

ISLAMIC REPUBLIC OF AFGHANISTAN MINISTRY OF PUBLIC HEALTH

Project Name:

Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project in Baghlan province

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

Contract No: AFG/MoPH/GCMU/COVID-19/03 Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Bakhtar Development Network (BDN)

Funded by:
International Development Association (IDA)

Dated: November 2020







This CONTRACT (hereinafter called the "Contract") was made on 30 /April /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, Bakhtar Development Network (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on November 03, 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 03, 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 sixmonth), 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 81,948,983) Eighty-One million and Nine Hundred Forty-Eight Thousand and Nine Hundred Eighty-Three 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: b. COVID-19 contract price for the second 6-month under amendment-2: | | | | |
| | ii. Contingency fund (10%) of contract price is: d. Contingency fund for the first 6-month: e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 3,427,620 f. Contingency fund for 12-month (f=d+e): 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 81,948,983 (Eighty-One million and Nine Hundred Forty-Eight Thousand and Nine Hundred Eighty-Three Afghani) 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. | | | | |

Minusery of Fublic nearth

الكتابية انكشافي كاختر شبكه انكشافي كاختر Solutions for a brighter future 2001 h

| 41.2 | 1 45 | Due date for | Amount and | yment schedule of amended-1: Deliverables |
|------|------------------------|--|---|--|
| | of instalment | submission of progress activity report and invoices | Percentage of the contract price (mentioned in bullet i of SCC 38.1) | - Daniel Britania |
| | 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 3 rd 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 | Khwaja Zabiullah Hasan | 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 Bakhtar Development Network (BDN) |
|--|---|
| Ahmad Jawad Osmani Acting-Minister of Public Health | Mohammad Hussain Hasseen Managing Director |
| Signature: | Signature: BAKNTAR DEVELOPMENT NATWOAK Solutions for a brighter future 2001 |

تعدیل شماره دوم قرارداد کوید-19 تحت بروژه ERHSP ولایت بغلان

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاریخ ۳۰ اپریل ۲۰۲۰ 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، شبکه انکشافی باختر (BDN) (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 ذیلا تعدیل (تعدیل شماره دوم) میگردد:

شرایط نماس 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 شیاده عمیمی قیادداد امامی قیادا شماده اما ذکر شاه در قیادد.

| | ر شرایط عمومی قرارداد اصلی و تعدیل شماره اول ذکر شده برتری دارد. |
|-------------------|--|
| 11.1 | این تعدیل سر از تاریخ ۳ نوامبر ۲۰۲۰ 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 اجراات 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. ت |
| | نوت-2: بنابر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجراات قناعت بخش تطبیق کننده، |
| | این پروره با در هوری شوجودیت بودبی و بجره ای تعدید تصویری تعدید از وسعه 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 (AFN 81,948,983) هشتادو |
| | یک ملیون نو صدو چهل مشت هزار و نو صدو مشتادو سه افغانی است. |
| | i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحی |
| | كويـد-19 : |
| | a. قیمت قرارداد کوید-19 برای شش ماه |
| | نخست: 40,222,875 افغانی |
| | b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره |
| | دوم: 34,276,200 افغانی |
| | c. قیمت قرارداد برای 12 ماه |
| - 6 | : (c=a+b) |
| | 74,499,075 افغانی |
| | ii. بودجه احتباطی (10 فیصد) قیمت قرارداد: |
| | The state of the s |
| LL-Y | d. بودجه احتیاطی برای شش ماه نخست: 4,022,288 افغانی |
| y.c. 0 | e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل |
| eman & Service | il è à 1 3 427 620 |
| | . بودجه احتیاطی برای 12 ماه (f=d+c): |
| | 7,449,908 افغاني |
| | |

B A K H I A R
DEVELOPMENT
N E T W O R K
شبکه انکشافی باخت
ohyions for a brighter future

A CONTRACTOR OF THE PARTY OF TH

Office

این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل برداخت میباشد.

iii. قیمت جدید سقف قرارداد (iii=c+f) هشتادو یک ملیون نو صدو جهل هشت هزار و نو صدو هشتادو سه افغانی است.

تمامی قیمت های فوق النکرشامل تکس های مستقیم داخلی بوده و تکس

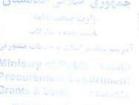
های داخلی غیر مستقیم در آن شامل نمیباشد. قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه درای سال دای دهای مطادة به دلان کاری تحت دشت قیار خوادد گرفت.

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.

جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:

| راپور ها واسناد قابل تسلیم دهی | | تاريخ | |
|---|---------------|-----------|-------|
| (Deliverable) | فيصدى قيمت | تسليم | اقساط |
| | قرارداد | د هـی | |
| | (درقسمت i | ر اپور | |
| | شرايط خاص | پیشرفت | |
| | قرارداد تحت | فعاليت | |
| | شماره 38.1 | ها و | |
| | تذكر رفته | انـو ایـس | |
| | است) | ها | |
| 1- به تعقیب تسلیم دهی و قبول شدن | 40% قيمت | 21 جدی | قسط |
| راپور فعالیت ماهانه ماه های | تعديل | 10) 1399 | ا و ل |
| نومبر و دیسیمبر 2020 | شماره دوم | جنوری | |
| 2- این قسط بطور مکمل پرداخت | قرارداد | (2021 | |
| میگردد و در قسط سوم بعد از | (درقسمت (i(b | | |
| دریافت راپور تاییدی جناح ثالث | شرايط خاص | | |
| تسویه (adjust) میگردد. | قرارداد تحت | | |
| | شماره 38.1 | | |
| | تذكر رفته | | |
| | است) | | |
| 3- به تعقیب تسلیم دهی و قبول شدن | 30% قىمت | 21 حمل | قسط |
| راپور فعالیت ماهانه ماه های | قرارداد | | دوم |
| جنوری، فیبروری و مارچ 2021 | (درقسمت (i(b | اپریل | |
| این قسط بطور مکمل پرداخت میگردد و | شرایط خاص | (2021 | |
| در قسط سوم بعد از دریافت راپور | قرارداد تحت | 302 | |
| تاییدی جناح ثالث تسویه (adjust) | شماره 38.1 | | |
| میگردد. | تذكر رفته | | |
| | است) | | |
| 1-به تعقیب تسلیم دهی راپور فعالیت | 30% قىيمت | سرطان | قسط |
| ماهانه ماه اپریل 2021 و راپور ختم | قرارداد | 1400 | سوم |
| پروژه (شش ماه دوم) که توسط وزارت | (درقسمت (i(b) | | |
| صحت عامه مورد قبول قرار گیرد. | شرايط خاص | (2021 | |
| 2- این قسط به تعقیب تاییدی جناح | قرارداد تحت | | |
| ثالث صورت میگیرد. | شماره 38.1 | | |
| N 15 19 | | | I . |
| 3- این قسط بعد از تاییدی توسط جناح | تذكر رفته | | |
| 3- این قسط بعد از تاییدی توسط جناح ثالث، مصارف که در قسط اول و دوم | | | |
| | تذكر رفته | | |

تمام مواد و شرایط دیگر قرارداد اصلی و تعدیل شماره اول به عین شکل باقع 20 م میماند و قابل اجرا میباشد.



41.2





| | امضا ـ/ح | مشاور ارشد مدیریت قرارداد ها | خواجه ذبيح | شده | ترتيب |
|-----|----------|---|-------------------------|------|-----------------|
| 2 | 5 | | الله حسن | | تــو سط |
| X | امضا | سرپرست آمریت خدمات مشورتی و تنظیم کمک ها | داکتر نیاز محمد نائب | شده | بىررسى تىوسط |
| Sel | امضا | ریس تهیه و تدارکات وزارت صحت عامه | عادلیار شکیب | شده | تاييد توسط |
| | امضا | مشاور ارشد مالی وتدارکاتی مقام وزارت | حمید حمیدی | شد ه | مارور تاوسط |

| از جانب مشاور یا BDN | از جانب وزارت صحت عامه |
|----------------------|--|
| محمد حسين حصين معمد | حمد جواد عثمانی ربر ست وزارت صحت عامه |
| امضا | Jan Han |
| | The state of the s |

OEVELOPMENT NETWORK شبکه انکشافی باغتر شبکه انکشافی باغتر Solutions for a brighter future 2001



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.

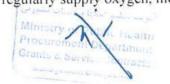
Considering the possibility of second wave of COVID-19 particularly in upcoming winter, the Ministry of Public Health planned to continue the NGOs contract under Afghanistan COVID-19 Emergency Response and Health System Preparedness project supporting by the World Bank.

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 of COVID-19
- 4. To regularly supply oxygen, medicines, and other materials



شبکه انکشافی باختر Solutions for a brighter future 2001

- 5. To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders...etc.
- 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 | 0 | 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) | 0 | 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 Baghlan 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 object all these



شبكه انكشافی باختر Solutions for a brighter future 2001 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 populations 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:

- 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.
 - 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,

DEVELOPMENT NETWORK شبکه انکشافی باختر Solutions for a brighter future 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.
 - 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.
 - Service provider shall provide remuneration, risk& other benefits and food allowance as defined by the approved guideline.
 - Service provider shall budget running cost including minor renovations and maintenance of the COVID-19 wards/hospitals.
 - 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) |
|----------|-------------------------------------|-----------|--------------|-------------------------------|
| Baghlan | Puli-e- Khumri COVID-19 hospital | 20 | 3 | 14 |

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 Baghlan province, including returnees, Kochies, prisoners, and IDPs.

