

ISLAMIC REPUBLIC OF AFGHANISTAN MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/09 Amendment-2

Lump-Sum CONTRACT FOR CONSULTANT'S SERVICES DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Agency for Assistance and Development of Afghanistan (AADA)

Funded by:
International Development Association (IDA)

Dated: November 2020



This CONTRACT (hereinafter called the "Contract") was made on May 3, 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, Agency for Assistance and Development of Afghanistan (AADA), (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on November 5, 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 5, 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 103,605,354) One hundred three million six hundred five thousand three hundred fifty-four 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 43,411,620
	b. COVID-19 contract price for the second 6-month under amendment-2: AFN 50,775,065
	c. COVID-19 contract price for 12-month (c=a+b): AFN 94,186,685
	ii. Contingency fund (10%) of contract price is:
	d. Contingency fund for the first 6-month: AFN 4,341,162
	e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 5,077,507
	f. Contingency fund for 12-month (f=d+e): AFN 9,418,669 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 103,605,354 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 amended-1:

تعديل شماره دوم قرارداد كويد-19 تحت پروژه ERHSP ولايت غزنى

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاریخ 3 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، از جانب موسسه همکاری و انکشاف برای افغانستان (AADA)، (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 تنکر رفته است، تعدیل گردیده و متممه شرایط عمومی قرارداد اصلی میباشد. هر زمانیکه تناقض موجود به داین ماده بر ماده های که در شرایط عمومی قرارداد اصلی و تعدیل شماره اول ذکر شده بر تری دارد.

	این ماده بر ماده های که در شرایط عمومی قرارداد اصلی و تعدیل شماره اول ذکر شده برتری دارد.
1.1	این تعدیل سر از تاریخ 5 نوامبر 2020 قابل اعتبار میباشد
14.1	ين فقره جاگزين فقره قبلي 14.1 ميباشد.
	مدت زمان این تعدیل قرار داد الی 31 مارچ 2024 میباشد.
	وت-1: این تعدیل دوم قرار داد شامل پلان کاری و بودجه مربوطه برای شش ماه دوم پروژه میباشد.
	رای مدت زمان باقیمانده قرار داد ، پلان کاری و بودجه مربوط به آن در جریان تطبیق شش ماه دوم و سال های بعدی
	ا توافق هر دو جانب ، مشروط بر موجودیت بودجه و اجراات قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم)
	عدیل 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.
	وت-2: بنابر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و جراات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز
	بررات ساخت بخس سبیق سده سای رئوست یا سای موسد یا سای سازه از این سازه از این سازه از این از این از این از این ا از نگری خواهد گردید.
8.1	N con le m G m
8.1	ين فقره جاگزين فقره قبلي 38.1 ميباشد.
	مقدار سقف جدید قرار داد برای 12 ماه مبلغ (103,605,354 افغانی) یک صد و سه میلیون و شش صد و پنچ هزار و سه صد و پنجا و چهار افغانی است.
	i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحی کوید-19:
	a. قيمت قرار داد كويد-19 براى شش ماه نخست: طيمت قرار داد كويد-19 براى شش ماه دوم تحت تعديل شماره دوم: 50,775,065 افغاتى طيمت قرار داد كويد-19 براى شش ماه دوم تحت تعديل شماره دوم:
	b. قيمت قرارداد كويد-19 براى شش ماه دوم تحت تعديل شماره دوم: 50,775,065 افغانى b. قيمت قرارداد براى 12 ماه (c=a+b): وأغانى c=a+b):
	ii. بودجه احتياطی (10 فيصد) قيمت قرارداد:
	d. بودجه احتیاطی برای شش ماه نخست: طیرات شش ماه نخست: ودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 5,077,507 افغاتی و
	e. بونجه احتیاطی برای شش ماه دومحه تحت تعدیل شماره دوم قابل استفاده میباشد. 3,077,307 استفاده میباشد. f. بونجه احتیاطی برای 12 ماه (f=d+c):
	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) (103,605,354 افغانی) یک صد و سه میلیون و شش صد و پنج
	هزار و سه صد و پنجا و چهار 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
	هرارداد (در صورت بروم) تحدید کردید تا بر هبتی بن بودجه برای سامه ی بدی حدید برای پیروت به پاس الانه بازنگری پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری
	خواهد شد.
1.2	جدول ذیل در تقسیم اوقات پر داخت تعدیل شماره اول علاوه گردید:
	تعداد تاریخ تسلیم دهی مقدار و فیصدی قیمت راپور ها واسناد قابل تسلیم دهی (Deliverable)
	اقساط راپور پیشرفت قرارداد (درقسمت i
	فعالیت ها و شرایط خاص
	انوایس ها قرارداد تحت شماره 38.1 تذکر رفته
	ا 38.1 لنكر رقب الست)
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34	اول (10 جنوری شماره دوم قرارداد های نومبر و دیسیمبر 2020 شماره دوم قرارداد
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Ministry of Public Health Procurement Department Grants & Service Contracts

Management Unit (GCIVIC)

# 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 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 3 rd 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 1 st and 2 nd instalments will be adjusted in this instalment.

