



**ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH**

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

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

**Contract No: AFG/MoPH/GCMU/COVID-19/12
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 **03/05/2020**, 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 03, 2020** as under:

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

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

11.1	The date on which this amendment shall come into effect is November 05, 2020												
14.1	<p>This clause replaces the earlier 14.1:</p> <p>The period of this contract amendment will be till March 31, 2024.</p> <p>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.</p> <p>Note 2: In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) would be modified (increased or decreased), subject to availability of fund and satisfactory performance of the consultant; in such case the work plan will also be revised accordingly.</p>												
38.1	<p>This clause replaces the earlier 38.1:</p> <p>The new contract ceiling amount for the 12 months is: (AFN 260,953,319) Two hundred sixty million, Nine hundred fifty-three thousand, Three hundred nineteen Afghani only;</p> <p>i. Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is:</p> <table data-bbox="236 1299 1380 1400"> <tr> <td>a. COVID-19 contract price for the first 6-month:</td> <td style="text-align: right;">AFN 115,497,700</td> </tr> <tr> <td>b. COVID-19 contract price for the second 6-month under amendment-2:</td> <td style="text-align: right;">AFN 121,732,590</td> </tr> <tr> <td>c. COVID-19 contract price for 12-month (c=a+b):</td> <td style="text-align: right;">AFN 237,230,290</td> </tr> </table> <p>ii. Contingency fund (10%) of contract price is:</p> <table data-bbox="236 1444 1380 1556"> <tr> <td>d. Contingency fund for the first 6-month:</td> <td style="text-align: right;">AFN 11,549,770</td> </tr> <tr> <td>e. Contingency fund for the second 6-month-available for utilization under amendment-2:</td> <td style="text-align: right;">AFN 12,173,259</td> </tr> <tr> <td>f. Contingency fund for 12-month (f=d+e):</td> <td style="text-align: right;">AFN 23,723,029</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>iii. The new contract ceiling amount (iii=c+f) AFN 260,953,319</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 115,497,700	b. COVID-19 contract price for the second 6-month under amendment-2:	AFN 121,732,590	c. COVID-19 contract price for 12-month (c=a+b):	AFN 237,230,290	d. Contingency fund for the first 6-month:	AFN 11,549,770	e. Contingency fund for the second 6-month-available for utilization under amendment-2:	AFN 12,173,259	f. Contingency fund for 12-month (f=d+e):	AFN 23,723,029
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f. Contingency fund for 12-month (f=d+e):	AFN 23,723,029												
41.2	The following table is added to the payment schedule of amended-1:												

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Ministry of Public Health

Procurement Department

Grants & Service Controls

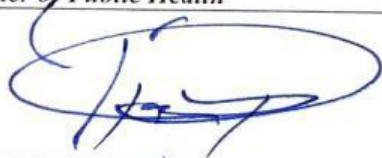

Management Unit (SU)



# 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 rd 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 rd 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 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.Mohammadullah Amarkhail	Sr. Grant Management Specialist, GCMU/MoPH	
Checked by	Dr. Niaz Mohammad Naeb	Acting Head of GCMU/MoPH	
Attested by	Mr. Adillyar Shekib,	Procurement Director of MoPH	
Reviewed by	Mr. Hamed Hameedi	Sr. Procurement and Finance Advisor to the Minister	

For and on behalf of <i>Ministry of Public Health</i>	For and on behalf of <i>Agency for Assistance and Development of Afghanistan</i>
<i>Ahmad Jawad Osmani</i> <i>Acting Minister of Public Health</i>	<i>Dr. Yasamin Yousofzai</i> <i>General Director, AADA</i>
	



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.

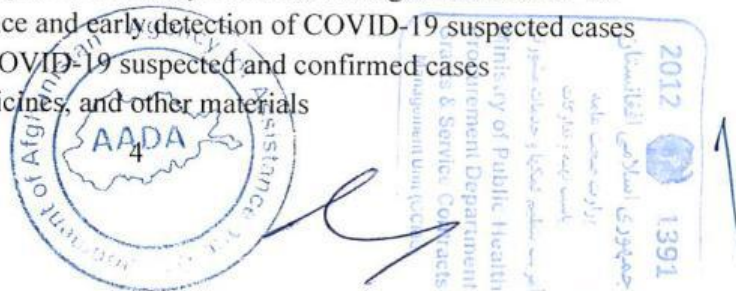
Considering the possibility of second wave of COVID-19 particularly in upcoming winter, the Ministry of Public Health planned to continue the NGOs contract under Afghanistan COVID-19 Emergency Response and Health System Preparedness project supporting by the World Bank.