The original contract for the period of (47) months which began on (03 May 2020) till March 31st, 2024 would include the second 6 months' budget and work-plan (effective from 03 November 2020 till 02 May 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 the for managing COVID-19

Ministry of Public Health.
Procurement Department
Grants & Service Contact
Management Unit (OCC.)



(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:

- GCMU will follow the adherence of the contract terms signed between Service Provider and the MoPH.
- 2. Provision of technical assistance to SP.

Grants & Service

- 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.

BAKHTAR DEVELOPMENT NETWORK شبکه انکشافی باختر Solutions for a brighter future

9

- 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
- Sharing update policies and strategies with the Service Provider along with all revised technical guidelines
- 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
- Provide technical assistant to service providers' staff on technical guidelines and/ or changes in guidelines.
- Review information and data associated with COVID-19 and provide regular feedback on weekly basis

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

- The SP is responsible to transport specimen from district and province to nearest reference laboratory
- 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.
- The Service Provider will enjoy sole discretion in the recruitment, posting, disciplining, and termination of staff paid for under this contract
- Ensure transparency and accountability by sharing the project plan and the progress made with stakeholder at different levels.
- 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
- The Service Provider will technically support and actively participate in related provincial sub-committees
- The Service Provider should actively participate in all joint monitoring visits of the COVID-19 activities
- 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 center DEVELOPMENT DEVELOPMENT

Ministry Oly Health Procurement Darament Grants & Servic Onuacts NETWORK شبکه انگشافی باختر Solutions for a brighter future 2001

10

- 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.

2012 1391

consequence of the control of the contro

B A KH TA R

DEVELOPMENT

NET WORK

Solutions for a brighter future

2001

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

Final Form Fin-2 Summary of Financial Proposal

| Cost of the Financial Proposal | Currency (Afghani) | | |
|---|--------------------|------------|--|
| (1) Remuneration | AFN | 19,410,000 | |
| (2) Reimbursable | AFN | 13,234,000 | |
| (3) Indirect Cost (3=5% of 1+2) | AFN | 1,632,200 | |
| (4) Subtotal Cost (4=1+2+3) | AFN | 34,276,200 | |
| (5) Contingency Fund (5=10% of 4) | AFN | 3,427,620 | |
| (6) Total Cost of the Financial Proposal (6=4+5) | AFN | 37,703,820 | |





COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

Final FORM FIN-3 BREAKDOWN OF REMUNERATION

| | No. Name | Position | Person-month Remuneration Rate | No of Positions | Time Input in Person/Month | Currency (Afghani) |
|------------|---|---------------------------------------|-----------------------------------|-------------------|---------------------------------|--------------------|
| Key | Key Experts | | | | | |
| K-1 | Dr. Ziauddin Zia | Technical Manager | 100,000 | 1 | 9 | 000,009 |
| K-2 | Ahmad Nawid Saboori | Finance Officer | 000'09 | - | 9 | 360,000 |
| Non | Non-Key Experts for Isolation Ward | n Ward | | | | |
| -N | | Hospital Director | 100,000 | 1 | 9 | 000,009 |
| N-2 | | Medical Director | 80,000 | 1 | 9 | 480,000 |
| N-3 | | Medical Specialist | 000'06 | 1 | 9 | 540,000 |
| N-4 | | Medical Doctor | 70,000 | 4 | 9 | 1,680,000 |
| S-N | | Head Nurse | 50,000 | 1 | 9 | 300,000 |
| 9-N | | ICU Nurse | 50,000 | 4 | 9 | 1,200,000 |
| N-7 | | Ward Nurse | 50,000 | 9 | 9 | 1,800,000 |
| 8-N | | Pharmacist | 40,000 | 2 | 9 | 480,000 |
| 6-N | | Laboratory Technician | 40,000 | 2 | 9 | 480,000 |
| ½ ° | | X-Ray Technician | 40,000 | 1 | 9 | 240,000 |
| ż= | | Admin | 40,000 | 1 | 9 | 240,000 |
| - 2 - 2 | | Medical Record Officer | 40,000 | - | 9 | 240,000 |
| ₹ £ | 2017 (1) 13 | 138 Data Entry Officer | 40,000 | 1 | 9 | 240,000 |
| | ورى امىلادىي ئۇخانىسىلى وزارت مىتساخانە رىلىس بىدى ئەلايات ئىلىم ئىدىلى دىنات سادرىي | · · · · · · · · · · · · · · · · · · · | 13 | Solutions for a b | Solutions for a brighter future | |

