



ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

**Contract No: AFG/MoPH/GCMU/COVID-19/15
Amendment-2**

**Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION**

Between

Ministry of Public Health (MoPH)

and

**Bu Ali Rehabilitation and Aid Network (BARAN) with Organization for Health Promotion
and Management (OHPM as a JV)**

Funded by:
International Development Association (IDA)

Dated: December 2020



This CONTRACT (hereinafter called the "Contract") is made the **April 30, 2020**, between, on the one hand, **Ministry of Public Health** (hereinafter called the "Client") And, on the other hand a Joint Venture **Bu Ali Rehabilitation and Aid Network (BARAN)** consisting of the following entities, each member of which will be jointly and severally liable to the Client for all the Service provider's obligation under this Contract, namely, **Bu Ali Rehabilitation and Aid Network (BARAN)** and **Organization for Health Promotion and Management (OHPM)** (hereinafter called the "Consultant or Service provider"). was amended on **September 20, 2020** and is hereby amended (amendment-2) on **December 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	<p>The date on which this amendment shall come into effect is December 03, 2020</p> <p>Note: The clause # 11.1 under the original contract is corrected as below: After signing of the contract, the Service Provider shall mobilize the contract by June 03, 2020.</p>												
14.1	<p>This clause replaces the earlier 14.1n:</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 145,205,176) One hundred Forty-Five Million and Two Hundred Five Thousand and One Hundred Seventy-Six Afghani only;</p> <p>i. Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is:</p> <table border="0"> <tr> <td>a. COVID-19 contract price for the first 6-month:</td> <td style="text-align: right;">AFN 69,300,000</td> </tr> <tr> <td>b. COVID-19 contract price for the second 6-month under amendment-2:</td> <td style="text-align: right;">AFN 62,704,706</td> </tr> <tr> <td>c. COVID-19 contract price for 12-month (c=a+b):</td> <td style="text-align: right;">AFN 132,004,706</td> </tr> </table> <p>ii. Contingency fund (10%) of contract price is:</p> <table border="0"> <tr> <td>d. Contingency fund for the first 6-month:</td> <td style="text-align: right;">AFN 6,930,000</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 6,270,470</td> </tr> <tr> <td>f. Contingency fund for 12-month (f=d+e):</td> <td style="text-align: right;">AFN 13,200,470</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 145,205,176 One hundred Forty-Five Million and Two Hundred Five thousand and One Hundred Seventy-Six Afghani only; All above costs are fixed inclusive of local direct taxes and exclusive of local indirect taxes.</p>	a. COVID-19 contract price for the first 6-month:	AFN 69,300,000	b. COVID-19 contract price for the second 6-month under amendment-2:	AFN 62,704,706	c. COVID-19 contract price for 12-month (c=a+b):	AFN 132,004,706	d. Contingency fund for the first 6-month:	AFN 6,930,000	e. Contingency fund for the second 6-month-available for utilization under amendment-2:	AFN 6,270,470	f. Contingency fund for 12-month (f=d+e):	AFN 13,200,470
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تعدیل شماره دوم قرارداد کوید-19 تحت پروژه ERHSP ولایت کندهار

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاريخ ۳۰ اپریل ۲۰۲۰ فی مابین، از یک جانب، وزارت صحت عامه (از این به بعد به نام "مشرتی" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، BARAN (که از این به بعد به نام "مشاور" یاد می شود) در شراکت با موسسه OHPM به امضا رسیده است، و بتاريخ 20 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 دسامبر 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 ۳ دسامبر ۲۰۲۰ قابل اعتبار میباشد. نوت: قابل ذکر است که ماده ۱۱،۱ قرارداد اصلی ذیلاً اصلاح گردیده است: بعد از امضا قرارداد موسسه تطبیق کننده آماده تطبیق قرارداد سر از تاریخ ۳ جون ۲۰۲۰ میباشد.
14.1	این فقره جاگزین فقره قبلی 14.1 میباشد. مدت زمان این تعدیل قرارداد الی 31 مارچ 2024 میباشد. نوت-1: این تعدیل دوم قرارداد شامل پلان کاری و بودجه مربوطه برای شش ماه دوم پروژه میباشد. برای مدت زمان باقیمانده قرارداد، پلان کاری و بودجه مربوط به آن در جریان تطبیق شش ماه دوم و سال های بعدی با توافق هر دو جانب، مشروط بر موجودیت بودجه و اجراء قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد. نوت-2: بنابر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجراء 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 (افغانی 145,205,176) یکصد و چهل و پنج میلیون دوصدو پنج هزار و یکصد و هفتاد و شش افغانی است. i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحنی کوید-19: a. قیمت قرارداد کوید-19 برای شش ماه نخست: 69,300,000 افغانی b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره دوم: 62,704,706 افغانی c. قیمت قرارداد برای 12 ماه (c=a+b): 132,004,706 افغانی ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد: d. بودجه احتیاطی برای شش ماه نخست: 6,930,000 افغانی e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 6,270,470 افغانی f. بودجه احتیاطی برای 12 ماه (f=d+c): 13,200,470 افغانی این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد. iii. قیمت جدید سقف قرارداد (iii=c+f) (افغانی 145,205,176) یکصد و چهل و پنج میلیون دوصدو پنج هزار و یکصد و هفتاد و شش افغانی است. تمامی قیمت های فوق الذکر شامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیشد.