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

Prepared by	Dr. Ahmad Farid Fayez	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	Southurc
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 Agency for Assistance and Development of Afghanistan (AADA)
Ahmad Jawad Osmani Acting Minister of Public Health	Yasamin Yousofzai Director General
Signature:	Signature:





2- این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.	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.	30% قيمت قرارداد (درقسمت (b) شرايط خاص قرارداد تحت شماره (منته است)	21 حمل 1400 (10 اپريل (2021)	قسط دوم
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.	30% قيمت قرارداد (درقسمت (i(b)	سرطان 1400 (جو لای 2021)	قسط سوم

	1 11			
	باشد (ل شماره اول به عین شکل باقی میماند و قابل اجرا مید	گر قرارداد اصلی و تعدیا	تمام مواد و شرايط ديـ
	امضا	ل شماره اول به عین شکل باقی میماند و قابل اجرا میر مشاور ارشد مدیریت قرارداد ها		ترنيب شده توسط
F	امضا	سرپرست آمریت خدمات مشورتی و تنظیم کمک ها	داكتر نياز محمد نائب	بررسي شده توسط
3	امضا	ریس تهیه و تدارکات وزارت صحت عامه	عادليار شكيب	تاييد شده توسط
	lacid Child	مشاور ارشد مالى وتداركاتي مقام وزارت	حمید حمیدی	مرور شده توسط

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.

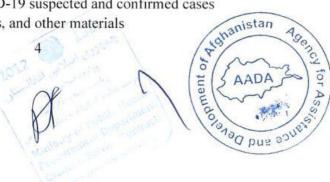
Considering the possibility of second wave of COVID-19 particularly in upcoming winter, the Ministry of Public Health planned to continue the NGOs contract under Afghanistan COVID-19 Emergency Response and Health System Preparedness project supporting by the World Bank.

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	95	80	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	261	200	Progress reports	Monthly	Disaggregated by profession and gender
8	Percentage of HFs complying with IPC protocols	100%	100%	Progress reports	Monthly	Verified by TPM
9	Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by TPM)	50%	50%	Progress reports	Monthly	Verified by TPM

C. SCOPE OF SERVICES:

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

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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.

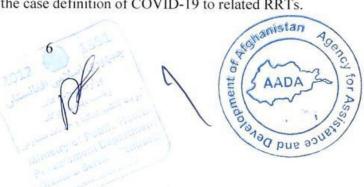
The details of tasks are explained below:

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:

 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.
- 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
- 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



Alghanistan

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)
Ghazni	COVID-19 Ward, Behind to Regional Hospital of Ghazni	20	4	19

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 (X) province, including returnees, Kochies, prisoners, and IDPs. Mghanistan

Agency

The original contract for the period of 47 months which began on May 4 2020 till March 31st, 2024 would include the second 6-months budget and work-plan (effective from November 4, 2020 till May 3, 2021). For the remaining period of the contract, the work plan and its related cost shall be agreed by both parties during the implementation of the second six months of the project, subject to availability of fund and satisfactory performance of the service provider.

F. COMPLIANCE WITH TECHNICAL GUIDELINES

In carrying out the services described above, the service provider will comply with MoPH protocols/guidelines (which might be updated from time to time) for managing COVID-19 (screening of travelers, registration, referral, mobile surveillance, taking/transferring samples, PPE kits, contact tracing, home quarantine and case management, lab safety procedures and safe disposal of waste and burial...etc.).