Cranto & Service C

COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

| Admin Assistant 40,000 1 6 | | | - | | | |
|--|--|------------------------------|--------|---------|---|------------------|
| Admin Assistant 40,000 1 6 | -Z - | Procurement Officer | 40,000 | _ | 9 | 240,000 |
| Nock Keeper | N- 15 | Admin Assistant | 40,000 | - | 9 | 240,000 |
| HR Assistant | -Z 91 | Stock Keeper | 40,000 | - | 9 | 240,000 |
| Cleaner Electrician/Mechanic 40,000 1 6 | -Z-2 | HR Assistant | 40,000 | - | 9 | 240,000 |
| Cleaner Cleaner 25,000 4 6 6 | -Z- 18 | Electrician/Mechanic | 40,000 | - | 9 | 240,000 |
| Laundry Laundry 25,000 1 6 | -N 19 | Cleaner | 25,000 | 4 | 9 | 000,000 |
| Mortician (Jué) 25,000 1 6 | N- 20 | Laundry | 25,000 | - | 9 | 150,000 |
| Cook 25,000 1 6 | N- 21 | | 25,000 | - | | |
| Couract Cour | Z2 | Cook | 25,000 | | 9 | 150,000 |
| Public Health Graduate/Nurse MD | N- 23 | Guard | 25,000 | 3 | 9 | 450,000 |
| MD Public Health Graduate/Nurse Public Health Graduate/Nurse A0,000 4 6 | Jon-Key Experts for RRT | | | | | |
| Public Health Graduate/Nurse | | MD | 40,000 | 4 | 9 | 000,096 |
| MD/ Nurse for DCs 1397 1397 Lab Technician 40,000 14 6 3 | N- 25 | Public Health Graduate/Nurse | 40,000 | 4 | 9 | 000,096 |
| MD/ Nurse for DCs A0,000 14 6 6 6 6 6 6 6 6 6 | 8 | Lab Technician | 40,000 | 4 | 9 | 960,000 |
| 14 Solutio | N- Substantial Substantial N- N- Substantial N- ZZ | MD/ Nurse for DCs | 40,000 | ٧ , ال | 9 | 3,360,000 |
| | fritting of the early of the early of the continue of the cont | | 41 | Solutio | DEVELOPME NETWOR المحلم المحل | A R R K Fe |

COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

| 28- 28- | Project Coordinator | 50,000 | - | 9 | 300,000 |
|----------------------------|---------------------|--------|----|---|------------|
| N- 29 | Finance Officer | 25,000 | - | 9 | 150,000 |
| Non-Key Experts Sub-Office | lice | | | | |
| N- 30 | Admin/HR Assistant | 30,000 | - | 9 | 180,000 |
| 31 | Logistics Assistant | 30,000 | - | 9 | 180,000 |
| N- 32 | Guard | 15,000 | 1 | 9 | 000,000 |
| N- 33 | Cleaner | 15,000 | 1 | 9 | 000'06 |
| Total Remuneration Cost | | | 75 | | 19,410,000 |
| Indirect Cost @ 5% | | 7 | | | 970,500 |
| Total Cost | | 7 | | | 20,380,500 |