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



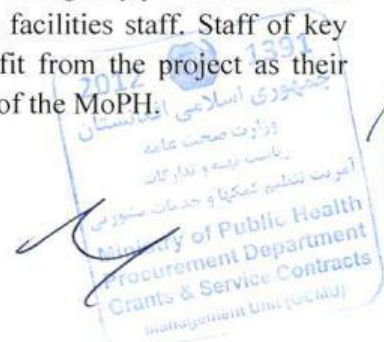
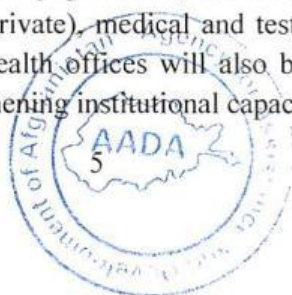
5. To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders...etc.
6. To ensure infection prevention and control measures at the health facilities and community level

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



The service provider will be involved in the national, provincial and district level mechanisms to combat the epidemic and support the structure and functions described by the MoPH at all these levels. The SPs are required to ensure proper staffing, training, and efficient logistics to functionalize the provincial and district level centers for combating corona virus epidemic.

- i. At Provincial Level: There is a provincial Center for Combating Corona virus, headed by the Provincial governor and/or Provincial Health director. The center will have four main functions a) health services, b) surveillance c) monitoring and risk communication; d) logistic/ finance support. The Service provider needs to be engaged actively in all four functions and work closely with the provincial center.
- ii. At District Level: At each district level, there should be one District Center (DC). District Hospital (DH) should be chosen preferably as DC; in locations where a DH is not available to serve as DC, a CHC+, CHC, or BHC should be selected. One technical staff (MD or nurse) preferably female to be deployed in each DC. The staff at DC to carry out key interventions including, medical consultation, screening, referral, risk communication, facilitate sampling of COVID-19 suspected cases, coordination between RRTs and COVID-19 hospital, reporting of surveillance data and other tasks instructed by his/her line manager.
- iii. The Rapid Response Team (RRT) to be functionalized per 300,000 population according to the MoPH instruction. All the SPs are required to ensure that RRTs are deployed to achieve key activities including: sample collection, contact tracing, and data entry, risk communication (case referral), transport of samples to lab site, and medical consultation of mild and moderate cases as well as establishing coordination with ambulance services for managing severe and critical cases.

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

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

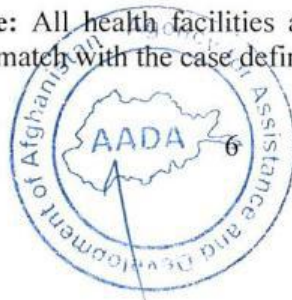
The details of tasks are explained below:

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

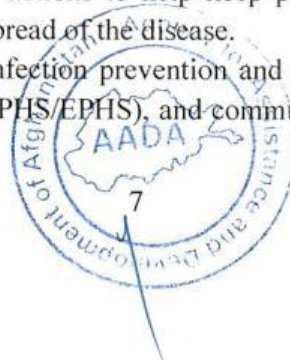
The service provider should maintain proper communication with the entire population to update them on the existing facilities, where they should attend if they have any problems, who to call if they have problem and how/ why to change their behavior to protect themselves and others around them. Using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

