



# ISLAMIC REPUBLIC OF AFGHANISTAN

## MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/17  
**Amendment-2**

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

Between

Ministry of Public Health (MoPH)

and

(JV) of  
Health Net International Transcultural Psychosocial Organization (HN-TPO)/  
Organization for Research and Community Development ORCD

Funded by:  
International Development Association (IDA)

Dated: November 2020



This CONTRACT (hereinafter called the "Contract") was made on **May 3, 2020**, between, on the one hand, **the Ministry of Public Health (MoPH)** (hereinafter called the "Client") located at **Great Massoud Square, Kabul, Afghanistan**, and, on the other hand, a Joint Venture **HN-TPO/ORCD** consisting of the following entities, each member of which will be jointly and severally liable to the client for all the consultant's obligations under this contract, namely **HN-TPO and ORCD** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on **November 3, 2020** as under:

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

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

11.1	The date on which this amendment shall come into effect is <b>November 3, 2020</b>												
14.1	<p>This clause replaces the earlier 14.1:</p> <p>The period of this contract amendment will be till <b>March 31, 2024</b>.</p> <p><b>Note 1:</b> This contract amendment-2 includes the second six-month project work plan with the related cost. For the remaining period, the work plan and its related costs shall be agreed by both parties during the implementation of the second six-month and subsequent years, subject to availability of funds and satisfactory performance of the service provider; contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly, the work plan and ToR will be revised on semi-annual or yearly basis.</p> <p><b>Note 2:</b> In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) would be modified (increased or decreased), subject to availability of fund and satisfactory performance of the consultant; in such case the work plan will also be revised accordingly.</p>												
38.1	<p>This clause replaces the earlier 38.1:</p> <p>The new contract ceiling amount for 12-month is: <b>(AFN 74,429,961) Seventy-four million, four hundred twenty-nine thousand, nine hundred sixty-one Afghani only;</b></p> <p>i. Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is:</p> <table><tr><td>a. COVID-19 contract price for the first 6-month:</td><td>AFN <b>34,468,256</b></td></tr><tr><td>b. COVID-19 contract price for the second 6-month under amendment-2:</td><td>AFN <b>33,195,345</b></td></tr><tr><td>c. COVID-19 contract price for 12-month (c=a+b):</td><td>AFN <b>67,663,601</b></td></tr></table> <p>ii. Contingency fund (10%) of contract price is:</p> <table><tr><td>d. Contingency fund for the first 6-month:</td><td>AFN <b>3,446,826</b></td></tr><tr><td>e. Contingency fund for the second 6-month-available for utilization under amendment-2:</td><td>AFN <b>3,319,534</b></td></tr><tr><td>f. Contingency fund for 12-month (f=d+e):</td><td>AFN <b>6,766,360</b></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) <b>AFN 74,429,961</b></p> <p>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 <b>34,468,256</b>	b. COVID-19 contract price for the second 6-month under amendment-2:	AFN <b>33,195,345</b>	c. COVID-19 contract price for 12-month (c=a+b):	AFN <b>67,663,601</b>	d. Contingency fund for the first 6-month:	AFN <b>3,446,826</b>	e. Contingency fund for the second 6-month-available for utilization under amendment-2:	AFN <b>3,319,534</b>	f. Contingency fund for 12-month (f=d+e):	AFN <b>6,766,360</b>
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	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.
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<b>41.2</b>	The following table is added to the payment schedule of amendment-1:		
# of instalment	Due date for submission of progress activity report and invoices	Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)	Deliverables
1st instalment	Jadi 21, 1399 (Jan 10, 2021)	Forty percent (40%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of November and December 2020 (monthly) activity reports.  2-This installment will be made full payment and then adjusted in the 3 <sup>rd</sup> installment based on the TPM verification report.
2nd instalment	Hamal 21, 1400 (April 10, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of January, February and March 2021 (monthly) activity reports.  2-This installment will be made full payment and then adjusted in the 3 <sup>rd</sup> installment based on the TPM verification report.
3rd (final) Instalment	Saratan, 1400 (July, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission of April 2021 (monthly) activity report and end of project report (the second six-month) accepted by MoPH. 2-This instalment will be made after due verification by the TPM. 3-After verification by the TPM; Excessive costs if any given during the 1 <sup>st</sup> and 2 <sup>nd</sup> instalments will be adjusted in this instalment.