G. QUALIFICATIONS OF KEY PROFESSIONAL STAFF:

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

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

Education Technical Manager (K1)	Adequacy for the assignment
MD/equivalent medical degree from university certified by relevant higher education authority in Afghanistan or other countries.	provincial health projects/ Technical health
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

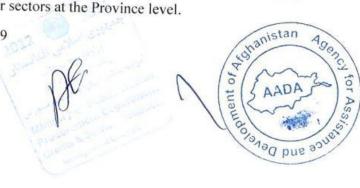
H. DATA, SERVICES, AND FACILITIES PROVIDED BY THE CLIENT

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.
- 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.
- Conduct performance management missions to monitor the work and performance of the Service Provider.
- Review project technical reports submitted by the Service Provider and provide necessary feedback.
- 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
- 4. 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.
- Resolve any deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO
- 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

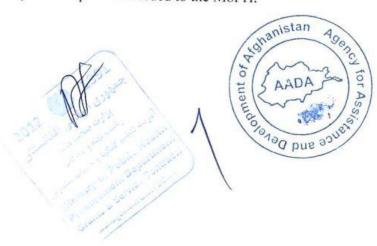


- 10. The Service Provider must respond to MoPH-GCMU/PMO communications on timely basis by an authorized person(s) through proper channel
- 11. The service provider should pay salary to the staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines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

- 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 under Contract Amendment-2

Cost of the Financial Proposal	{ Insert Foreign Currency}	{ Insert Local Currency} AFN
(1) Remuneration		22,148,600
(2) Reimbursable		26,208,605
(3) Indirect Cost 5%		2,417,860
(4) Total of Remuneration, Reimbursable and IC (4=1+2+3)		50,775,065
(5) Contingency Fund (10% of 4)		5,077,507
(6) Total Cost of the Financial Proposal (6=4+5): {Should match the amount in Form FIN-1}		55,852,572

FORM FIN-3 BREAKDOWN OF REMUNERATION under Contract Amendment-2

Key staff Dr.Nik Mohd Technical Manager (K1) 1 100,000 6 Ahmad Jawaid Financial Officer (K2) 1 60,000 6 Covid-19 Twenty Bed Hospital Sub Total Key staff 60,000 6 L Hospital director 1 100,000 6 Medical director 1 80,000 6 Medical docor 4 70,000 6 Medical docor 2 50,000 6	No.	Name	Position	# of Staff	Basic Salary including risk and all other allowances	Time Input in Person/Month	Local Currency (AFN) as in FIN-2
Dr.Nik Mohd Technical Manager (K1) 1 100,000 6 Ahmad Jawaid Financial Officer (K2) 1 60,000 6 Covid-19 Twenty Bed Hospital Sub Total Key staff A Hospital director 1 100,000 6 2 Medical director 1 80,000 6 1 4 70,000 6 1 1 Abedical docor 4 70,000 6 1 Abedical docor 2 50,000 6 1	Key staff						
Ahmad Jawaid Financial Officer (K2) 1 60,000 6 Covid-19 Twenty Bed Hospital Sub Total Key staff Financial Officer (K2) 1 60,000 6 1 Hospital director 1 80,000 6 1 2 Internal Specialist 1 90,000 6 1 4 70,000 6 1 1 Abdical docor 4 70,000 6 1 Abdical docor 2 50,000 6 1		Dr.Nik Mohd	Technical Manager (K1)	1	100,000	9	000'009
Covid-19 Twenty Bed Hospital Sub Total Key staff Covid-19 Twenty Bed Hospital An expirate director 1 100,000 6 2 Medical director 1 80,000 6 4 70,000 6 1 5 3 4 70,000 6 Head Nurse 2 50,000 6 1		Ahmad Jawaid	Financial Officer (K2)	1	000'09	9	360,000
Covid-19 Twenty Bed Hospital Hospital director 1 100,000 6 2 Medical director 1 80,000 6 4 70,000 6 1 A Medical docor 4 70,000 6 Head Nurse 2 50,000 6		Sub Total Key staff					000'096
Hospital director	Covid-19 Twenty Bed Hospital						
Medical director 1 80,000 6 internal Specialist 1 90,000 6 Medical docor 4 70,000 6 1 Head Nurse 2 50,000 6 1	1		Hospital director	1	100,000	9	000'009
Stan Medical docor 4 70,000 6 Head Nurse 2 50,000 6	2		Medical director	1	80,000	9	480,000
Medical docor 4 70,000 6 Head Nurse 2 50,000 6	Stan		internal Specialist	1	000'06	9	540,000
Head Nurse 6			Medical docor	4	70,000	9	1,680,000
			Head Nurse	2	20,000	9	000,009