موسسه اداره و انکشاف صحت
Organization for Health
Promotion & Management

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وزارت صحت عامه

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.			
جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:			
تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انویس ها	مقدار و فیصدی قیمت قرارداد (درقسمت i شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	راپور ها واسناد قابل تسلیم دهی (Deliverable)
قسط اول	21 جدی 1399 (10 جنوری 2021)	40% قیمت تعدیل شماره دوم قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	1- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه های نومبر و دسیمبر 2020 2- این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
قسط دوم	21 حمل 1400 (10 اپریل 2021)	30% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	3- به تعقیب تسلیم دهی و قبول شدن راپور فعالیت ماهانه های جنوری، فیبروری و مارچ 2021 این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
قسط سوم	سرطان 1400 (جولای 2021)	30% قیمت قرارداد (درقسمت i(b) شرایط خاص قرارداد تحت شماره 38.1 تذکر رفته است)	1- به تعقیب تسلیم دهی راپور فعالیت ماهانه ماه اپریل 2021 و راپور ختم پروژه (شش ماه دوم) که توسط وزارت صحت عامه مورد قبول قرار گیرد. 2- این قسط به تعقیب تاییدی جناح ثالث صورت 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.

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	خواجه ذبیح الله حسن	ترتیب شده توسط
امضا	سرپرست آمریت خدمات مشورتی و تنظیم کمک ها	داکتر نیاز محمد نائب	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 موسسه OHPM	از جانب مشاور یا موسسه BARAN	از جانب وزارت صحت عامه
داکتر احمد شکیب فلاح معاون دایرکتر پروگرام ها	انجنیر فرید حیدر دایرکتر مالی و راپور دهی	احمد جواد عثمانی سرپرست وزارت صحت عامه
امضا	امضا	امضا

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

Contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly, the work plan and ToR will be revised on semiannual or yearly basis.			
41.2 The following table is added to the payment schedule of amended-1:			
# 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 2017 جمهوری اسلامی افغانستان	Khwaja Zabiullah Hasan	Sr. Grant Management Specialist, GCMU/MoPH	Signature:
Checked by دولت نهغه دندې د پوهنيزو چارو د وزارت	Dr. Niaz Mohammad Naeb	Acting Head of GCMU/MoPH	Signature:
Attested by Ministry of Public Health Procurement Department Grants & Service Contract	Mr. Adillyar Shekib,	Procurement Director of MoPH	Signature:
Reviewed by	Mr. Hamed Hameedi	Sr. Procurement and Finance Advisor to the Minister	Signature:

For and on behalf of Ministry of Public Health	For and on behalf of BARAN	For and on behalf of JV OHPM
Ahmad Jawad Osmani Acting-Minister of Public Health	Eng. Farid Haider Finance and Reporting Director	Dr Ahmad Shekib Falah Deputy Program Director
Signature:	Signature: Farid	Signature:



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

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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:

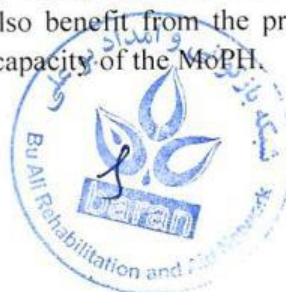
No	Indicators	Baseline	End Targets	Means of Verification	Timeline	Remarks
1	Percentage of samples transferred to Lab facilities from all suspected cases	100%	100%	Progress reports	Monthly	As per MoPH updated protocol
2	Percentage of identified contacts who are successfully traced	85%	70%	Progress reports	Monthly	
3	Percentage of active beds for management of COVID-19 severe cases	50%	80%	Progress reports	Monthly	
4	Percentage of active beds for management of COVID-19 critical cases	15 %	20 %	Progress reports	Monthly	
5	Number of technical staff (Health workers) recruited for COVID-19 project	0	100%	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	100%	100%	Progress reports	Monthly	The medical equipment will be provided by UN
7	Number of people trained for COVID-19	0	203	Progress reports	Monthly	Disaggregated by profession and gender
8	Percentage of HFs complying with IPC protocols	100	100%	Progress reports	Monthly	Verified by TPM
9	Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by TPM)	25%	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 Kandahar 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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Organization for Health
Promotion & Management



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استان کندهار
بنیان رهایی و توانمندسازی
Ministry of Public Health
Kandahar Province
Institution for Rehabilitation and Empowerment

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

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

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

The details of tasks are explained below:

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

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

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

- 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.



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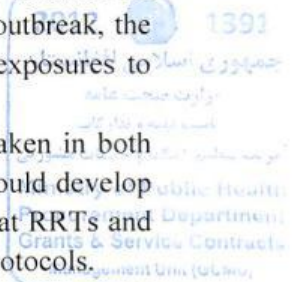
- iii. **Follow up of people in home quarantine:** The service provider to follow the suspected people at their residence and provide health education through RRTs and CHWs network as per the quarantine guideline of MoPH which include home quarantine guidance. In case of developing any signs and symptoms 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.



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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)
Kandahar	Aino mina COVID-19 hospital	50	11	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 Kandahar province, including returnees, Kochies, prisoners, and IDPs.

The original contract for the period of (46) months which began on (03 June 2020) till March 31st, 2024 would include the second 6 months' budget and work-plan (effective from 03 December 2020 till 02 June 2021).



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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:



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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.



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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.



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COVID-19 Emergency Response and Health System Preparedness Project Contract Amendment-2 for Kandahar
APPENDIX D: The following is added to the appendix D of the original contract (Breakdown of
Contract Price):

Final Form Fin-2 Summary of Financial Proposal

Cost of the Financial Proposal	Currency (Afghani)
(1) Remuneration	36,150,000
(2) Reimbursable	23,568,768
(3) Indirect Cost (3=5% of 1+2)	2,985,938
(4) Subtotal Cost (4=1+2+3)	62,704,706
(5) Contingency Fund (5=10% of 4)	6,270,470
(6) Total Cost of the Financial Proposal (6=4+5)	68,975,176



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Final FORM FIN-3 BREAKDOWN OF REMUNERATION

NO.	Description	# of Staff / Items	%	Monthly cost	# of Month	Total Approved Budget	Remark
1.1-Salaries/benefit CMO							
1	Technical Focal Point	1	100%	38,500	6	231,000	BARAN will hire one technical focal point in central office for the overall management of the project
2	Finance Focal Point	1	100%	38,500	6	231,000	OHPM will hire one Finance focal point in central office for the overall management of the project
Sub Total Of CMO Salary Cost						462,000	
1.2-Salaries/benefit PMO							
3	Technical Manager	1	100%	128,000	6	768,000	
4	Finance Officer	1	100%	80,000	6	480,000	
5	Data Clerk	1	100%	40,000	6	240,000	
6	Logistic Officer	1	100%	55,000	6	330,000	
Sub Total of PMO Salary Cost						1,818,000	
1.3-Salaries/benefit COVID-19 Hospital							
7	Hospital Director	1	100%	100,000	6	600,000	
8	Medical Director	1	100%	80,000	6	480,000	
9	Medical Specialist	2	100%	90,000	6	1,080,000	
10	MD 391	10	100%	70,000	6	4,200,000	
11	Sinologist	1	100%	70,000	6	420,000	
12	QA Officer (MD)	1	100%	70,000	6	420,000	
13	Head Nurse	2	100%	50,000	6	600,000	
14	ICU Nurse	10	100%	50,000	6	3,000,000	
15	Medwife	2	100%	50,000	6	600,000	
16	Ward Nurse	14	100%	50,000	6	4,200,000	
17	X-Ray technician	1	100%	40,000	6	240,000	
18	Ph. Tech	1	100%	40,000	6	240,000	

