



ISLAMIC REPUBLIC OF AFGHANISTAN  
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/11  
Amendment-2

Lump-Sum  
CONTRACT FOR CONSULTANT'S SERVICES  
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

BRAC International Afghanistan

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, **BRAC** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on **November 3, 2020** as under:

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

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

11.1	The date on which this amendment shall come into effect is <b>November 3, 2020</b>												
14.1	<p>This clause replaces the earlier 14.1:</p> <p>The period of this contract amendment will be till <b>March 31, 2024</b>.</p> <p><b>Note 1:</b> 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.</p> <p><b>Note 2:</b> In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) would be modified (increased or decreased), subject to availability of fund and satisfactory performance of the consultant; in such case the work plan will also be revised accordingly.</p>												
38.1	<p>This clause replaces the earlier 38.1:</p> <p>The new contract ceiling amount for the 12 months is: <b>(AFN 89,924,281)</b> Eighty-nine million, nine hundred twenty-four thousand, two hundred eighty-one <b>Afghani only</b>;</p> <p><b>i.</b> Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is:</p> <table data-bbox="327 1265 1356 1366"> <tr> <td>a. COVID-19 contract price for the first 6-month:</td> <td>AFN 44,479,299</td> </tr> <tr> <td>b. COVID-19 contract price for the second 6-month under amendment-2:</td> <td>AFN 37,270,047</td> </tr> <tr> <td>c. COVID-19 contract price for 12-month (c=a+b):</td> <td>AFN 81,749,346</td> </tr> </table> <p><b>ii.</b> Contingency fund (10%) of contract price (bullet # i (b) mentioned above) is:</p> <table data-bbox="327 1411 1356 1512"> <tr> <td>d. Contingency fund for the first 6-month:</td> <td>AFN 4,447,930</td> </tr> <tr> <td>e. Contingency fund for the second 6-month-available for utilization under amendment-2:</td> <td>AFN 3,727,005</td> </tr> <tr> <td>f. Contingency fund for 12-month (f=d+e):</td> <td>AFN 8,174,935</td> </tr> </table> <p>The contingency fund to be reimbursed according to the item under (Para E Contingency fund) of the ToR incorporated in this contract amendment</p> <p><b>iii.</b> The new contract ceiling amount (iii=c+f) <b>AFN 89,924,281</b></p> <p>All above costs are fixed inclusive of local direct taxes and exclusive of local indirect taxes.</p> <p>Contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly, the work plan and ToR will be revised on semiannual or yearly basis.</p>	a. COVID-19 contract price for the first 6-month:	AFN 44,479,299	b. COVID-19 contract price for the second 6-month under amendment-2:	AFN 37,270,047	c. COVID-19 contract price for 12-month (c=a+b):	AFN 81,749,346	d. Contingency fund for the first 6-month:	AFN 4,447,930	e. Contingency fund for the second 6-month-available for utilization under amendment-2:	AFN 3,727,005	f. Contingency fund for 12-month (f=d+e):	AFN 8,174,935
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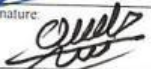
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Procurement Department  
Contract


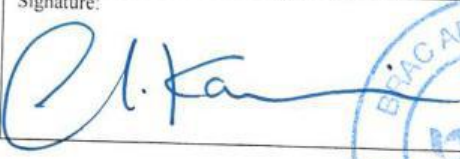


**41.2** The following table is added to the payment schedule of amendment-1:

# of installment	Due date for submission of progress activity report and invoices	Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)	Deliverables
1st installment	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 <sup>rd</sup> installment based on the TPM verification report.
2nd installment	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 <sup>rd</sup> installment based on the TPM verification report.
3rd (Final) Installment	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 <sup>st</sup> and 2 <sup>nd</sup> instalments will be adjusted in this instalment.

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

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

For and on behalf of <b>Ministry of Public Health</b> <b>Ahmad Jawad Osmani</b> <b>Acting Minister of Public Health</b> Signature: 	For and on behalf of <b>BRAC</b> <b>Mustafa Karim, Country Director,</b> <b>BRAC International Afghanistan</b> Signature: 
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دائرة معاملات و خدمات  
وزارت صحت  
Ministry of Public Health  
Procurement Department  
Goods & Service Contracts

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

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاريخ 3 ماه می 2020 فی مابین، از یک جانب، وزارت صحت عامه (از این به بعد به نام "مشتری" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، BRAC (که از این به بعد به نام "مشاور" یاد می شود) به امضا رسیده است، و بتاريخ 20 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 نومبر 2020 ذیلاً تعدیل (تعدیل شماره دوم) میگردد:

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

11.1	این تعدیل سر از تاریخ 3 نومبر 2020 قابل اعتبار میباشد								
14.1	این فقره جاگزین فقره قبلی 14.1 میباشد. مدت زمان این تعدیل قرارداد الی 31 مارچ 2024 میباشد. نوٹ-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 اجراءات قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد. نوٹ-2: بنا بر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجراءات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز بازنگری خواهد گردید.								
38.1	این فقره جاگزین فقره قبلی 38.1 میباشد. مقدار سقف جدید قرارداد برای 12 ماه مبلغ ( 89,924,281 افغانی) هشتاد نه میلیون، نه صد بیست چهار هزار، نوصد هشتاد یک افغانی است. <b>i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحنی کوید-19:</b> a. قیمت قرارداد کوید-19 برای شش ماه نخست: 44,479,299 افغانی b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره دوم: 37,270,047 افغانی c. قیمت قرارداد برای 12 ماه (c=a+b): 81,749,346 افغانی <b>ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد:</b> d. بودجه احتیاطی برای شش ماه نخست: 4,447,930 افغانی e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 3,727,005 افغانی f. بودجه احتیاطی برای 12 ماه (f=d+e): 8,174,935 افغانی این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد. <b>iii. قیمت جدید سقف قرارداد (iii=c+f) 89,924,281 افغانی است.</b> تمامی قیمت های فوق الذکر شامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیشد. قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.								
41.2	جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید: <table border="1"> <thead> <tr> <th>تعداد اقساط</th> <th>تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انوایس ها</th> <th>مقدار و فیصدی قیمت قرارداد (درقسمت i) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)</th> <th>راپور ها و اسناد قابل تسلیم دهی (Deliverable)</th> </tr> </thead> <tbody> <tr> <td>قسط اول</td> <td>21 جدی 1399 ) 10 جنوری 2021</td> <td>40% قیمت تعدیل شماره دوم قرارداد (درقسمت i(b) شرایط خاص</td> <td>1- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه ماه های نومبر و دسیمبر 2020</td> </tr> </tbody> </table>	تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انوایس ها	مقدار و فیصدی قیمت قرارداد (درقسمت i) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	راپور ها و اسناد قابل تسلیم دهی (Deliverable)	قسط اول	21 جدی 1399 ) 10 جنوری 2021	40% قیمت تعدیل شماره دوم قرارداد (درقسمت i(b) شرایط خاص	1- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه ماه های نومبر و دسیمبر 2020
تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انوایس ها	مقدار و فیصدی قیمت قرارداد (درقسمت i) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	راپور ها و اسناد قابل تسلیم دهی (Deliverable)						
قسط اول	21 جدی 1399 ) 10 جنوری 2021	40% قیمت تعدیل شماره دوم قرارداد (درقسمت i(b) شرایط خاص	1- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه ماه های نومبر و دسیمبر 2020						

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Management Department  
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Management Unit

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	2- این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.	قرارداد تحت شماره 38.1 تذکر رفته است)		
قسط دوم	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% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	21 حمل 1400 ) 10 اپریل 2021	
قسط سوم	1- به تعقیب تسلیم دهی راپور فعالیت ماهانه ماه اپریل 2021 و راپور ختم پروژه (شش ماه دوم) که توسط وزارت صحت عامه مورد قبول قرار گیرد. 2- این قسط به تعقیب تاییدی جناح ثالث صورت میگردد. 3- این قسط بعد از تاییدی توسط جناح ثالث، مصارف که در قسط اول و دوم زیاد پرداخته شده باشد (در صورت موجودیت) درین قسط تسویه میگردد.	30% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	سرطان 1400 (جولای 2021)	

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

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

از جانب مشاور یا BRAC	از جانب وزارت صحت عامه
مصطفی کریم ریس موسسه BRAC International Afghanistan	احمد جواد عثمانی سرپرست وزارت صحت عامه
امضا	امضا

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موسسه بین المللی BRAC  
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Grants & Service Contracts



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

### TERMS OF REFERENCE

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

#### A. Background

A cluster of pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on December 31, 2019. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in some affected geographic areas. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.

WHO announced COVID-19 outbreak a pandemic on March 11, 2020. As of today, Oct 17, 2020, around 40 million people have been infected in 213 countries and more than 1 million have died of the coronavirus and more than 29 million people have recovered.

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

In response to this outbreak the MoPH has started some measures nationwide including establishing the Center for Combating Covid-19 in central level, headed by the Minister of Public Health. Also established committees at the central level on health services, planning, capacity building and support areas.