2. Early detection and surveillance of cases at community level:

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



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



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

- i. **COVID-19 Facility Level Infection Prevention and Control (IPC):** Triage, applying standard precautions for all patients (which includes hand hygiene, respiratory hygiene, rational use of PPE kits, safe disposal of all types of wastes, environmental cleaning, and sterilization of patients care equipment), Administrative controls (based on MoPH developed guideline).
 - ii. **Community level infection prevention and control:** The SPs need to supervise and monitor the implementation of community level measures decided by the MoPH at their respected communities including social distancing, home quarantine, management of dead bodies, movement restrictions...etc.
7. **To enhance capacity of health care providers:** The SP is responsible to cascade all capacity building activities at COVID-19 wards and hospitals as well as RRTs. These may include potential training events needed to train COVID-19 staff.
 8. Service provider will supply the medical materials, consumable and other logistics required for COVID-19 patients rather than purchased by UN agency as per Para-L.
 9. Service provider shall provide remuneration, risk& other benefits and food allowance as defined by the approved guideline.
 10. Service provider shall budget running cost - including minor renovations and maintenance of the COVID-19 wards/hospitals.
 11. MoPH Guidelines for COVID-19 case management, referral, and contact tracing, IPC, home Quarantine...etc. shall be implemented accordingly.

Table-2: Beds, RRTs and DCs profile.

Province	Name & Location of Hospital/Ward	# of Beds	# of RRTs	# of District Centers (DC)
Herat	Herat City	100	12	17

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 (Herat) province, including returnees, Kochies, prisoners, and IDPs.



The original contract for the period of (47) months which began on May 04 till March 31st, 2024 would include the second 6 months' budget and work-plan (effective from November 05,2020 till May 04, 2021).

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

F. COMPLIANCE WITH TECHNICAL GUIDELINES

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

G. QUALIFICATIONS OF KEY PROFESSIONAL STAFF:

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

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

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

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

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

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

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

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



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

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

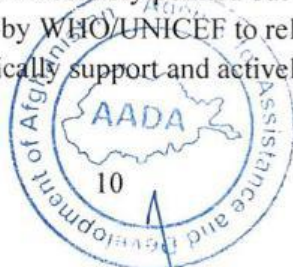
1. GCMU will follow the adherence of the contract terms signed between Service Provider and the MoPH.
2. Provision of technical assistance to SP.
3. Conduct performance management missions to monitor the work and performance of the Service Provider.
4. Review project technical reports submitted by the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

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

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

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

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



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

J. REPORTING REQUIREMENTS AND SCHEDULE FOR SUBMISSION

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

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



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

FORM FIN-2 SUMMARY OF FINANCIAL PROPOSAL under Contract Amendment-2

Cost of the Financial Proposal	{ Insert Foreign Currency }	{ Insert Local Currency } AFN
(1) Remuneration		58,820,000
(2) Reimbursable		57,115,800
(3) Indirect Cost 5%		5,796,790
(4) Total of Remuneration and Reimbursable (4=1+2+3)		121,732,590
(5) Contingency Fund (10% of 4)		12,173,259
(5) Total Cost of the Financial Proposal (6=4+5): {Should match the amount in Form FIN-1}		133,905,849



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

No.	Name	Position	# of Staff	Person-Month Remuneration Rate	Time Input in Person/Month	Total	{Local Currency-as in Fin-2}
	Dr. Azizulrahman Saboor	Technical Manager (K1)	1	110,000	6	660,000	
	Nasim Mudaqiq	Financial Officer (K2)	1	50,000	6	300,000	
	Sub Total Key Experts					960,000	
	Covid-19 100 Bed Hospital						
1		Hospital Director	1	100,000	6	600,000	
2		Medical Director	1	80,000	6	480,000	
3		Specialists	4	90,000	6	2,160,000	
4		Doctors	20	70,000	6	8,400,000	
5		Altrusonologist (MD)	1	70,000	6	420,000	
6		QA Officer (MD)	1	70,000	6	420,000	
7		Head Nurse	2	50,000	6	600,000	
8		ICU nurse	20	50,000	6	6,000,000	
9		Ward Nurse	32	50,000	6	9,600,000	
10		X-Ray Technician	2	40,000	6	480,000	
11		Pharmacy Technician	2	40,000	6	480,000	
12		Anesthesia Technician	2	40,000	6	480,000	