March Nutree 6 50,000 6 1 Inhama Technician 1 40,000 6 Inhama Technician 1 40,000 6 Inhama Technician 1 40,000 6 Admin Officer 1 40,000 6 Admin Officer 1 40,000 6 Admin Officer 1 40,000 6 Inhama Technician 1 40,00	Ward Nurse Power Autre 1 40,000 6 1 1 1 1 1 1 1 1 1	r		ICU nurse	4	20,000	9	1,200,000
Pharma Technician 1	Sub Total Merican 1			Ward Nurse	9	20,000	9	1,800,000
Sub Total Desired Fermina	Admin of the technician	8		Pharma Technician	1	40,000	9	240,000
Number N	Admin officer	6		Lab technician	1	40,000	9	240,000
Admin officer 1 40,000 6 Procurement officer 1 40,000 6 Procurement officer 1 40,000 6 Stock keeper 1 25,000 6 Cleaner Cleaner 1 25,000 6 Cleaner Cleaner 1 25,000 6 Lundary 1 25,000 6 Cleaner Cleaner 1 25,000 6 Cleaner Cleaner 1 25,000 6 Cook 1 1 25,000 6 Cook 1 1 25,000 6 Cook 1 1 25,000 6 Cook 2 25,000 6	Medical record officer	10		X-ray technician	1	40,000	9	240,000
Medical record officer 1	Medical record officer	11		Admin officer	1	40,000	9	240,000
Stock keeper 1	Stock keeper	12		Medical record officer	1	40,000	9	240,000
Sub Total Region Stock keeper	Stock keeper	13		Procurement officer	1	40,000	9	240,000
Electric/generator mechanic 1 25,000 6 Cleaner Cleaner Cleaner Cleaner Cleaner Lundary Lundary 1 25,000 6 Dead body washer 1 25,000 6 Driver Cook 1 25,000 6 Driver Driver 1 25,000 6 Driver Driver 1 100,000 2 Death allowance to the family of staff 1 100,000 2 Sub Total-20 Bed COVID-19 Hospital 1 100,000 6 Death allowance to the family of staff 1 100,000 6 Death allowance to the family of staff 1 100,000 6 Death allowance to the family of staff 1 100,000 6 Death allowance to the family of staff 1 100,000 6 Death allowance to the family of staff 1 40,000 6 Death allowance to the family of staff 1 30,000 6 Death allowanc	Electric/generator mechanic 1	14		Stock keeper	1	25,000	9	150,000
Lundary 1	Cleaner Clea	15		Electric/generator mechanic	1	25,000	9	150,000
Lundary Lundary 1	Lundary Lundary 1 25,000 6	16		cleaner	4	25,000	9	000'009
Sub Total- District Centers Dead body washer 1 25,000 6 Cook Driver 1 25,000 6 Burd Driver 1 25,000 6 Sub Total-20 Bed COVID-19 Hospital 1 100,000 5 MD AD 4 40,000 6 Public Health Graduate/Nurse 4 40,000 6 Sub Total- RRT 4 40,000 6 Sub Total- RRT 19 40,000 6 Sub Total- District Centers 1 40,000 6 Britance Assistant Cashier 1 30,000 6 Britance Assistant Cashier 1 20,000 6 HR Asistant 1 20,000 6	Cook	17		Lundary	1	25,000	9	150,000
cook 1 25,000 6 guard 3 25,000 6 Sub Total-20 Bed COVID-19 Hospital 4 40,000 5 ND Public Health Graduate/Nurse 4 40,000 6 Sub Total- RRT AD/Nurse (female preferable) 19 40,000 6 Sub Total- RRT AD/Nurse (female preferable) 19 40,000 6 4 Sub Total- RRT AD/Nurse (female preferable) 19 40,000 6 4 Sub Total - RRT AD/Nurse (female preferable) 19 40,000 6 4 Sub Total - RRT AD/Nurse (female preferable) 19 40,000 6 4 Sub Total - RRT AD/Nurse (female preferable) 19 40,000 6 4 Sub Total - RRT AD/Nurse (female preferable) 10 40,000 6 4 Sub Total - RRT AD/Nurse (female preferable) 10 40,000 6 4 AD/Nurse (female preferable) 10 40,000 6 6	Driver 1 25,000 6	18		Dead body washer	1	25,000	9	150,000
Sub Total-20 Bed COVID-19 Hospital 1 25,000 6 Sub Total-20 Bed COVID-19 Hospital 1 100,000 2 Nub Total-20 Bed COVID-19 Hospital 4 40,000 6 Public Health Graduate/Nurse 4 40,000 6 Sub Total- RRT 4 40,000 6 Sub Total- RRT 4 40,000 6 Sub Total- RRT 19 40,000 6 Sub Total- RRT 1 40,000 6 Sub Total- District Centers 1 40,000 6 Sub Total- District Centers 1 30,000 6 Botal Entry Officer 1 30,000 6 Logistic Assistant 1 20,000 6 HR Asissant 1 20,000 6 HR Asissant 1 20,000 6 <	Driver Driver 1 25,000 6	19		cook	1	25,000	9	150,000
Sub Total-20 Bed COVID-19 Hospital 3 25,000 6 Sub Total-20 Bed COVID-19 Hospital 1 100,000 2 MD Public Health Graduate/Nurse 4 40,000 6 Sub Total- RRT Iabrant 4 40,000 6 Sub Total- RRT A 40,000 6 4 Sub Total- RRT Sub Fotal- District Centers 1 40,000 6 4 Sub Total- District Centers Data Entry Officer 1 30,000 6 6 4 Logistic Assistant Logistic Assistant 1 30,000 6 6 6 6 6 6 6 6 6 6 <	Sub Total- District Centers Sub Total District Centers Sub Total District Centers Sub Total District Centers	20		Driver	н	25,000	9	150,000