Solutions for a brighter future

*

COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

| Budget Description Month Charge Quantity Unit Month Rent of Vehicle for RRT \$0,000 100% 4 1 6 Rental Ambulance for IW \$0,000 100% 2 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 1 6 Office Maintenance \$0,000 100% 41 1 6 Food for patient \$0 100% 4 1 1 Minor Renovation for DC \$0 100% 1 4 1 1 Communication for RXT \$0 100% 100% 20 1 6 Utilities Electricity, Water & Gas for Cooking) 1W \$0 1 1 6 | | | Unit Cost Per | Percentage | | Number | Number of | |
|---|-------|--|---------------|------------|----------|--------|-----------|-----------|
| Rent of Vehicle for RRT \$0,000 100% 4 1 6 Rent of Vehicle for IW \$0,000 100% 2 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 6 Rent of vehicle for Sub Office \$0,000 100% 1 1 6 Office Maintenance \$0,000 100% 1 1 6 Food Cost \$0 100% 41 30 6 Food for patient \$0 100% 4 1 1 Minor Renovation for DC \$0 100% 4 1 1 Minor Renovation for IW \$0 100% 30 1 6 Communication/Internet charges for IW \$25 100% 30 1 6 Utilities (Electricity, Water & Gas for Cooking) IW \$0 1 1 6 Licaning Materials \$0 1 1 6 6 | SN | Budget Description | Month | Charge | Quantity | Unit | Month | Total |
| Rental Ambulance for IW 50,000 100% 2 1 6 Rent of vehicle for Head Office 50,000 100% 1 1 6 Rent of vehicle for Head Office 50,000 100% 1 1 6 Office Maintenance 20,000 100% 1 1 6 Food Cost 20 100% 41 30 6 Food for patient 20 100% 41 30 6 Minor Renovation for IW 100 100% 4 1 1 Minor Renovation for IW 120,000 100% 4 1 1 Communication for RRT 250 100% 30 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 250 100% 1 6 Utilities (Electricity, Water & Cas for Cooking) IW 35,000 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | | Rent of Vehicle for RRT | 50,000 | 100% | 4 | - | 9 | 1,200,000 |
| Rent of vehicle for Head Office \$0,000 100% 1 1 6 Rent of vehicle for Head Office \$0,000 100% 1 1 6 Office Maintenance \$0,000 100% 1 1 6 Food Cost \$000 100% 41 30 6 Food for patient \$00 100% 4 1 1 Minor Renovation for DC \$00 100% 4 1 1 Minor Renovation for IW \$120,000 100% 4 1 1 Minor Renovation for IW \$250 100% 1 1 1 Utilities (Electricity, Water & Gas for Cooking) \$10,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW \$35,000 100% 1 1 6 Cleaning Materials \$25,000 100% 1 1 6 | | Rental Ambulance for IW | 20,000 | 100% | 2 | 1 | 9 | 900,009 |
| Rent of vehicle for Sub Office 50,000 100% 1 1 6 Office Maintenance 20,000 100% 1 1 6 Food Cost 20,000 100% 41 30 6 Food Cost 20 100% 4 1 6 Minor Renovation for DC 120,000 100% 4 1 1 Minor Renovation for IW 120,000 100% 1 1 1 Communication/Internet charges for IW 250 100% 10 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 1,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 55,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 9949 | Rent of vehicle for Head Office | 50,000 | 100% | - | - | 9 | 300,000 |
| Food Cost 100% 100% 1 6 Food Cost Eood Cost Minor Renovation for DC 200 100% 4 1 1 Minor Renovation for DC 70,000 100% 4 1 1 Minor Renovation for IW 120,000 100% 1 1 1 Minor Renovation for IW 250 100% 1 1 1 1 Communication/Internet charges for IW 250 100% 10 1 6 Communication for RRT 1,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials Cleaning Materials | 7520 | Rent of vehicle for Sub Office | 20,000 | 100% | - | | 9 | 300,000 |
| Food Cost 200 100% 41 30 6 Food for patient 200 100% 20 30 6 Minor Renovation for DC 70,000 100% 4 1 1 Minor Renovation for IW 120,000 100% 1 1 1 Communication for IW 250 100% 10 1 6 Communication for RRT 250 100% 30 1 6 Utilities Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 5(2) | Office Maintenance | 20,000 | %001 | - | - | 9 | 120,000 |
| Food for patient 200 100% 20 30 6 Minor Renovation for DC 70,000 100% 4 1 1 Minor Renovation for IW 120,000 100% 1 1 1 Communication/Internet charges for IW 250 100% 10 1 6 Communication/Internet charges for IW 250 100% 30 1 6 Utilities (Electricity, Water & Gas for Cooking) 10,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | | Food Cost | 200 | 100% | 41 | 30 | 9 | 1,476,000 |
| Minor Renovation for DC 70,000 100% 4 1 1 Minor Renovation for IW 120,000 100% 1 1 1 Communication/Internet charges for IW 250 100% 10 1 6 Communication/Internet charges for IW 250 100% 30 1 6 Internet Charges for Data Entry 1,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 1,000 | Food for patient | 200 | 100% | 20 | 30. | 9 | 720,000 |
| Minor Renovation for IW 120,000 100% 1 1 1 Communication/Internet charges for IW 250 100% 30 1 6 Communication for RRT 1,000 100% 30 1 6 Internet Charges for Data Entry 1,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 5252 | Minor Renovation for DC | 70,000 | 100% | 4 | - | - | 280,000 |
| Communication/Internet charges for IW 250 100% 10 1 6 Communication for RRT 1,000 1,000 100% 20 1 6 Internet Charges for Data Entry 1,000 10,000 100% 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 10000 | Minor Renovation for IW | 120,000 | 100% | - | - | - | 120,000 |
| Communication for RRT 250 100% 30 1 6 Internet Charges for Data Entry 1,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 0 | Communication/Internet charges for IW | 250 | 100% | 10 | - | 9 | 15,000 |
| Internet Charges for Data Entry 1,000 100% 20 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 10,000 100% 1 1 6 Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials ✓ 25,000 100% 1 1 6 | - | Communication for RRT | 250 | 100% | 30 | - | 9 | 45,000 |
| Utilities (Electricity, Water & Gas for Cooking) 10,000 100% 1 1 6 S.O. Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | 2 | Internet Charges for Data Entry | 1,000 | 100% | 20 | - | 9 | 120,000 |
| Utilities (Electricity, Water & Gas for Cooking) IW 35,000 100% 1 1 6 Cleaning Materials 7 25,000 100% 1 1 6 | (0) | Utilities (Electricity, Water & Gas for Cooking) | 10,000 | 100% | 1 | - | 9 | 900,09 |
| Cleaning Materials 7 , 25,000 100% 1 1 6 | 4 | | 35,000 | 100% | 1 | - | 9 | 210,000 |
| | S | _ | 7 , 25,000 | 100% | 1 | - | 9 | 150,000 |