RRT										
		MD	12	40,000	6	2,880,000				
		Nurse	12	40,000	6	2,880,000				
		labrant	12	40,000	6	2,880,000				
Sub Total- RRT						8,640,000				
Point of Entry										
1	Point of Entry 2 (Mir daod)	MD	1	40,000	6	240,000				
		Nurse	1	40,000	6	240,000				
		labrant	1	40,000	6	240,000				
2	Point of Entry 3 (Torghondi Border)	MD	1	40,000	6	240,000				
		Nurse	1	40,000	6	240,000				
		labrant	1	40,000	6	240,000				
3	Point of Entry 4 (Dahana -e- kamar Qalagh)	MD	1	40,000	6	240,000				
		Nurse	1	40,000	6	240,000				
		labrant	1	40,000	6	240,000				
4	Point of Entry 5 (Baghe -e- Shaydayee)	MD	1	40,000	6	240,000				
		Nurse	1	40,000	6	240,000				
		labrant	1	40,000	6	240,000				
5	Point of Entry 6 (Tank Mawlawi)	MD	1	40,000	6	240,000				
		Nurse	1	40,000	6	240,000				
		labrant	1	40,000	6	240,000				



2017 1391
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 Ministry of Public Health,
 Procurement, Logistics,
 Grants & Services Contracts
 (MPPGSC)

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

N°	Type of Reimbursable Expenses	Unit	# of Activities	Unit Cost	Quantity	{Local Currency- as in FIN-2}
REIMBURSABLE COSTS						
100 Bed COVID-19 Hospital, operation costs						
Communication Cost						
	Top up cards	Per month	1	10,000	6	60,000
	Internet fee	Per month	1	15,000	6	90,000
	Sub Total					150,000
Supplies						
	Medicine for Isolation	Per month	1	300,000	6	1,800,000
	Medical Supplies for Isolation	Per month	1	300,000	6	1,800,000
	Medicine for ICU	Per month	1	300,000	6	1,800,000
	Medical Supplies for ICU	Per month	1	150,000	6	900,000
	Chlorine, washing powder, soups, toilet papers, etc (Cleaning Materials)	Per month	1	100,000	6	600,000
	Printing HMIS & MOPH forms	Per month	1	25,000	6	150,000
	Sub Total					7,050,000
Running Costs						
	Electricity Cost	Per month	1	350,000	6	2,100,000
	Generator fuel	Per month	1	27,000	6	162,000
	Fuel for incenerator	Per month	1	42,750	6	256,500

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 Ministry of Public Health
 Procurement Department
 Grants & Service Contracts

Gas for Setrilization	Per month	1	37,500	6	225,000
Gas for kitchen	Per month	1	45,000	6	270,000
Septic well evacuation	Per month	1	20,000	6	120,000
Stationary supplies	Per month	1	10,000	6	60,000
Wintrization (Central Heating System)	Period	1	583,200	3	1,749,600
Generator Maintenance	Per month	1	15,000	6	90,000
Renovation	Once	1	400,000	1	400,000
Patient Food For 100 Bed	Per month	1	600,000	6	3,600,000
Staff Food	Per month	1	600,000	6	3,600,000
Uniforms (Patient Cloths, bed sheet , pillow, Metress)	Per month	1	72,000	6	432,000
Staff Uniforms	Per month	1	43,200	6	259,200
Oxygen	Per month	1	4,000,000	6	24,000,000
Sub Total					37,324,300
Equipment					
Medical Equipment other than UN List	per item	1	679,000	1	679,000
Oxygen Balloon	per item	200	8,000	1	1,600,000
Non-Medical Equipment Other than UN list	per item	1	200,000	1	200,000
Tablet for data entry purposes	Per item	1	20,000	1	20,000
Sub Total					2,499,000
Ambulance rental for COVID-19	Per month	3	50,000	6	900,000

2012 1391
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Ministry of Public Health
 Procurement Department
 Grants & Service Contracts
 Management Unit (GSMU)

Stock for the logistical and winterization back up	Per month	1	25,000	6	150,000
Sub Total					1,050,000
Total direct cost 100 bed hospital					48,073,300
RRT operation costs					
Communication Cost					
Top up cards	Per month	36	500	6	108,000
Sub Total					108,000
Running Costs					
General supplies,(Sanitizer utilities and running costs	Per month	12	5,000	6	360,000
Stationary	Per month	12	5,000	6	360,000
Infrared	Per month	12	2,000	1	24,000
Sub Total					852,000
Contractual Services					
Rental vehicle	Per month	12	50,000	6	3,600,000
Sub Total					3,600,000
Equipment					
Tablet for data entry purposes	Per item	12	20,000	1	240,000
Sub Total					240,000
Total direct cost RRT					4,800,000
District Center operation costs					
Communication Cost					
Top up cards	Per month	17	500	6	51,000
Sub Total					51,000