Sub Total-20 Bed COVID-19 Hospital 100,000 2 100 Sub Total-20 Bed COVID-19 Hospital 4 40,000 6 MD Public Health Graduate/Nurse 4 40,000 6 Sub Total-RRT AD/Nurse (female preferable) 19 40,000 6 Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 Sub Total- District Centers Subervisor 1 40,000 6 4 Sub Total- District Centers In 30,000 6 6 4 Sub Total- RRT In 30,000 6 6 4 Sub Total- RRT In 30,000 6 6 6 6 Sub Total- RRT In 30,000 6 <t< td=""><td> Sub Total-20 Bed COVID-19 Hospital 1 100,000 2 100 </td><td>21</td><td></td><td>guard</td><td>e e</td><td>25,000</td><td>9</td><td>450,000</td></t<>	Sub Total-20 Bed COVID-19 Hospital 1 100,000 2 100	21		guard	e e	25,000	9	450,000
Sub Total-20 Bed COVID-19 Hospital 100	Sub Total-20 Bed COVID-19 Hospital MD			Death allowance to the family of staff	1	100,000	2	200.000
MD	MD Public Health Graduate/Nurse 4 40,000 6		Sub Total-20 Bed CO	/ID-19 Hospital				10,490,000
MD Public Health Graduate/Nurse 4 40,000 6 6 6 6 6 6 6 6 6	MD	RRT						
Sub Total- RRT 4 40,000 6 2 Sub Total- RRT 4 40,000 6 4 Sub Total- RRT MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Sub Total- District Centers 1 40,000 6 4 Automorphism 1 30,000 6 6 6 P Total MGT-2 HR Asisstant 1 20,000 6 7 Automorphism 1 20,000 6 7	Sub Total- RRT 4 40,000 6 2 Sub Total- RRT A 40,000 6 4 40,000 6 4 Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 4 In Sub Total- District Centers Data Entry Officer 1 30,000 6 6 4 In Sub Total MGT-2 HR Assistant 1 30,000 6			MD	4	40,000	9	000'096
Sub Total- RRT 4 40,000 6 2 Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Sub Total- District Centers 1 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 4 Finance Assistant Cashier 1 30,000 6 6 6 HR Asistant 1 30,000 6 6 6 6 b Total MGT-2 HR Asistant 1 20,000 6 7 1	Sub Total- RRT AD/Nurse (female preferable) 4 40,000 6 2 Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 4 Interpretation of Entry Officer Interpretation of Entry Officer 1 30,000 6 6 Interpretation of Entry Officer Interpretation of Entry Officer Interpretation of Entry Officer 1 30,000 6 6 Interpretation of Entry Officer Interp			Public Health Graduate/Nurse	4	40,000	9	960,000
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Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 4 Data Entry Officer 1 30,000 6 5 Finance Assistant/ Cashier 1 30,000 6 5 HR Asisstant 1 30,000 6 6 HR Asisstant 1 20,000 6 6	Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 44 Supervisor Data Entry Officer 1 30,000 6 6 In Digistic Assistant Cashier 1 30,000 6 6 HR Asissant 1 30,000 6 6 HR Asisstant 1 20,000 6 7		Sub Total- RRT					2,880,000
Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 7 6 7 6 7 <td>Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 44 Data Entry Officer 1 30,000 6 6 4 In ance Assistant/ Cashier 1 30,000 6 6 4 HR Asissant 1 30,000 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7</td> <td>District Centers</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Sub Total- District Centers MD/Nurse (female preferable) 19 40,000 6 4 Sub Total- District Centers Supervisor 1 40,000 6 44 Data Entry Officer 1 30,000 6 6 4 In ance Assistant/ Cashier 1 30,000 6 6 4 HR Asissant 1 30,000 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7	District Centers						
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Supervisor 1 40,000 6 Data Entry Officer 1 30,000 6 Finance Assistant/ Cashier 1 30,000 6 Logistic Assistant 1 30,000 6 HR Asisstant 1 20,000 6 b Total MGT-2 1 20,000 6	Supervisor		Sub Total- District Cer	nters				4,560,000
Supervisor 1 40,000 6 Data Entry Officer 1 30,000 6 Finance Assistant/ Cashier 1 30,000 6 Logistic Assistant 1 30,000 6 HR Asisstant 1 20,000 6 Logistic Assistant 1 20,000 6 HR Asisstant 2 20,000 6 HR Asisstant 2 2 2 2 HR Asisstant 2 2 2	Supervisor	MGT-2						
Data Entry Officer 1 30,000 6	Data Entry Officer 1 30,000 6			Supervisor	1	40,000	9	240,000
Finance Assistant/ Cashier	Finance Assistant/ Cashier			Data Entry Officer	1	30,000	9	180,000
Logistic Assistant 1 30,000 6 HR Asisstant 1 20,000 6 b Total MGT-2 6 1 1	b Total MGT-2 Legistic Assistant HR Asisstant 2 2 1 30,000 6 1 1 20,000 6 1 1 1 1 1 1 1 1 1 1 1 1			Finance Assistant/ Cashier	1	30,000	9	180,000
b Total MGT-2 1 20,000 6 1 1 1 20,000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b Total MGT-2 De Total MGT-2 2 1 20,000 6 1 1 1 20,000 6 1 1 1 20,000 6	pistan 4		Logistic Assistant	1	30,000	9	180,000
lb Total MGT-2	1b Total MGT-2 2 2	68		HR Asisstant	1	20,000	9	120,000
	A Harris Contract of the Contr	Sub Total	MGT-2					1,860,000