Solutions for a brighter future

COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

| Winterization for IW, 4 RRT & 14 DC's Office Supplies (Hygine Material, Photocopy) Stationary Oxygen supply Ikramia (Dead insurance) Funeral of Dead body Fuel (Generator & Light) Maintenance (Generator, Equipment) Local transportation S5,000 10,000 10,000 | 100% 100% 100% 100% | 19 | - | | |
|--|------------------------------|----|---|---|------------|
| 7 - | 100% 100% 100% | | | - | 1,045,000 |
| y sight) ator, Equipment) | 100% | - | _ | 9 | 180,000 |
| ance) y ight) ator, Equipment) | 100% | - | - | 9 | 72,000 |
| y ight) ator, Equipment) | %001 | - | - | 9 | 1,680,000 |
| y ight) ator, Equipment) | 100% | 6 | _ | - | 900,000 |
| ight) ator, Equipment) | | 10 | - | _ | 100,000 |
| ator, Equipment) | %001 | - | _ | 9 | 150,000 |
| | 100% | - | - | 9 | 000,009 |
| 000 01 | %001 | - | _ | 9 | 120,000 |
| Per-diem | 100% | - | - | 9 | 000'09 |
| Shipment Cost | 100% | - | - | 9 | 300,000 |
| Bank Charges (Salary, cheque book, statement) | 100% | - | _ | 9 | 24,000 |
| Printing of HMIS formats | 100% | - | _ | 9 | 000,09 |
| Printing of IEC materials | 100% | - | - | 9 | 000,009 |
| Medicine & medical supplies | 100% | - | _ | 9 | 1,800,000 |
| Misc. Expenses 1391 | 100% | - | _ | 9 | 42,000 |
| Subtotal of Provincial Office Cost | T TBAKHTAR | | | | 12,609,000 |

Solutions for a brighter future 2001

COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2

| 1 400,000 | 400,000 | 1 225,000 | 225,000 | 13,234,000 | 661,700 | 13,895,700 | |
|---------------------------------|----------------------------|--|---------------------------|-----------------------------------|------------------|------------------|---|
| _ | | 2 | | | | | |
| 20 | | 75 | | | | | المال |
| 100% | | 100% | | | | | Solutions for a brighter future 2001 |
| 20,000 | | 1,500 | | | | 1 | |
| Tablets for data entry purposes | Subtotal of Equipment Cost | 1 Cascading skills & knowledge transfers for staff | Subtotal of Training Cost | Total Direct Cost of Reimbursable | Indirect Cost 5% | Grand Total Cost | TOST (1591) Straintell Lester (1592) Straintell Lester (1593) When the case of Public Health Fronteement Department Counts & Service Contract |

APPENDIX E: The following is added to the appendix E of the original contract (WORK PLAN):

FORM TECH-5

WORK SCHEDULE AND PLANNING FOR DELIVERABLES

| | | - | | 1 | 1 | Months | | |
|-----|---|----|---|---|---|--------|-------------------|-----|
| Š | Deliverables | | 7 | 3 | 4 | 9 | 1 2 3 4 5 6 Total | tal |
| - | Risk Communication (Public Awareness and Promotion of Healthy Behaviors) | | | | - | - | | |
| 1 | Maintain two-way communication with the people and to inform them of the existing facilities | × | × | × | × | × | | 9 |
| 1.2 | Distribute contact numbers of RRT members to the people to seek advice when they needed | × | × | | - | - | . 4 | 2 |
| 7 | Early Detection and Surveillance of Cases at Community Level | | | | | | | |
| 2.1 | Establish 4 new District Center and maintain in total 14 DCs for COVID-19 | × | × | × | × | × | | 9 |
| 2.2 | Maintain 4 RRTs and link them with the District Center and equip each RRT with one vehicle | × | × | × | × | × | | 9 |
| 2.3 | Mobilize and instruct all BPHS HFs to report sus | × | × | × | × | × | | 9 |
| 2.4 | Perform contact tracing by RRT to identify suspected secondary cases | × | × | × | × | × | | 9 |
| 2.5 | Refer suspected cases by RRT to the isolation centers located at provincial/district levels | × | × | × | × | X | | 9 |
| 2.6 | Mobilize CHWs to follow suspected people at their residence and provide health education to them | × | × | × | × | × | 9 | |
| 2.7 | Refer by CHWs of suspected cases with any signs and symptoms to isolation centers | >< | × | × | × | X | 0 | 9 |
| 2.8 | | × | × | × | × | × | | 9 |
| 3 | Management and Isolation of Suspected and Confirmed Case of COVID-19 | | | | | | | |
| 3.1 | Maintain and functionalize Provincial COVID-19 Isolation Ward | × | × | × | × | × | 0 | 9 |
| 3.2 | Coordinate with and ask the PPHD to provide necessary equipment through UN agency | × | | | × | | 7 | |
| 3.3 | Maintain minimum required personnel for Provincial COVID-19 Isolation Ward | × | × | × | × | × | 9 | |
| 3.4 | Provide staff members with the remuneration, risk benefit, food cost and other benefits | × | × | × | × | × | 9 | |
| 3.5 | Manage COVID-19 mild and moderate cases using MoPH guideline | × | × | × | × | X | 9 | 9 |
| 3.6 | | × | × | × | × | X | 9 | |
| 4 | To regularly supply oxygen, medicines, and other materials | | | | - | | | |
| 4.1 | | × | | | - | _ | | |
| 4.2 | Provide required amount of oxygen to COVID-19 ward/hospital | × | × | × | X | × | 9 | |
| 4.3 | Supply required medicines to the COVID-19 ward/hospital until medicine is supplied by UNICEF | × | | - | × | | 2 | |
| 4.4 | Supply medical materials/consumables, logistics for COVID-19 patients rather than purchased by UN | × | | - | × | _ | 2 | |
| 4.5 | Provide heating materials for COVID-19 ward/hospital. | × | | | | _ | | |
| S | Screening of Visitors/Clients at Points of Entry such as Flights, Road Highways, Main Borders | | | | | | | |
| | | | | | | | | |