012 1391
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	Technical staff of DCs	Training	17	1,000	4	68,000
	Technical staff of point of Entries	Training	17	1,000	4	68,000
Total Trainings						
Mgt-2 Operational Costs						
	Travel					
	Flight Ticket	Per month	2	30,000	6	360,000
	Sub Total					360,000
	Communication Cost					
	Top up cards	Per month	1	5,000	6	30,000
	Internet fee	Per month	1	5,000	6	30,000
	Sub Total					60,000
	Running Costs					
	Electricity, water, gas	Per month	1	5,000	6	30,000
	Generator fuel	Per month	1	5,000	6	30,000
	Office and General Supplies	Per month	1	5,000	6	30,000
	Stationery supplies	Per month	1	10,000	6	60,000
	Bank Charges	Per month	1	5,000	6	30,000
	Sub Total					180,000
	Equipment					
	IT Equipment	per item	1	60,000	1	60,000
	Tablet for data entry purposes	Per item	1	20,000	1	20,000
	Sub Total					80,000
	Contractuals					



2012 1391
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 وزارت صحت عامه
 اداره تعینات و مناقصات
 مدیریت تعینات و مناقصات
 Ministry of Public Health
 Procurement Director
 Grants & Services
 Management Unit

Vehicle rent	Per month	1	50,000	6	300,000
Sub Total			-		300,000
Total Operation MGT-2					
Mgt 1 - Operational Costs					
Travel					
Flight Ticket	Per month	2	30,000	6	360,000
Sub Total					360,000
Communication Cost					
Top up cards	Per month	1	5,000	6	30,000
Internet	Per month	1	5,000	6	30,000
Sub Total					60,000
Running Costs					
Electricity, water, gas (cooking & other)	Per month	1	15,000	6	90,000
Generator fuel	Per month	1	20,000	6	120,000
Office and General Supplies	Per month	1	5,000	6	30,000
Stationery supplies	Per month	1	10,000	6	60,000
Bank Charges	Per month	1	5,000	6	30,000
Sub Total					330,000
Contractual Services					
Vehicle rent	Per month	1	50,000	6	300,000
Sub Total					300,000
Assets and capital cost					
IT Equipment	Per month	1	50,000	1	50,000

2017 1391
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 Ministry of Public Health
 Procurement Department
 Grants Services Contracts



	Sub Total					50,000
	Total Operation MGT-1					1,100,000
	Total Direct Operation Cost 100 Bed Hospital					48,073,300
	Total Direct Operation Cost RRT + District Centers					6,321,500
	Total Direct Operation Cost of Points of Entry, MGT-2, Trainings					1,621,000
	Total Direct MGT-1 Operation Cost					1,100,000
	Grand total operation costs					57,115,800



1017 1391
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 Government Department
 Health Service Center
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APPENDIX E: The following is added to the appendix E of the original contract

(WORK PLAN):

N°	Deliverables	Q3			Q4			TOTAL
		1	2	3	4	5	6	
D-1	Inception phase							
1	Orient stakeholders on revision in project implementation plan							IM
2	Establish and functionalize District centers at most relevant HF of each district							IM
3	Rationalize number and locations of RRTs as per project TOR, equip and functionalize them							IM
4	Functionalize the entry points as agreed in project negotiation meeting							IM
D-2	Risk Communication (Public awareness and promote healthy behaviors)							
1	Disseminate media clips, pamphlets, flyers and leaflets developed by MOPH							6M
2	Disseminate contact number of RRTs, DCCC and provincial call center to allow people call and ask advice anytime they need							6 M
D-3	Early detection and surveillance of cases							
	Passive surveillance							
1	Report any suspected cases immediately							6 M
2	Send specimen for lab confirmation through RRT/trained staff of isolation center							6 M
3	Isolate the detected case in COVID-19 hospital							6 M
	Contact tracing and home quarantine							
1	Conduct home visit of confirmed cases for investigation through RRT							6M
2	Identify & isolate suspected secondary cases (if signs and symptoms available)							6M
	Community surveillance							
1	Enhance the community surveillance network in coordination of PPHD /stakeholders.							6M
2	Takeover the existed RRT from provincial health directorate							1 M