MGT-1		_			
	Head of M&E 20%	1	39,000	9	234,000
	Head of Internal Audit 20%	1	37,500	9	225,000
	Operation Coordinator 20%	1	41,600	9	249,600
	Project Coordinator 25%	1	25,000	9	150,000
	Financial Officer (EMIS)	1	45,000	9	270,000
	IT/Inventory Officer	1	45,000	9	270,000
Sub Total MGT-1	IGT-1				1.398.600

22,148,600	Total Remmuniration costs
1,398,600	Sub Total MGT Remmuniration
9,300,000	Sub Total District Centers, RRTs, MGT-2 Remmuniration
11,450,000	Sub total 20 bed hospital, Key Staff, Remmuniration

FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES under Contract Amendment-2

ŝ	Ţ	Type of Reimbursable Expenses	Unit	t # of Activities	Unit Cost	Quantity	{Local Currency- as in FIN-2}
REIMBURSABLE COSTS	LE COSTS						
20 Bed COVII	20 Bed COVID-19 Hospital, operation costs	\$					
	Communication Cost						
	Top up cards		Per month	nth 1	3,500	9	21,000
	Internet fee		Per month	nth 1	10,000	9	000'09
	Sub Total						81.000
*1	Supplies						
	Medicine, Medical Supply, Lab Supplies	Supplies	Per month	nth 1	180,000	9	1,080,000
J	hlorine, washing powder, soup	Chlorine, washing powder, soups, toilet papers, etc (Cleaning Materials)	Per month	nth 1	36,000	9	216,000
-	Printing HMIS & MOPH forms		Per month		15,000	9	000'06
4 1	Sub Total						1.386.000
	Running Costs						
9	Generator fuel		Per month	nth 1	211,680	9	1,270,080
_	Winterization		Per month	nth 1	137,025	S	685,125
-	Fuel for incinerator		Per month	nth 1	9,750	9	58,500
	Gas for Sterilization	(55% (10) 550	Per month	nth 1	9,750	9	58,500
40	Gas for kitchen		Per month	nth 1	19,500	9	117,000
100	Kitchen Utilities (Disposal)	The state of the s	Per month	nth 1	30,000	9	180,000
14/	Septic well evacuation	the second of the second of the	Per month	nth 1	2,000	9	30,000
or Assistance and Development of the property		The state of the s	т				