Solutions for a brighter future

19

| 0.1 | |
|---|--|
| 6.31 | |
| act Amendment-2 | |
| = | |
| = | |
| (3) | |
| - | |
| | |
| - | |
| 0 | |
| _ | |
| 7.3 | |
| ~ | |
| = | |
| - | |
| - | |
| - | |
| | |
| 7.5 | |
| \simeq | |
| 2.2 | |
| - | |
| - | |
| Sec. | |
| 0 | |
| - | |
| \cup | |
| 200 | |
| Seed. | |
| 0 | |
| 63 | |
| | |
| 0 | |
| 2 | |
| 5 | |
| - | |
| | |
| 50 | |
| S | |
| 63 | |
| = | |
| - | |
| 773 | |
| 65 | |
| - | |
| - | |
| a | |
| 0 | |
| 2.7 | |
| 9 | |
| _ | |
| | |
| | |
| | |
| = | |
| 6.3 | |
| == | |
| S | |
| | |
| - | |
| 2 | |
| S | |
| Sy | |
| h Sy | |
| th Sy | |
| lth Sy | |
| alth Sy | |
| ealth Sy | |
| Jealth Sy | |
| Health Sy | |
| Health Sy | |
| d Health Sy | |
| nd Health Sy | |
| and Health Sy | |
| and Health Sy | |
| and Health Sy | |
| e and Health Sy | |
| se and Health Sy | |
| nse and Health Sy | |
| onse and Health Sy | |
| onse and Health Sy | |
| ponse and Health Sy | |
| sponse and Health Sy | |
| esponse and Health Sy | |
| esponse and Health Sy | |
| Response and Health Sy | |
| Response and Health Sy | |
| Response and Health Sy | |
| 39 Response and Health Sy | |
| cy Response and Health Sy | |
| ncy Response and Health Sy | |
| ency Response and Health Sy | |
| gency Response and Health Sy | |
| gency Response and Health Sy | |
| rgency Response and Health Sy | |
| ergency Response and Health Sy | |
| nergency Response and Health Sy | |
| mergency Response and Health Sy | |
| imergency Response and Health Sy | |
| Emergency Response and Health Sy | |
| Emergency Response and Health Sy | |
| 9 Emergency Response and Health Sy | |
| 19 Emergency Response and Health Sy | |
| .19 Emergency Response and Health Sy | |
| 1-19 Emergency Response and Health Sy | |
| O-19 Emergency Response and Health Sy | |
| D-19 Emergency Response and Health Sy | |
| 1D-19 Emergency Response and Health Sy | |
| VID-19 Emergency Response and Health Sy | |
| VID-19 Emergency Response and Health Sy | |
| OVID-19 Emergency Response and Health Sy | |
| OVID-19 Emergency Response and Health Sy | |
| COVID-19 Emergency Response and Health Sy | |
| COVID-19 Emergency Response and Health Sy | |
| COVID-19 Emergency Response and Health Sy | |