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Provincial/District Center for Combating Corona virus, Provincial surveillance sub committees							
1	Actively engage in all official forums and sub committees at provincial/district level						6 M
2	Rationalize/establish the District Centers as per new TOR						1M
D-4 To Manage cases and isolate of COVID-19 suspected and confirmed cases:							
1	Maintain the COVID-19 Specific hospital at provincial level						6 M
2	Equip the COVID-19 specific hospital						2 M
3	Provide remuneration, risk benefit, food cost and other benefits (approved guideline)						6 M
4	Manage running cost – including winterization, renovation and maintenance of the isolation ward						6 M
5	Implement WHO guideline for case management						6 M
6	Prevent potential transmission of infection to other patients and staff						6 M
7	Perform timely transfer of specimens according to standard guideline						6 M
D-5 Infection prevention and control measures at the health facility level							
1	Triage , applying standard precautions for all patients, and enhance administrative control						6M
D-6 Strengthening Reporting							
1	Submit inception report to MOPH						1M
2	Daily reporting as per the surveillance guideline of COVID-19 through DHIS2 from COVID-19 ward/hospital, RRTs and district centers.						6M
3	Submit Monthly Activity Progress Report.						6M
4	Submit Quarterly Financial Report.						2 M
5	Submit daily reporting as per the surveillance guideline of COVID-19.						1M
6	Implement online reporting system as per the MoPH requirement.						4M
7	Submit the End of Project Report (EPR) one month after completion of the contract.						1M
8	Provide any other reports as needed to the MoPH.						6M
D-7 Supervision and monitoring							
1	Conduct supervisory visits from different component of project at HF and community level						6 M
2	Conduct monitoring visit by Kabul Main office(at least once per quarter)						3 M
D-8 Trainings							
1	Cascade Covid-19 trainings to staff as per approved budget.						6M



Ministry of Public Health
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 Management

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 Herat Province under
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP)
Project**

AFG/MoPH/GCMU/COVID-19/12- amendment-2

Service Provider: Agency for Assistance and Development of Afghanistan (AADA)
Date: November 07, 2020
Time: 09:00 AM
Venue: GCMU Meeting room

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

Background:

The Ministry of Public Health (MoPH) of Afghanistan has signed the contracts with current BPHS/EPHS implementing partner under Afghanistan COVID-19 Emergency Response and Health Systems Preparedness (ERHSP) for 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 Herat 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).

I. Negotiation on Technical points:

No	Discussed issues	Agreed Points
1	Authority of the Technical Manager (K-1 position): According to the nature of the project, the K-1 should be given sufficient managerial and financial authority (at least 100,000 AFN/invoice), under a well-defined internal control system.	Agreed
2	The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly.	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.	N/A due to high BOR in the province

Handwritten signatures of the participants in the meeting.

Official stamps and signatures of the Agency for Assistance and Development of Afghanistan (AADA) and the Ministry of Public Health (MoPH).

		(Document is available)
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 Twelve (12) 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. Number of DC are: 17	Agreed
9	The SP 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.	N/A due to high BOR in the province (Document is available)
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the same central and provincial offices, health facilities and ambulance are excepted from this clause.	Agreed
13	In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed
15	COVID-19 hospital should be staffed as the HR policy for COVID-19	Agreed
16	List of the non-medical equipment/medical which are necessary and not purchased during previous project should be provided	Agreed
17	Number of DCs should be decreased from 18 to 17	Agreed



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II. Negotiation on financial matters:

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

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		58,820,000
(2) Reimbursable		57,115,800
(3) Indirect Cost 5%		5,796,790
(4) Total of Remuneration and Reimbursable (4=1+2+3)		121,732,590
(5) Contingency Fund (10% of 4)		12,173,259
(5) Total Cost of the Financial Proposal (6=4+5): (Should match the amount in Form FIN-1)		133,905,849