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

#### OVERALL OBJECTIVES:

The overall objectives of the project are to protect our citizens from the spread of COVID-19; to respond and mitigate the threat posed by COVID-19 in Afghanistan and to strengthen national health systems preparedness and capacity to respond to public health emergencies. One of the aims of this project is to avoid disruption of BPHS/EPHS service delivery under Sehatmandi project.

#### The specific objectives of this project are:

1. To increase public awareness and promote healthy behaviors in regard to COVID-19
2. To conduct community surveillance and early detection of COVID-19 suspected cases
3. To manage and isolate cases of COVID-19 suspected and confirmed cases
4. To regularly supply oxygen, medicines, and other materials



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

**B. Table-1, INDICATORS and TARGETS FOR SP:**

No	Indicators	Baseline	End Targets	Means of Verification	Timeline	Remarks
1	Percentage of samples transferred to Lab facilities from all suspected cases	0%	100%	Progress reports	Monthly	As per MoPH updated protocol
2	Percentage of identified contacts who are successfully traced	0%	70%	Progress reports	Monthly	
3	Percentage of active beds for management of COVID-19 severe cases	80%	80%	Progress reports	Monthly	
4	Percentage of active beds for management of COVID-19 critical cases	20 %	20 %	Progress reports	Monthly	
5	Number of technical staff (Health workers) recruited for COVID-19 project	Current	XX	Progress reports	Monthly	Disaggregated by profession and gender
6	Availability of equipment (both medical and non-medical) as per the specified guideline for managing of COVID-19	0	100%	Progress reports	Monthly	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	0	XX	Progress reports	Monthly	Disaggregated by profession and gender
8	Percentage of HFs complying with IPC protocols		100%	Progress reports	Monthly	Verified by TPM
9	Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by TPM)		50%	Progress reports	Monthly	Verified by TPM

**C. SCOPE OF SERVICES:**

Although the scope of the overall project is nationwide, this contract will cover the entire population of the **Helmand** 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:**

- i. **Passive surveillance:** All health facilities are responsible to report immediately any suspected cases that match with the case definition of COVID-19 to related RRTs.





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



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)
Helmand	Lashkargah	20	5	14

#### D. Contingency fund:

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

This allocated contingency fund will be released based on the Service Provider request/proposal and MoPH/GCMU prior approval as per the need during the contract execution. Based on COVID-19 spreading in the province, the Service Provider needs to prepare a specific work plan including indicators to be tracked during implementation/utilization of the contingency funds.

#### E. LOCATION AND DURATION OF SERVICES

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

  
 Ministry of Health  
 Provincial Health Directorate  
 Helmand Province



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

For the remaining period of the contract, the work plan and its related cost shall be agreed by both parties during the implementation of the second six months of the project, subject to availability of fund and satisfactory performance of the service provider.

**F. COMPLIANCE WITH TECHNICAL GUIDELINES**

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

**G. QUALIFICATIONS OF KEY PROFESSIONAL STAFF:**

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

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

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

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

The Client (MoPH) will provide the Service Provider with the following inputs: (i) relevant available information about COVID-19. (ii) all MoPH health facilities in the provinces; (iii) copies of standard reporting and recording forms; (iv) access to MoPH training courses; (v) technical assistance when needed, including opportunities to discuss results with the MoPH relevant departments; (vi) where appropriate, coordinate visits to intervention areas of other Service Provider doing similar work in the country and (vii) The funds to cover all the services defined in the ToR. (viii) A copy of the necessary documents regarding policies, strategies and other required information will be provided to the Service Provider.

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

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

1. Monitoring and supervision of the project.
2. To review the technical report of the Service Provider and provide required feedback.

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

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

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

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

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

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

1. The SP is responsible to transport specimen from district and province to nearest reference laboratory
2. The Service Provider will have sole discretion in the procurement of drugs, supplies, equipment, and other resources needed to meet contractual obligations except for items being supplied by UN Agencies.
3. The Service Provider will enjoy sole discretion in the recruitment, posting, disciplining, and termination of staff paid for under this contract
4. Ensure transparency and accountability by sharing the project plan and the progress made with stakeholder at different levels.
5. Cooperate with any monitoring and evaluation processes authorized by the MoPH/ GCMU/PMO and Third-Party Monitor.
6. Resolve any deficiencies that are reasonably pointed out by the MoPH/GCMU/PMO
7. Cascade all trainings conducted by WHO/UNICEF to relevant staff of COVID-19
8. The Service Provider will technically support and actively participate in related provincial sub-committees

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 & Service Contract




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

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

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

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



**APPENDIX C:** The following is amended to the appendix C of the original contract (Key Experts):  
 Due to promotion of the original K-2 staff (Mr. Abdul Ali) as key position in the Helmand BPHS contract under Sehatmandi project which is approved by MoPH, the K-2 position is replaced (Mr. Hizbullah). The CV of the new K-2 position (Mr. Hizbullah) is reviewed and accepted.