| 5.1 | Screen visitors/clients at points of entry in accordance with the MoPH Screening Guideline | × | × | × | × | × | 9 |
|------|---|---|---|---|---|---|---|
| 9 | Infection Prevention and Control (IPC) Measures at the Health Facility Level | | | | | | |
| 6.1 | Provide IPC materials and supplies to all BPHS health facilities | × | | × | | | 7 |
| 6.2 | Closely monitor health personnel's practice of the IPC protocols | X | X | X | × | × | 9 |
| 6.3 | Mobilize and closely monitor BPHS HFs to apply the triage procedures | × | × | X | × | × | 9 |
| 6.4 | Supervise HF personnel for applying standard precautions for all patients | × | × | × | × | × | 9 |
| 6.5 | Instruct and supervise HFs to undertake administrative controls based on MoPH guideline | × | × | X | × | × | 9 |
| 9.9 | Train and mobilize CHWs to supervise and monitor implementation of community level measures | × | × | × | × | × | 9 |
| 1 | Enhance Capacity of Health Care Providers | | | | | | |
| 7.1 | Facilitate training of staff members by the WHO | X | | × | | | 2 |
| 7.2 | Plan and implement cascading of the trainings for staff members of the Provincial COVID-19 IW | × | | × | × | | m |
| 7.3 | | × | × | × | | | m |
| ∞ | Utilization of Contingency Fund | | | | | | |
| 8.1 | Submit to MoPH/GCMU particular request/proposal with work plan and obtain their approval | | | × | | × | 7 |
| 6 | Communication and Coordination | | | | | | |
| 9.1 | Share the project work plan and the progress made with stakeholders at different level | × | | | | | - |
| 9.2 | Participate in provincial relevant sub-committees and provide them with technical supports | × | X | X | × | × | 9 |
| 9.3 | Respond to MoPH/GCMU/PMO communications on timely basis by an authorized person(s) | × | × | × | × | × | 9 |
| 10 | | | | | | | |
| 10.1 | 10.1 Facilitate monitoring and evaluation process authorized by MoPH/ GCMU/PMO and Third Party | × | × | x | × | × | 9 |
| 10.2 | Resolve quickly any deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO | × | × | × | × | × | 9 |
| 10.3 | _ | × | × | × | × | × | 9 |
| 10.4 | Participate in joint monitoring visits of the COVID-19 hospital and RRTs as planned by PPHCC and other assigned | × | × | × | × | × | 9 |
| 1.01 | representatives of MoPH technical departments | - | | - | | | |
| 11 | Reporting | | | | | | |
| 11.1 | Submit Monthly Activity Progress Report | × | × | X | × | × | 9 |
| 11.2 | | | - | × | | × | 7 |
| 11.3 | Submit daily reporting as per the surveillance guideline of COVID-19 | X | × | × | × | × | 9 |
| 11.4 | 11.4 Implement online reporting system as per the MoPH requirement | × | × | X | × | × | 9 |
| 11.5 | Submit End of Project Report (EPR) one month after completion of the contract | | | - | | × | - |
| 11.6 | | X | × | x | × | × | 9 |
| | TBANHTAR | | | | | | |



APPENDIX F: NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2 of the Baghlan Province under

Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project AFG/MoPH/GCMU/COVID-19/03- amendment-2

Service Provider:

BDN

Date:

November 04, 2020

Time:

2:00 PM

Venue:

GCMU

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 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, BDN was requested to submit a brief technical and detailed financial proposals for **Baghlan** 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. | Agreed | | | | |
| 2 | The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly. | | | | | |
| 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. | 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 with minimum staff required | | | | |
| 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). | Agreed with increasing one RRT team as | | | | |



ختر Solutions f

شبكه الكشافى باختر Solutions for a brighter future 2001

PMENT

| | Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is three (3) and the location will be selected in the first week of contract commencement in close coordination with PPHD. As per Released TOR the Public health graduated should prefer to hire instead of Nurse in each RRT. | |
|----|---|--------|
| 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. Number of DC are: 14 | 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 |

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 | 19,410,000 | 19,410,000 |
| (2) Reimbursable | 0 | 13,234,000 | 13,234,000 |
| (3) Admin cost (5% of 1+2) | 0 | 1,632,200 | 1,632,200 |
| (4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3) | 0 | 34,276,200 | 34,276,200 |
| (5) Contingency Fund (5=10% of 4) | 0 | 3,427,620 | 3,427,620 |
| (6) Total Cost of the Financial Proposal (6=4+5): | 0 | 37,703,820 | 37,703,820 |

Minigration Longitudes

B D DEVELOPMENT DEVELOPMENT NETWORK
شبکه انکشافی باختر
Solutions for a brighter future

| {Should match the amount in Form | | |
|----------------------------------|--|--|
| FIN-1} | | |

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 03, 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 (اکر امیه) 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.
 - o Revised Technical and Financial proposal: Yes
 - o Revised Work Plan: Yes
 - o Detailed of training plan: 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 Talib Noori | Senior Performance Management Specialist | MPO/MoPH | |
| 2 | Dr Tawfiq Nazri | Surveillance specialist | DGEHIS/MoPH | |
| 3 | Dr Wassim | COVID-19 officer | COVID-19 Directorate | |
| 4 | Nasrat Samimi | Senior Finance Specialist | DBD/MoPH | |
| 5 | Kh. Zabiullah Hasan | Senior Grant Management Specialist | GCMU/MoPH | |

For and on behalf of Service Provider (Bakhtar Development Network): BDN

| No | Name Name | Designation | Organization | Signature |
|----|--------------------------|-------------------|--------------|-----------|
| 1 | Mohammad Hussain Hasseen | Managing Director | BDN S | (|





| Senior Finance | BDN |
|----------------|---------------------------|
| | Senior Finance Officer |