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

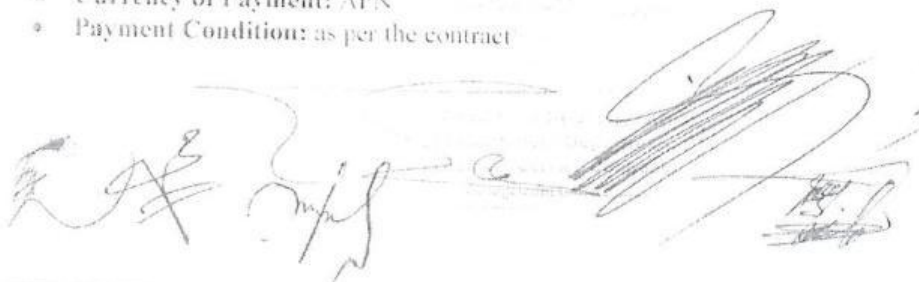

No	Discussed issues	Agreed points
1	The SP agreed to spend the allocated amount for the implementation of COVID-19 project only.	Agreed
2	The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes.	Agreed
3	The SP agreed to spend the allocated amount of this contract amendment-2 after effectiveness date (November 05,2020).	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 (اگر اسیب) 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
7	Salary of technical manager should be adjusted as per guideline which is approved by the cabinet (decreased 162000 to 110000)	Agreed
8	Salary of finance officer should be adjusted as per guideline which is approved by the cabinet (decreased from 65000 to 50000)	Agreed
9	Salary of sinologist should be adjusted as per guideline which is approved by the cabinet (decreased from 90000 to 70000)	Agreed
10	Support staff should be removed from the provincial staff	

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11	Percentage of charges for general director, program director, finance director to be decreased from 25% to 10%	Agreed
12	Charges of project coordinator should be changed from 50 to 25%	Agreed
13	Support staff should be deducted from 2 to 1 (main office)	Agreed
14	Renovation should be changed from 2 times to 1 one time	Agreed
15	Purchasing of medical balloon should be decreased from 600 to 200	Agreed
16	Renovation cost from DC's should be removed	Agreed
17	Miscellaneous cost from DC's should be removed	Agreed
18	Bed purchasing cost from DC's should be removed	Agreed
19	Referral cost through ambulance should be removed from DC's	Agreed
20	Rental vehicle cost from PE should be removed	Agreed
21	Printing and supply cost for surveillance should be removed	Agreed
22	Cost per month of rental vehicle for provincial team should be decreased from 70,000 to 50,000	Agreed
23	Cost of internet fee for main office should be decreased from 15000 to 5000 per month	Agreed
24	It is SP to take all responsibilities of cost and quality of purchased medical/non-medical equipment as well as required medicines	Agreed
25	<p>As supplying and purchasing of oxygen from bazar is not efficient, therefore, it was agreed that 16,863,000 AFN amount of proposed cost by AADA (AFN 24,000,000) for oxygen supply should be used to establish-functionalize the oxygen plant system in Herat COVID-19 hospital. AADA is not allowed to use the remaining amount (AFN 7,137,000) without the MoPH prior approval.</p> <p>Note-1: AADA is requested to prepare a timeline for the establishment/functionalization of oxygen plant.</p> <p>Note-2: It is SP to ensure the quality and cost of purchased oxygen plant, in case of any concern regarding quality and cost, the SP will be responsible.</p> <p>Note-3: H.E. Minister of Public Health approval to purchase and install the oxygen plant for Shaidayee COVID-19 hospital in Herat province is available</p>	Agreed

I. **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 Technical proposal: Yes
 - Detailed of training plan
 - Confirm Power of Attorney/Authority to negotiate: Yes
 - Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Dr.Mohammadullah Amarkhail	Sr.G.M.S	GCMU	
2	Dr.Ab Fahim Ahmadi	Sr.P. Specialist	PMO	
3	Dr.Afzal Khosti	NDSR National Coordinator	Surveillance	
4	Mr.Hassan Mashaal	Database Manager	Corona Directorate	
5	Mr.Samim Hameedi	Finance Specialist	DBD	
6	Dr.Sharifi	Sr.G.M.S	GCMU	

For and on behalf of Service Provider (AADA):

No	Name	Designation	Organization	Signature
1	Dr.Najibullah Balleegh	Program Director	AADA	
2	Mr.Masoodullah Siddiqui	Finance Director	AADA	