Circles, bed Sheet, pillow, Metress Per month 1 55,000 6	Minor renovation	Per month	1	20,000	9	120,000
Per month 1 12,000 6	Miscellaneous	Ouce	1	200,000	1	200,000
Per month 1 10,000 6	Patient Food For 10 Bod	Per month	1	55,000	9	330,00
Per month 1 14,400 6	Pool 10 Dog	Per month	1	120,000	9	720,000
Per month 1 14,400 6	This fearer (Parity 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Per month	1	90,000	9	540,00
Per month 1 12,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 1 2,000 2 2,000 1 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2,000 2 2 2 2,000 2 2 2 2,000 2 2 2 2 2 2 2 2 2	Canada (Patient Cloths, bed sheet , pillow, Metress)	Per month	1	14,400	9	86,40
Per month 1 780,000 3 2	Staff Uniforms	Per month	1	12,000	1	12,000
Once 1 7800,000 1	Oxygen	Per month	1	780,000	m	2,340,00
Once	Sub Total					6.747
Once 1 7800,000 1	Equipment					
Once 1 750,000 1	Oxygen plant	Once	1	7.800.000	1	7 800
Per Item 19 2,500 1 1,386,000 1,386,00	Generator 80 kw	Once	-	750,000	1	750,
Per Item 1 1,385,000 1	Heater for Hospital	Per Item	19	2 500		05.7
Per Item 1 100,000 1	Micro Lab	Per Item	-	1 386 000	4 -	47,30
Per item 1 450,000 1	ECG	Per Item	-	100,000	٠, -	1,386,00
Per item 2 15,000 1	Ultrasound	Per Item	-	450.000		100,00
Per month 2 50,000 6	Tablet for data entry purposes	Per item	2	15,000	-	00,004
Per month 2 50,000 6	Sub Total		7	000,61	1	30,00
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APPENDIX E: The following is added to the appendix E of the original contract

(WORK PLAN):

TOTAL 9 04 S 4 'n S 0 Rationalize number and locations of RRTs as per project TOR, equip and functionalize them Establish and functionalize District centers at most relevant HF of each district Risk Communication (Public awareness and promote healthy behaviors) Orient stakeholders on revision in project implementation plan Inception phase Deliverables D-1 D-2 °Z 2 3

AADA Conversion of pure abovers.

W9

P.3 Early detection and surveillance of cases Resvive surveillance Report any suspected cases immediately REPORT Send specimen for lab confirmation through RRT/trained staff of isolation center Send specimen for lab confirmation through RRT/trained staff of isolation center Contract racing and home quantifiers GM Contract racing surveillance activately GM Contract property GM Maintain the COVID-19 Specific hespital GM Contract property GM Contract property GM Manage transmission of infection to other patients and staff Contract property GM	7	Disseminate contact number of RRTs, DCCC and provincial call center to allow people call and ask advice anytime they need	M 9
Pussive surveillance Residue de la Regional de	D-3		
Report any suspected cases immediately State developed cases immediately State developed cases in COVID-19 Dispital Contact tracing and home quarantine Conduct home visit of confirmed cases for investigation through RRT Conduct home visit of confirmed cases for investigation through RRT Conduct home visit of confirmed cases for investigation through RRT Conmunity surveillance according vases (if signs and symptoms available) Community surveillance network in coordination of PPHD /stakeholders. Community surveillance network in coordination of PPHD /stakeholders. Community surveillance network in coordination of PPHD /stakeholders. Provincial/District Center for Combating Corona virus, Provincial surveillance sub committees Provincial/District Center for Combating Corona virus, Provincial surveillance sub committees Provincial/District Center for Combating Corona virus, Provincial surveillance sub committees Adminish the District Centers as per new TOR Maintain the COVID-19 Specific hospital at provincial level Sulveil the COVID-19 Specific hospital at provincial level Sulveil the COVID-19 Specific hospital Shovide remuneration, risk benefit, lood cost and other benefits (approved guideline) Shovide remuneration, risk benefit, lood cost and other benefits and staff Shovide remuneration and control measures at the health facility level Showing standard precautions for all patients, and enhance administrative control Strengthening Reporting Showing standard precautions of infection to other patients and staff Showing standard precautions of infection to other patients and staff Showing standard precautions of infection to other patients and staff Showing standard precautions of infection to other patients and staff Showing standard precautions of infection to other patients and staff Showing standard precautions of infection to other patients and staff Showing standard patients and district centers		Passive surveillance	
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	and o	Sound's Hability of Public Hability	