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19	Anesthesia Tech	1	100%	40,000	6	240,000
20	Lab Tech	2	100%	40,000	6	480,000
21	Admin	1	100%	40,000	6	240,000
22	M. Record officer	1	100%	40,000	6	240,000
23	Pro. Off	1	100%	40,000	6	240,000
24	Ad. Assistant	1	100%	40,000	6	240,000
25	Stock Keeper	1	100%	40,000	6	240,000
26	Cashier	1	100%	40,000	6	240,000
27	HR. Assistant	1	100%	40,000	6	240,000
28	Ele/mechanic	1	100%	40,000	6	240,000
29	Cleaner	10	100%	25,000	6	1,500,000
30	Laundry	2	100%	25,000	6	300,000
31	Ghasal	1	100%	25,000	6	150,000
32	Tailor	1	100%	25,000	6	150,000
33	Cook	2	100%	25,000	6	300,000
34	Guard	3	100%	25,000	6	450,000
Sub Total of COVID-19 Hospital Salary Cost						1,310,000
Salary/benefit RRT						
35	RRT Supervisor	1	100%	50,000	6	300,000
36	MD in RRT	11	100%	40,000	6	2,640,000
37	Nurse in the RRT (Public health graduated)	11	100%	40,000	6	2,640,000
38	Lab in the RRT	11	100%	40,000	6	2,640,000
39	Female MD in the distract Center	17	100%	40,000	6	4,080,000
Sub Total of RRT Salary Cost						210,000
Total Project Cost.						12,300,000
Over head cost (5%)						36,150,000
Sub Total						37,957,500

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Final FORM FIN-4 BREAKDOWN OF REMBURSABLE

NO.	Description	# of Staff / Items	%	Monthly cost	# of Month	Total Approved Budget	Remark
2.1-Project operation Cost CMO							
40	BARAN/OHPM Focal Points Supervision and Monitoring Cost	1	100%	46,180	6	277,080	For monitoring and supervision purpose BARAN/OHPM focal points will visit field to monitor and supervise the project by monthly bases, the description is as follow (Air Ticket for 4 persons 2 focal points and 2 other BARAN/OHPM main office management staff, 4 Persons*13,090 Air Ticket=157,080 AFN and accommodation of the mentioned staff will be charged 1000 AFN per night 1,000 AFN*4 Persons*10days*3=120,000 AFN
41	BARAN/OHPM main offices running cost	2	100%	20,000	6	240,000	
42	Bank charges & money transfer	1	100%	5,000	6	30,000	
Sub Total operation Cost CMO							
2.2-Project operation Cost PMO							
43	Utilities (electricity, water, gas, etc.)	1	100%	10,000	6	60,000	
44	Stationary, Hygiene and office Supplies	1	100%	5,000	6	30,000	
45	Printing IEC materials	1	100%	30,000	6	180,000	
46	Winterization	1	100%	-	3	-	
47	Monitoring and Supervision Cost	1	100%	20,000	6	120,000	
48	Vehicle Rental	1	100%	50,000	6	300,000	
Sub Total operation Cost PMO							
115,000							
690,000							