**CURRICULUM VITAE (CV)**

<b>Position Title and No.</b>	K-2, Financial Officer
<b>Name of Expert:</b>	Mr. Hizbullah
<b>Date of Birth:</b>	1996
<b>Country of Citizenship/Residence</b>	Afghanistan

**Education:**

No	Date	Institution	Degree
1	2018	American University of Afghanistan	ACCA
2	2013-2015	Peshawar model degree college	Pre-engineering
2	2000-2012	Hijra Science School	baccalaureate

**Training and workshop:**

Date	Firm	Training	Date	Firm	Training
2019	AUAF	QUICK BOOK	2019	AUAF	QUICK BOOK
2020	BRAC	SBI CLOUD(ERP)	2020	BRAC	Financial management

**Employment record relevant to the assignment:**

Period	Employing organization and your title/position. Contact information for references	Country	Summary of activities performed relevant to the Assignment
1 Sept 2020 – Present	<b>BRAC Afghanistan,</b> Finance officer for Covid 19 project Helmand <b>Ref:</b> Md.Shohiduzzaman, Head of Account. <b>Phone:</b> +93700280175 <b>Email:</b> Shohiduzzaman.m@brac.net	Afghanistan	1) Participated with the management team in the financial planning, managing, controlling, and reporting; 2)Overseen the budget implementation, and monitor the expenditure against the budget, accurate recording of invoices and completing required documents; 3) Managed for capacity building of finance unit staff; 4)Prepared weekly and monthly financial statements and quarterly report for Donor; 5) Book keeping of all transaction in hard and soft financial system; 6)Maintained appropriate control over the cashbook advances against expenses and reconciliation of bank statements;7) Participated in the annual financial closing of the organization as required by financial law and regulation of patient files
1 Feb 2016 to 30 April 2017	Zeer Group Admin/Finance manager Reference: Matee ullah zaland E-mail: matee.afghan@gmail.com Phone:0729104700	Afghanistan	1.Assisting the in the budget preparation and the management activities 2)developing the financial policies to ensure operational 3)efficiency ensure cash control as well as book keeping up to date 4)ensure all expenses which in assigned project budget 5)ensure financial transaction and properly updated and recorded 6)manage the preparation of income statements expenses and report 7)identifying and resolving issues and accounting discrepancies and other related financial issues 8)reviewing all financial paperwork and procedure top make appropriate changes.

Handwritten signature and stamp of the Ministry of Public Health, Kabul, Afghanistan.



01.07.2017 30.01.2018	10	Hamid Shoaib Armored Leasing company Finance manager Reference: Rohullah Naseri E-mail: rohullahamin.naseri@gmail.com Phone:0782125499	1.Assisting in the preparation of the budget 2)managing record and receipts 3)reconciling daily monthly and yearly transactions 4)preparing balance sheets 5)processing invoice 6)developing an in-depth knowledge of organization product and process 7)providing customer service to clients 8)resolving the financial dispute
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**Language Skills (indicate only languages in which you can work):** Dari, Pashto, and English

**Adequacy for the Assignment:**

Detailed Tasks Assigned on Consultant's Team of Experts:	Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks.
<p>Leading, coaching, and mentoring the operational team of project. Ensuing the human resource, financial resource, and procurement policy and procedures of organization is properly followed in relevant project activities. Managing and tracking Income tax issues of project staff, Managing monthly staffs' payment payrolls sheets, Ensuring all financial issues is according to SCI Financial Policy, Chart of Accounts, Project Link Tables, and agreed MoPH financial regulations specified in the contract. Assisting the Project Manager in preparation of Quarterly Treasury Forecast for projects, Quarterly Expenditures and send it to Headquarter Finance Department for Approval. Ensuring all expenditures is based on Approved Treasury Forecast complying with the project Budget. Maintaining of accounting books, records of transactions in the cash book, and supportive documents for budgetary transactions.</p>	<p><b>1.Name of assignment:</b> or project: Covid 19 project <b>Duration:</b> 01 Sept 2020-Present <b>Positions held:</b> Finance officer, <b>Client:</b> MoPH <b>Activities performed:</b> Prepared of financial statement and reports and submitted to Donor. <b>2. Name of assignment or project:</b> Zeer Group; <b>Duration:</b> Feb 2016-April 2017 <b>Positions held:</b> Sr. Admin/Finance Manager, <b>Client:</b> Zeer Group <b>Activities performed:</b> Kept updated financial records with project policy and Organization Policy and keeping updated filling system soft and hard and analysis budget and budget variances, prepared of financial statement and reports.</p>

