	Operationalization of 2 RRTs at the district level	X	X	X	X	X	X	6
17	Operationalization of 6 DCs at the district level	X	X	X	X	X	X	6
18	Referral of severe cases of Covid-19 suspected cases to Isolation unit (from PH, DCs and RRTs)	X	X	X	X	X	X	6
19	Case management of admitted cases according to WHO guidelines in Isolation ward	X	X	X	X	X	X	6
20	Follow up of mild-moderate Covid-19 suspected cases by DCs	X	X	X	X	X	X	6
21	Referral of Covid-19 suspected cases to DCs by RRTs	X	X	X	X	X	X	6
22	24 hours communication/contact with communities by designated staff to receive two way information	X	X	X	X	X	X	6
23	Passive surveillance at the DCs/BPHS HFs and referral	X	X	X	X	X	X	6
24	Active surveillance and case tracing , screening by RRTs and follow up of home quarantined cases	X	X	X	X	X	X	6

25	Taking laboratory samples from suspected cases by RRTs, DCs and Isolation ward and referral to Hirat reference laboratory	X	X	X	X	X	X	6
26	Conducting infection prevention at the HF and community levels	X	X	X	X	X	X	6
27	Conducting infection prevention at isolation ward, district centres, BPHS-EPHS HFs through triage, regular hand washing, wearing of gloves, masks, using sanitizers, carination sprays of HFs, vehicles, ambulances, wearing PPEs by relevant staff, waste management etc.	X	X	X	X	X	X	6
28	Conducting community infection prevention through orientation of CHWs, awareness rising through CHWs, HFs staff, RRTs and distribution of IEC materials at the community levels	X	X	X	X	X	X	6
29	Orientation and monitoring of the implementation of home based quarantine, social distancing, movement restriction and dead body management guidelines	X	X	X	X	X	X	6
Activities Related to Coordination, Supervision and Monitoring								
30	Regular communication with GCMU and PMO by central office, participation in related meetings	X	X	X	X	X	X	6
31	Communication and participation in meetings with PPHD, PHCC, Sehatmandi Project and stakeholders at the provincial level	X	X	X	X	X	X	6
32	Communication with BPHS HFs and communities at the local level	X	X	X	X	X	X	6
33	Day to day supervision by technical manager, medical director, Hospital Director	X	X	X	X	X	X	6
34	Regular monitoring by Sehatmandi Project Directors							
35	Quarterly Monitoring from main office			X			X	2
Activities Related to Reporting								
36	Monthly progress report	X	X	X	X	X	X	6
37	Quarterly financial report			X			X	2
38	Daily reporting as per the surveillance guideline	X	X	X	X	X	X	6
39	Project End report						X	1
40	Any other report needed	X	X	X	X	X	X	6

APPENDIX F: The following is added to the appendix F of the original contract (Minute of Contract Negotiations):

NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2, Badghis Province under Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project *AFG/MoPH/GCMU/COVID-19/* 02- amendment-2

Service Provider: MMRCA
Date: November 07, 2020
Time: 09:00 am
Venue: GCMU office

Agenda: Clarification of the technical issues and negotiations 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 four years covering the period of May 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 November 2020 and considering the possibility of second wave of COVID-19 particularly in upcoming winter, the MoPH planned to amend the current contract under COVID-19 ERHSP project for another six months.

Therefore, MMRCA was requested to submit a brief technical and detailed financial proposals for Badghis province. After the review of the proposals, the MMRCA 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 (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.	Agreed
2	The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unavailability 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 revise the work plan and reflect the activities which have been missed in the submitted work plan. Example: The item number 11 and 21 at the work plan need more elaboration. Winterization is not mentioned. The SP agreed to implement the project work plan as per the agreed timeline.	Agreed
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
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 two (2) and the location will be selected in the first week of contract commencement in close coordination with PPHD.	Agreed

6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out.	Agreed
7	The SP is responsible to provide the oxygen as per the actual need.	Agreed
8	The SP agreed to establish/functionalize the District Centre (DC) in each district for combating COVID-19 as per the ToR. Due to wide geographic situation Badghis Province one ambulance for DC which is located/Planned in Khairkhana BHC will be provided. Laman DC (BHC) will be covered from two rental vehicles planned for supervision purpose. Number of DC are: six (6) Each DC has only one technical staff (MD or Nurse preferably female).	Agreed
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.	Agreed
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 six 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 six 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 six-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	Technical issues: -Functionalization of the COVID-19 ward/hospital is not very clear, according to the guideline 50% of the beds should be functionalized at the beginning. - Winterization is not addressed at both narrative and work Plan. - Death management has not addressed. - Non-key staffs at provincial and central levels are not well described in the organization staffing part. The SP agreed to consider the above mentioned issues and revise the technical proposal accordingly.	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	17,362,824	17,362,824
(2) Reimbursable	0	8,453,800	8,453,800
(3) Admin Cost (5% of 1+2)	0	1,290,831	1,290,831
(4) Total of Remuneration and Reimbursable and Admin cost (4=1+2+3)	0	27,107,455	27,107,455
(5) Contingency Fund (5=10% of 4)	0	2,710,746	2,710,746
(6) Total Cost of the Financial Proposal (6=4+5)	**0**	**29,818,201**	**29,818,201**

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 (November 3, 2020).	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 (اکرامیه) 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 six 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 technical proposal: Yes
  - Revised financial proposal: Yes
  - Revised Work Plan: Yes
  - Detailed Training Plan

Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Sahibullah Alam	Sr. Grant Management Specialist	GCMU-MoPH	Original signed
2	Dr. Farid Ahmad Sharifi	Sr. Grant Management Specialist	GCMU-MoPH	Original signed
3	Dr. Zabihullah Mehrwarz	Sr. Performance Management Specialist	PMO-MoPH	Original signed
4	Idris Hashimi	Finance Specialist	DBD-MoPH	Original signed
5	Dr.Afzal Khosti	NSDR Coordinator	EHIS/MoPH	Original signed
6	Hassan Mashaal	COVID-19 Focal Point	COVID-19 Directorate/MoPH	Original signed

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

No	Name	Designation	Organization	Signature
1	Dr Abdul Rashid	Executive Director	MMRCA	Original signed
2	Samiullah Hassanzoi	Finance Manager	MMRCA	Original signed