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2.3-Project operation Cost COVID-19 Hospital								
49	Generators & equip repair & maint	1	100%	30,000	6	180,000		
50	Ambulance Rent	2	100%	50,000	6	600,000		
51	Building repair & maint	1	100%	50,000	6	300,000		
52	Laptop Computer	-	100%	75,000	1	-		
53	Utilities (electricity, water, gas, etc.)	1	100%	100,000	6	600,000		
54	Generator fuel	1	100%	250,000	6	1,500,000		
55	Fuel Cost (Incinerator, Illumination, sterilization)	1	100%	-	6	-		
56	Office & general supplies	1	100%	-	6	-		
57	Food for Patient of Hospital	1	100%	300,000	6	1,800,000		
58	Hygiene and stationary Supplies	1	100%	100,000	6	600,000		
59	Medicine for patient	1	100%	750,000	6	4,500,000		
60	Communication/Internet cost	6	100%	3,000	6	108,000		
61	Medical Supply	1	100%	50,000	6	300,000		
62	Staff uniforms	53	100%	2,000	1	106,000		
63	Stove for Hospital	21	100%	15,000	1	315,000		
64	Winterization	1	100%	120,000	3	360,000		
65	Oxygen Cost	2,250	100%	400	1	900,000		
66	Tablet/I Pad for RRT,Airport,Cross border	28	100%	20,000	1	560,000		
67	Waste management	1	100%	35,000	6	210,000		
68	Food for Hospital Staff	40	100%	240,000	6	1,440,000		
Sub Total operation Cost COVID-19 Hospital				2,190,400		14,379,000		
2.3-Project operation Cost RRT								
69	Stationary	11	100%	2,000	6	132,000		
70	Electricity, water, gas (cooking & other)	9	100%	-	6	-		
71	Vehicle Rent for RRT	11	100%	50,000	6	3,300,000		
72	Hygiene Supplies	11	100%	2,500	6	165,000		
73	Communication Top up Card	11	100%	500	6	33,000		
74	Winterization	9	100%	-	3	-		
75	PRE-Kit for RRT	11	100%	-	6	-		
Sub Total operation Cost RRT				55,000		3,630,000		



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2.3-Project operation Cost District Team								
76	Stationary	17	100%	1,000	6	102,000		
77	Electricity, water, gas (cooking & other)	17	100%	-	6	-		
78	Hygiene Supplies	17	100%	1,000	6	102,000		
79	Winterization	17	100%	5,000	3	255,000		
80	Furniture for Distract Center	17	100%	-	1	-		
81	Sign board Distract Center	17	100%	-	1	-		
82	Communication/Internet cost	17	100%	500	6	51,000		
83	Medicine for patient	17	100%	-	6	-		
84	Medical Supply	17	100%	-	6	-		
85	PPE Kit for RRT	17	100%	-	6	-		
Sub Total operation Cost District Team				7,500		510,000		
2.3-Training Cost								
86	IPC Training	80	100%	1,500	3	360,000		
87	Surveillance Training	60	100%	1,500	3	270,000		
88	Laboratory Training	13	100%	1,500	3	58,500		
89	COVID-19 SOP Training	50	100%	1,500	3	225,000		
90	Orientation Sessions for CHSs, CHWs and FHAGs	0	100%	400	1	-		
Sub Total Training Cost				6,400		913,500		
2.3-Equipment Cost								
91	Emergency trolley (Turkey)	2	100%	21,000	1	42,000		
92	Sphygmomanometer with stetoscope (Aneroid or Boshes)	39	100%	2,513	1	97,988		
93	DC Shock (Defibrilator Machine	1	100%	300,000	1	300,000		
94	Cardiac Monitor with chest lead id freprable 5 parametra	15	100%	60,000	1	900,000		
95	Suction niple	10	100%	3,000	1	30,000		
96	Glucometer strips	10	100%	20	1	200		
97	Nasal Canula Adult size	10	100%	50	1	500		
98	Glucometer	20	100%	2,000	1	40,000		
99	Pulse oximeter Movable	39	100%	1,500	1	58,500		
100	Condom Catheter	1000	100%	20	1	20,000		
101	Crashcart with equipments	5	100%	35,000	1	175,000		

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102	Bag Mask	50	100%	120	1	6,000
103	Oxygen Tube Wide dimension	5	100%	1,000	1	5,000
104	Infrared Thermometer	0	100%	2,000	1	-
105	Water Bath Machine	2	100%	12,000	1	24,000
106	UPS	3	100%	150,000	1	450,000
		Sub Total Equipment Cost		590,223		2,149,188
2.3-Other Project Cost						
107	Local transport cost for suspected samples	5	100%	5,000	6	150,000
108	Akramia	1	100%	100,000	6	600,000
		Sub Total Other Project Cost		105,000		750,000
Total Project Cost						23,568,768
Overhead cost (5%)						1,178,438
Sub Total						24,747,206