**Experts contact information : e-mail :** hizbullahalakozai@gmail.com

**Phone :** +93 730852412

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



Mr.Hizbullah

01.11. 2020

Name of Expert:

Signature

Date:

Mustafa Karim



01.11. 2020

Name of authorized representative

Signature

Date




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

**FORM FIN-2: SUMMARY OF COSTS FOR HELMAND PROVINCE**

Items	Cost in AFN
(1) Remuneration	18,768,548
(2) Reimbursable	16,726,735
(3) Admin cost (5% of 1+2)	1,774,764
(4) Total of Remuneration and Reimbursable and Admin Cost (4=1+2+3)	37,270,047
(5) Contingency fund provision(5=10% of 4)	3,727,005
<b>(6) Total Cost of the Financial Proposal:(6=4+5)</b>	<b>40,997,052</b>

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Ministry of Health, Health  
Procurement Department  
Goods & Service Contracts  
Management Unit





**FORM FIN-3: BREAKDOWN OF REMUNERATION**

S.N	Name	Position	# of Staff	Person Month Remuneration Rate	Time Input Person/Month	Total Amount (AFN)
<b>Provincial Office</b>						
K-1	To be Deployed	Technical Manager	1	104,000	6	624,000
K-2	To be Deployed	Financial Officer	1	85,000	6	510,000
<b>Provincial Centre/Hospital 20 Beds (Isolation Wards)</b>						
N-1	To be Deployed	Hospital Director	1	100,000	6	600,000
N-2	To be Deployed	Medical Director	1	80,000	6	480,000
N-3	To be Deployed	Medical Specialist	1	90,000	6	540,000
N-4-7	To be Deployed	MD	4	70,000	6	1,680,000
N-8	To be Deployed	Head Nurse	1	50,000	6	300,000
N-9-12	To be Deployed	ICU Nurse	4	50,000	6	1,200,000
N-13-18	To be Deployed	Ward Nurse	6	50,000	6	1,800,000
N-19-20	To be Deployed	Lab. Tech	2	40,000	6	480,000
N-21	To be Deployed	M. Record officer	1	40,000	6	240,000
N-22-23	To be Deployed	Procurement Officer / Stock Keeper	2	40,000	6	480,000
N-24	To be Deployed	HR/Admin	1	40,000	6	240,000
N-25	To be Deployed	Electrician/mechanic	1	40,000	6	240,000
N-26-27	To be Deployed	Cleaner	2	25,000	6	300,000
N-28	To be Deployed	Laundry	1	25,000	6	150,000
N-29	To be Deployed	Washer	1	25,000	6	150,000
N-30	To be Deployed	Cook	1	25,000	6	150,000
N-31-32	To be Deployed	Guard	2	25,000	6	300,000
N-33-45	To be Deployed	Nurse of District Centre	13	40,000	6	3,120,000
<b>Rapid Response Team (5 Teams)</b>						
N-46-50	To be Deployed	MD	5	40,000	6	1,200,000
N-51-55	To be Deployed	Nurse/Public health Graduate	5	40,000	6	1,200,000
N-56-60	To be Deployed	lab technician	5	40,000	6	1,200,000
XXX	Allowance for Visits(10 MDs & Nurses x 2 visits/dayx20x AFN 200)		10	8,000	6	480,000
<b>Country Office</b>						
N-61	Mr. Mustafa Karim	Country Director (7%)	1	64,433	6	386,599
N-62	Mr. Mamun Sarder	Project Accountant (10%)	1	20,658	6	123,949
N-63	To be Deployed	Project focal point	1	64,000	6	384,000
N-64	To be Deployed	HMIS and M& E Officer	1	35,000	6	210,000
<b>Total cost</b>						<b>18,768,548</b>