Su	Submit Monthly Activity Progress Report	
Su	Submit Quarterly Financial Report	M9
J	hmit daily rangetime or the control of the control	Z C
,	cannot reporting as per the surveillance guideline of COVID-19.	
III	Implement online reporting system as per the MoPH requirement	Σ
Su	ibmit the End of Project Report (EDD) and the Control of the End of Project Report (EDD)	4M
D	Broads of the contract.	2
1	Trovide any other reports as needed to the MoPH.	IIV
Su	D-7 Supervision and monitoring	M9
Co	Induct supervisory visite from different	
0	Commercial Visits Holli dilletent component of project at HF and community level	
2	Conduct monitoring visit by Kabul Main office(at least once mer quarter)	IAI O
Tr	D-8 Trainings	3 M
Cas	1 Cascade Covid-19 trainings to staff as nar annual Leaders	
	start as per approved budget.	747



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

NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2

of the Ghazni Province under

Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project

AFG/MoPH/GCMU/COVID-19/09 amendment-2

Service Provider:

AADA

Date:

November 7, 2020

Time: Venue:

11:00 AM to 2:30 PM GCMU meeting room

Agenda:

Clarification of the technical issues and negotiation on financial proposal

Background:

The Ministry of Public Health (MoPH) of Afghanistan has signed the contracts with current BPHS/EPHS implementing partner under Afghanistan COVID-19 Emergency Response and Health Systems Preparedness (ERHSP) for 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, AADA was requested to submit a brief technical and detailed financial proposals for Ghazni province. After the review of the proposals, the AADA 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).

Negotiation on Technical points:

No	Discussed issues	Agreed Points
1	Authority of the Technical Manager (K-1 position): According to the nature of the project, the K-1 should be given sufficient managerial and financial authority (at least 100,000 AFN/invoice), under a well-defined internal control system.	Agree
2	The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly.	Agree
3	The SP agreed to revise the work plan and reflect the activities which have been missed in the submitted work plan. The SP agreed to implement the project work plan as per the agreed timeline.	Agree
4	The SP is responsible to maintain the required number of technical and supportive staff in the COVID-19 ward/hospital for functionalizing of 50% of the beds. Maintaining technical, supportive and administrative staff to be through a transparent process and in close coordination with PPHD	Agreed Based of BOR approved by

Ministry of Public Health Procurement Department This & Service Contracts

etsinshely.

	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	Agree
5	Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is four (4) and the location will be selected in the first week of contract commencement in close coordination with PPHD.	
6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out.	Agree
7	The SP is responsible to provide the oxygen as per the actual need.	
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: 19	Agree
9	The SPs agreed to cascade the trainings conducted by the World Health Organization (WHO). For this purpose the SP will provide a detailed training plan to GCMU/MoPH.	Agree
10	The number of beds remain the same as the original contract (the first six month), however, 50% number of beds shall be functionalized from the beginning of the amendment-2 (the second 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 based on BOR which approved by MoPH
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	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 sixmonth), 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	monitoring missions and provide the required documents	Agreed
15 I.	Cost for oxygen plant including 80 KW generator and addition fuel shall be used only for oxygen plant system not for other activities. Negotiation on financial matters:	Agreed

Negotiation on financial matters:

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

NAME OF THE PARTY	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total cost
(1) Remuneration	0	22,148,600	22,148,600
(2) Reimbursable	0	26,208,605	
(3) admin cost (5% of 1+2)	0	2,417,860	26,208,605 2,417,860
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)	0	50 775 065	
(5) Contingency Fund (5=10% of 4)	0	5,077,507/ 5	0 5,097,507
(6) Total Cost of the Financial Proposal (6=4+5):	0	1355,852,5725	55,852,572
{Should match the amount in Form FIN-1}	7012	الح المالك	15 1 15

Mintsity of Brazis Ministry of Public Health
Procurement Department
Procurement Service Contracts
Grants & Service Contracts 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 5 November 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.	Agreed
	In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed
	Negotiations on contract	

Negotiations on contract amendment-2 conditions: III.

- 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 financial proposal: Yes
 - o Revised Work Plan: Yes
 - o Detailed of training plan
 - o MoU (in case of association): N/A
 - o Confirm Power of Attorney/Authority to negotiate: Yes
 - o Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Dr. Mohammad Ismail Wassim	Capacity Building coordinator	CCC-EPR-COVID-	
4	Dr. Tawfiqullhakim Nazri	Surveillance National coordinator	7.0	
3	Samim Hameedi	Financial Specialist	DBD	
5	Dr. Ahmad Farid Fayez	Sr. Grant Management Specialist	GCMU	
6	Dr. Said Rauf Sayed	Performance Management Specialist	PMO	

For and on behalf of Service Provider (AADA):

No	Name	Designation	Organization	0:
1	Dr. Mohammad Najeb Baleegh	Program Director	AADA	Signature
2	Massodullah Siddigui			
	Massodanan Siddiqui	Finance Director	AADA	