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

FORM TECH-5

WORK SCHEDULE AND PLANNING FOR DELIVERABLES

N ^o	Deliverables ¹ (D--)	Months						
		1	2	3	4	5	6	TOTAL
1	Re-arrangement and re-structure of provincial hospital, district centres and RRTs according to revised ToR							
1.1	Signing of the 2 nd amendment contract with MoPH upon accept of our proposal.							1
1.2	Conducting coordination meeting with MoPH, PPHD, local authorities and stakeholder at national and provincial level for commencement of activities. This activity will be started upon sign of contract amendment-2 and continued during the life of project.							6
1.3	Re-structure of COVID-19 hospital, district centres and RRTs with required equipment and staff according to revised ToR. This activity will be started at the first month of project and continued for two weeks.							1
2	Commencement of activities and continuing service delivery through COVID-19 hospital, district centres and RRTs							
2.1	Operating according to revised ToR, MoPH/ and WHO principles and instructions on preventing and combating COVID-19 and take all safety precautions. This activity will be started in the first month of project and continued during the life of project.							6
2.2	Cascading all trainings conducted by WHO to relevant staff of COVID-19 hospital, district centres and RRTs. This activity will be started from the first quarter of project and continued during the life of project.							4
2.3	Distributing the contact numbers of district centers and RRTs to the people to seek advice when they needed. Meanwhile using available channels to establish two-way communication with the people. This activity will be started from the first month of project and continued during the life of project.							6
2.4	Providing necessary supplies and consumables on regular basis rather than medicine, equipment and supplies that will be provided by MoPH through UN agencies. This activity will be started from the first month of project and continued during the life of project.							6
2.5	Improving surveillance through enabling all health facilities at each district to identify and immediately report any presumptive COVID-19 cases to the districts centers and RRTs. This activity will be started from the first month of project and continued during the life of project.							6
2.6	Contact Tracing through RRTs to identify any secondary presumptive cases who was in contact of COVID-19 positive cases. This activity will be started from the first month of project and continued during the life of project.							6
2.7	Applying home quarantine measures according to MoPH guideline and follow up of in case of developing any sign match with COVID-19 definition through CHWs network at community level to be transferred to COVID-19 centers. This activity will be started from the first month of project and continued during the life of project.							6
2.8	Collecting samples of COVID-19 presumptive cases at district centres and provincial hospital and transferring to reference lab of COVID-19 for tests. This activity will be started from the first month of project and continued during the life of project.							6
2.9	Ensuring IPC standard in health facilities and IPC measures at community level based on MoPH developed guideline and recommendations through conducting regular supervision and monitoring visits. This activity will be started from the first month of project and continued during the life of project.							6
3	Record keeping, documenting all activities and maintaining registers and records							
3.1	Documenting and keeping all records of activities related to project for future planning and evidence based decision making. This activity will be started from the first month of project and continued during the life of project.							6
3.2	Maintaining/stock registers and database to allow monitoring and reporting of stock-outs of medicine and other consumable							6



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	commodities. This activity will be started from the first month of project and continued during the life of project.							
3.3	Maintaining registers and tally sheets of patients to provide reports and enable data analysis and its interpretation. This activity will be started from the first month of project and continued during the life of project.							6
4	Conducting regular monitoring and supervision of activities and services delivery of provincial hospital, district centres and RRTs							
4.1	Conducting regular supportive supervision to ensure that the activities are performed according to project work plan, contract obligation, MoPH/ and WHO guidelines and strategies. This activity will be started from the first month of project and continued during the life of project.							6
4.2	Conducting regular data analyse to have a picture on spread of virus, find and fill gaps and taking data-driven decision making. This activity will be started from the first month of project and continued during the life of project.							6
4.3	Monitoring and supervising the project activities compliance to ethical standards and ensuring that all MoPH/ and WHO recommendations, guidelines and strategies are taken into account in the implementation of the project. This activity will be started from the first month of project and continued during the life of project.							6
5	Submitting regular activity and financial reports of provincial hospital, district centres and RRTs							
5.1	Submitting of monthly activity reports to MoPH/ PPHD. This activity will be started in the first month of project and will be continued during life of project.							6
5.2	Providing daily reports as per the surveillance guideline of COVID-19 to PPHD and through DHIS2 online database. This activity will be started in the first month of project and will be continued during life of project.							6
5.3	Submitting of quarterly technical and financial reports to MoPH/ PPHD. This activity will be started in the first quarter of project and will be continued during life of project.							2
5.4	Submitting End of Project Report, this report will contain an overview of the whole project duration, implementation challenges and recommendation entailing technical and financial aspects of project at the end of this assignment.							1