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**FORM FIN-4: BREEAKDOWN OF REIMBURSABLE EXPENSES**

Description		Unit	Unit cost	Quantity	Total Amount (AFN)
1.0 Provincial Office					
1.1.1	Monitoring mission from Main office (Air ticket, accommodation and etc...)	Per trip	14,000	6	84,000
1.1.2	Joint monitoring visits	Per visits	5,000	6	30,000
1.1.3	Stationary and HMIS tools	Per month	10000	6	60000
1.1.4	General expenses (Bank charges etc.)	Per month	4,000	6	24,000
1.1.5	Maintenance	Per month	5,000	6	30,000
1.1.6	Travel costs	Per month	3,000	6	18,000
1.1.7	Mobile Top up card	Per month	1,000	12	12,000
1.1.8	Top up card for internet	Per month	1,000	12	12,000
Provincial Centre/Hospital 20 Beds (Isolation Wards)					
1.1.9	Medicine and Medical Supplies	Per month	300,000	6	1,800,000
1.1.10	Repair and maintenance of medical equipment	Per month	4,000	6	24,000
1.1.11	Linen/patients cloths/bed sheets and other supplies	Per month	20,000	6	120,000
1.1.12	Bukhary with Cylinder for Winter Heating	Per Bukhary	9,000	10	90,000
1.1.13	Winter Heating	Per month	100,000	4	400,000
1.1.14	Food for admitted Patients	Per month	90000	6	540,000
1.1.15	Cleaning material	Per month	20,000	6	120,000
1.1.16	Stationeries and office supplies	Per month	15,000	6	90,000
1.1.17	Communication(Top up cards ,internet access)	Per month	15,000	6	90,000
1.1.18	Utilities (gas for Cooking, Fuel for incinerator etc.)	Per month	15,000	6	90,000
1.1.19	Uniforms	Per staff	1,500	100	150,000
1.1.20	Electricity/water	Per month	40,000	6	240,000
1.1.21	Fuel for generator	Per month	86,400	6	518,400
1.1.22	Oxygen to COVID-19 hospital for mild and severe patient	Per month	100,000	6	600,000
1.1.23	Infrared Thermameter(Thermal Gun for COVID-19 Fever test)	Per Unit	7,500	18	135,000
1.1.24	Cleaning septic tank+ municipality wastes charges	Per month	10,000	6	60,000
1.1.25	Rent a car for the supervision and monitoring of DIC, RRT and other official activities	Per month	50,000	6	300,000



1.1.2 6	Ambulance on rent for the patient	Per month	50,000	6	300,000
1.1.27	Building Maintenance & renovation	Per month	150,000	1	150,000
1.1.28	House rent (Staff House)	Per month	10,000	6	60,000
1.1.29	IPC materials and supplies(respiratory hygiene etc)	Per month	50,000	6	300,000
1.1.30	Waste management	Per month	10,000	6	60,000
1.1.31	Environmental cleaning	Per month	5,000	6	30,000
1.1.32	Sterilization of patients care equipment	Per month	10,000	6	60,000
1.1.33	Management of dead bodies	Per month	60,000	6	360,000
1.1.34	Death Benefit	Lump sum	400,000	6	2,400,000
1.1.35	Safety and Security	Lump sum	100,000	1	100,000
1.1.36	Laboratory Regents	Per month	102,660	1	102,660
1.1.37	X-Ray Requirement	2 time	364,000	1	364,000
1.1.3 8	Medical Equipment and Laboratory Equipment	1 time	1,247,675	1	1,247,675
1.1.3 9	Taking samples and transfer it to the nearest reference lab facility(Helmand to Kandahar)	Daily	2,000	60	120,000
1.1.4 0	Food Allowance (48x1 x30 x AFN 200) for staff	48	6,000	6	1,728,000
Rapid Response Team (5 Teams)					-
1.1.41	Vehicle on rent for RRT	Per month	50,000	30	1,500,000
1.1.42	Districts center Space (small renovation)	Per month	10,000	13	130,000
	Furniture & Fixtures				-
1.1.43	ipad Tablet	Per Tablet	15,000	23	345,000
1.1.44	Furniture & Fixtures	Lump sum	100,000	1	100,000
1.1.45	X-Ray 300 MA Machine	Number	1,000,000	1	1,000,000
	Trainings				-
1.1.4 6	Training/Refresher for Hospital Staff on COVID-19 (5 Days 40 Participant)	Per participant	5,300	40	212,000
1.1.4 7	Training/Refresher for infection prevention on COVID-19 (3 Days 60 Participant)	Per participant	5,300	40	212,000
2.00 Country Office					-
2.1.1	Stationary and other necessary supplies (Partial)	Per month	10,000	6	60,000
2.1.2	General exp and Maintenance costs (Partial)	Per month	7,000	6	42,000
2.1.3	Top up cards	Per month	2,000	18	36,000
2.1.4	Internet access	Per month	7,000	6	42,000
2.1.5	Winter Heating	Per month	7,000	4	28,000
<b>Total cost</b>					<b>16,726,735</b>





3	Oxygen Mask disposable	200	60	12,000
4	Filters for circuit of Ventilators	6	200	1,200
5	Nebulizer Mask (different Size)	50	60	3,000
6	Oxygen Nasal Cannula (different Size)	50	50	2,500
7	Suction Catheter (different Size)	50	12	600
8	Syringe 60 ml with needle	50	30	1,500
9	Syringe 50 ml with needle	50	30	1,500
10	Syringe 20 ml with needle	50	6	300
11	Safety box	200	45	9,000
12	ECG Paper, 111mm width	10	120	1,200
13	Leucoplast (large), 7.5cmx5m	400	35	14,000
14	Povidone -Iodine 7.5% (Sol), 450 ml	10	100	1,000
15	Gas Pad 10X10 cm X 8 layer/pack	10	110	1,100
16	Alcohol Pad, 200/ Box	2	85	170
17	Disposable Cap, 100/ Pack	10	250	2,500
18	Airway Guider different size	9	35	315
19	Endo tracheal tube without cuff	10	45	450
20	NG tube different size	100	12	1,200
21	ECG 50 pad/pack	12	400	4,800
22	Center line catheter different size	20	2,000	40,000
23	Tracheostomy kit	10	250	2,500
24	Battery for laryngoscope middle size	12	35	420
25	ECG gel 4000cc	2	500	1,000
26	lidocaine gel	10	22	220
27	Pulse oximeter	6	2,000	12,000
28	Patient Monitor with etCo2	2	60,000	120,000
29	CMS system for Patient Monitor	3	2,500	7,500
30	Ventilator Machine face mask	15	5,500	82,500
31	Infusion pump	2	45,000	90,000
32	Defibrillator Machine	1	300,000	300,000
33	Suction machine	1	15,000	15,000
34	PH meter portable small	1	1,200	1,200
35	Oxygen Regulator	10	1,300	13,000
36	Spirometer	2	1,000	2,000
37	Emergency trolley (Turkey)	2	50,000	100,000
38	Laryngoscope (Adult & Peds. Size)	1	1,800	1,800
39	Bronchoscope	1	100,000	100,000
40	Sphygmomanometer (Aneroid/Boshes) For Adult	10	1,600	16,000
41	Stethoscope	10	400	4,000
42	Wheel Chair	2	6,000	12,000
43	Maglite Forceps, different size	2	1,000	2,000
44	Tromel medium Size	1	1,000	1,000
45	Tromel Large Size	1	1,300	1,300
46	Tray medium size	1	1,000	1,000
47	Styilet Adult and Peds. Size	2	1,000	2,000
48	Sponge Forceps	2	200	400
49	ABG machine + Electrolyte examining machines	1	250,000	250,000
50	Water bath for micro lab machine	1	7,000	7,000
<b>Total Cost</b>				<b>1,247,675</b>

#	Item	Required quantity	Unit Price	Total Price
1	X-Ray 300 MA Machine	1,000,000	1	1,000,000



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

**WORK SCHEDULE AND PLANNING FOR DELIVERABLES  
FOR THE 2<sup>ND</sup> SIX-MONTH**

N°	Deliverables	Months						TOTAL
		1	2	3	4	5	6	
1	Amendment in current MoU and sign the MoPH/PPHD	x						
2	Coordinating, organizing and conducting the mapping exercise to establish the district centers, involving key stakeholders and community members/influencers	x	x					
3	Establishment of 5 RRT in 5 clusters with the close coordination of PPHD and other stakeholders	x	x					
4	Recruitment of central level Project Focal point and HMIS officer	x	x					
5	Logistical arrangements for establishment of Provincial center	x						
6	Regular supplies Medical supplies and medicine to the provincial COVID 19 hospital, RRTs and district centers	x	x	x	x	x	x	
7	Prepare comprehensive training plan for staff							
8	Organizing training sessions to the provincial center staff as well as RRT and district centers staff	x	x					
9	Maintaining regular communication and coordination with provincial and central level stakeholders	x	x	x	x	x	x	
10	Preparing Monitoring and Supervision Plans and conducting regular sole and Joint Monitoring and Supervision visits from district centers with provincial MoPH team	x	x	x	x	x	x	
11	Conduction of regular M&E and supervision visits from project site.	x	x	x	x	x	x	
12	Provision of infection prevention services both on the COVID 19 and district centers hospital level	x	x	x	x	x	x	
13	Initiation of treatment services to Covid19 cases in the provincial center as per demand	x	x	x	x	x	x	
14	Awareness raising and risk and behavior change communication services by RRTs to the community	x	x	x	x	x	x	
15	Active case finding , screening and surveillance by RRTs in all the 5 cluster and 13 district center	x	x	x	x	x	x	
16	Referral of suspected cases to the provincial centers by RRTs	x	x	x	x	x	x	
17	Provision of contact numbers of the RRTs for consultation and contact in case of Covid cases	x	x	x	x	x	x	
18	Involvement of CHWs and the BPHS staff in the awareness raising and risk communication activities.	x	x	x	x	x	x	
19	Provision of contact tracing and follow up services of the suspect and contact at home and isolation center level	x	x	x	x	x	x	
20	Provision of comprehensive range of services to the Covid19 cases in the provincial center as per MoPH guideline		x	x	x	x	x	
21	Provision of timely project progress reports including Monthly/Quarterly technical and Financial ,along with the required supporting documents highlighted in TOR	x	x	x	x	x	x	
22	Preparation assets and equipment's inventory list for the project assets	x	x	x	x	x	x	
23	Submission of End of project report technical and financial covering whole period of project (30 after completion of the project)						x	
24	Provision of list and handover of assets and equipment's to MoPH						x	