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Health & Services Contracts
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**APPENDIX F: NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2
of the Kandahar Province under
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project
AFG/MoPH/GCMU/COVID-19/ 15- amendment-2
NEGOTIATION**

Service Provider: BARAN/OHPM
Date: November 29, 2020
Time: 2:00 PM **MINUTES OF CONTRACT AMENDMENT-2**
Venue: GCMU

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

Background:

The Ministry of Public Health (MoPH) of Afghanistan has signed the contracts with current BPHS/EPHS implementing partner under Afghanistan COVID-19 Emergency Response and Health Systems Preparedness (ERHSP) for four years covering the period of May 2020 till March 31, 2024. The original contract included 6 months' budget and work-plan. As the first six months of the contract will come to an end in early November 2020 and considering the possibility of second wave of COVID-19 particularly in upcoming winter, the MoPH planned to amend the current contract under COVID-19 ERHSP project for another six months.

Therefore, BARAN/OHPM was requested to submit a brief technical and detailed financial proposals for **Kandahar** province. After the review of the proposals, the BARAN/OHPM 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.	Agreed with minimum staff required
5	The SP agreed to adjust the number of Rapid Response Team (RRT) as per the ToR from the effective date of contract amendment-2. Each RRT should be equipped with one vehicle (rental). Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is nine (9) and the location will be selected in the first week of contract commencement in close coordination with PPHD. As per Released TOR the Public health graduated should prefer to hire instead of Nurse in each RRT. Note: as per need of province and NGO justification 2 RRT increased in Kandahar province (Total RRT in Kandahar is 11).	Agreed with increasing two RRT team as per needs of province (one RRT for Kandahar Airport and one RRT for IDP, Returnee and Cochi)



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6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out. Note: The SP should purchase medicine on monthly basis, after supply of medicine by UNICEF from ABD fund. Automatically purchasing of medicine should be stop by SP.	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 SPs agreed to cascade the trainings conducted by the World Health Organization (WHO). For this purpose the SP will provide a detailed training plan to GCMU/MoPH.	Agreed
10	The number of beds remain the same as the original contract (the first six month), however, 50% number of beds shall be functionalized from the beginning of the amendment-2 (the second six month). The utilization of related/assigned budget for another 50% of beds, is subject to MoPH/GCMU prior approval. For this purpose, the SP shall submit their official request for the functionalization of more number of beds (based on the need) along with the justification during the contract amendment-2 (the second six month) to MoPH/GCMU.	Agreed
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the same central and provincial offices, health facilities and ambulance are excepted from this clause.	Agreed
13	In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed

II. Negotiation on financial matters:

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

Cost Item	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total cost
(1) Remuneration	0	36,150,000	36,150,000
(2) Reimbursable	0	23,568,768	23,568,768
(3) Admin cost (5% of 1+2)	0	2,985,938	2,985,938
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)	0	62,704,706	62,704,706
(5) Contingency Fund (5=10% of 4)	0	6,270,470	6,270,470
(6) Total Cost of the Financial Proposal (6=4+5):	0	68,975,176	68,975,176

- 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 (Dec 03, 2020).	Agreed
4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اکرامیه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19.	Agreed



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	In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed

III. Negotiations on contract amendment-2 conditions:

- **Contract amendment-2 duration:** The time period for amendment-2 shall be six months.
- **Currency of Payment:** AFN
- **Payment Condition:** as per the contract

Conclusion of the meeting and next steps

- **Pending documents and deadline:** all the documents must be signed and stamped.
 - Revised Technical and Financial proposal: Yes
 - Revised Work Plan: Yes
 - Detailed of training plan: Yes

Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Dr Wasi Khurami	Senior Performance Management Specialist	MPO/MoPH	
2	Dr Khosti	Surveillance specialist	DGEHIS/MoPH	
3	Dr Wassim	COVID-19 officer	COVID-19 Directorate	
4	Hamid Norzai	Senior Finance Specialist	DBD/MoPH	
5	Khawaja Zabiullah Hasan	Senior Grant Management Specialist	GCMU/MoPH	

For and on behalf of Service Provider: BARAN/OHPM

No	Name	Designation	Organization	Signature
1	Mirwais Akhundzada	Finance Manager	BARAN	
2	Dr Abdul Saboor modaqiq	Technical Director	BARAN	
3	Dr Shakib Falah Ahmad	Technical Director Program	OHPM	