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**APPENDIX F:** The following is added to the appendix F of the original contract.

**NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2, Helmand Province under  
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project  
AFG/MoPH/GCMU/COVID-19/ 11- amendment-2**

Service Provider: BRAC  
Date: November 10, 2020  
Time: 09:30 am  
Venue: GCMU office

**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-month 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, BRAC was requested to submit a brief technical and detailed financial proposals for Helmand province. After the review of the proposals, the BRAC 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 (the confirmation letter signed by each key staff).

**I. Negotiations 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. Due to promotion of the original K-2 staff as key position in the Helmand BPHS contract under Sehatmandi project which is approved by MoPH, the K-2 position is replaced. The CV of the new K-2 position is reviewed and accepted.	Agreed
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
5	The SP agreed to adjust the number of Rapid Response Team (RRT) as per the ToR from the effective date of contract amendment-2. Each RRT should be equipped with one vehicle (rental). Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is five (5) and the location will be selected in the first week of contract commencement in close coordination with PPHD.	Agreed



6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out.	Agreed
7	The SP is responsible to provide the oxygen as per the actual need.	Agreed
8	The SP agreed to establish/functionalize the District Centre (DC) in each district for combating COVID-19 as per the ToR. The Lashkargah district will be covered by COVID-19 hospital. Number of DC are: thirteen (13)	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. Negotiations on financial matters:

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

Cost Item	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total cost
(1) Remuneration	0	18,768,548	18,768,548
(2) Reimbursable	0	16,726,735	16,726,735
(3) Admin cost (5% of 1+2)	0	1,774,764	1,774,764
(4) Total of Remuneration and Reimbursable and Admin cost (4=1+2+3)	0	37,270,047	37,270,047
(5) Contingency Fund (5=10% of 4)	0	3,727,005	3,727,005
(6) Total Cost of the Financial Proposal (6=4+5):	0	40,997,052	40,997,052





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

No	Discussed issues	Agreed points
1	The SP agreed to spend the allocated amount for the implementation of COVID-19 project only.	Agreed
2	The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes.	Agreed
3	The SP agreed to spend the allocated amount of this contract amendment-2 after effectiveness date (November 3, 2020).	Agreed
4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اكراميه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed

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

- **Contract amendment-2 duration:** The time period for amendment-2 shall be 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
- Revised Work Plan: Yes
- Detailed Training plan: Yes
- Confirm Power of Attorney/Authority to negotiate: Yes
- Confirm availability of proposed key staff (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	Sahibullah Alam	Sr. Grant Management Specialist	GCMU-MoPH	
2	Dr. Farid Ahmad Sharifi	Sr. Grant Management Specialist	GCMU-MoPH	
3	Dr. Hedayatullah Sahak	Sr. Performance Management Specialist	PMO-MoPH	
4	Idris Hashemi	Finance Specialist	DBD-MoPH	
5	Dr. Afzal Khosti	NSDR Coordinator	EHIS/MoPH	
6	Hassan Mashaal	COVID-19 Focal Point	COVID-19 Directorate/MoPH	

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

No	Name	Designation	Organization	Signature
1	Dr. Sadullah Amin	Programme Manager Health	BRAC	
2	Dr. Aziz. ur. Rahman	Project Manager	BRAC	
3	Mh. Amun Sardar	Country Accountant	BRAC	

*(Handwritten signature and stamp)*

*(Official blue circular stamp and handwritten signature)*