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

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

For and on behalf of <b>Ministry of Public Health</b>	For and on behalf of each member of JV of <b>HN-TPO/ORCD</b>	
<b>Ahmad Jawad Osmani</b> Acting Minister of Public Health	For and on behalf of <b>HN-TPO</b> <b>Abdul Majeed Siddiqi</b> Head of Mission Health Net-TPO in Afghanistan	For and on behalf of <b>ORCD</b> <b>Qudratullah Nasrat</b> MD, MPH Executive Director, ORCD
Signature: 	Signature: 	Signature: 



## تعدیل شماره دوم قرارداد کویډ-19 تحت پروژه ERHSP ولایت کنړ

این قرارداد (که از این به بعد به نام "قرارداد" یاد می شود) بتاريخ 2 می 2020 فی مابین، از یک جانب، وزارت صحت عامه (که از این به بعد به نام "مشتري" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، مشارکت (HN-TPO/ORCD) که مشتمل بر نهادهای ذیل، که هر عضو آن مشترکاً و بصورت انفرادی در قبال مشتري نسبت به تمام مقتضیات این قرارداد مسؤل خواهند بود که عبارت اند از HN-TPO و ORCD (از این به بعد به نام "مشاور" یاد می شود) به امضا رسیده بود، و بتاريخ 20 سپتمبر 2020 تعديل (تعديل شماره اول) گردیده است، اینک به تاريخ 3 نومبر 2020 ذیل تعديل (تعديل شماره دوم) میگردد:

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

11.1	این تعديل سر از تاريخ 3 نومبر 2020 قابل اعتبار میباشد
14.1	این فقره جاگزین فقره قبلی 14.1 میباشد. مدت زمان این تعديل قرارداد الی 31 مارچ 2024 میباشد. نوت-1: این تعديل 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 اجزای قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعديل 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 اجزای قناعت بخش تطبیق کننده، تعديل (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 (74,429,961 افغانی) هفتاد و چهار میلیون، چهارصد بیست و نه هزار، نه صد شصت و یک افغانی است. i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحن کویډ-19 : a. قیمت قرارداد کویډ-19 برای شش ماه نخست: 34,468,256 افغانی b. قیمت قرارداد کویډ-19 برای شش ماه دوم تحت تعديل شماره دوم: 33,195,345 افغانی c. قیمت قرارداد برای 12 ماه (c=a+b): 67,663,601 افغانی ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد: d. بودجه احتیاطی برای شش ماه نخست: 3,446,826 افغانی e. بودجه احتیاطی برای شش ماه دوم-که تحت تعديل شماره دوم قابل استفاده میباشد: 3,319,534 افغانی f. بودجه احتیاطی برای 12 ماه (f=d+e): 6,766,360 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) 74,429,961 افغانی است. تمامی قیمت های فوق الذکر شامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیشود. قرارداد (در صورت لزوم) تعديل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.






41.2	جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:			
	تعداد اقساط	تاریخ تسلیم دهی راپور پیشرفت فعالیت ها و انوایس ها	مقدار 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 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 ماه 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 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 ماه های جنوری، فیبروری و مارچ 2021 این قسط بطور مکمل پرداخت میگردد و در قسط سوم بعد از دریافت راپور تاییدی جناح ثالث تسویه (adjust) میگردد.
	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 میگیرد. 3- این قسط بعد از تاییدی توسط جناح ثالث، مصارف که در قسط اول و دوم زیاد پرداخته شده باشد (درصورت موجودیت) درین قسط تسویه میگردد.

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

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

از جانب وزارت صحت عامه		از جانب و به نماینده گی از هر طرف مشارکت (JV)
احمد جواد عثمانی سرپرست وزارت صحت عامه	عبد المجید صدیقی ریس موسسه HN-TPO	قدرت الله نصرت ریس موسسه ORCD
		



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





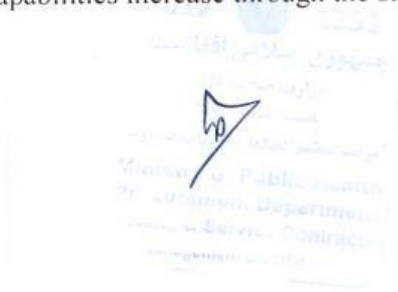
5. To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders...etc.
6. To ensure infection prevention and control measures at the health facilities and community level

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

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

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

Table-2: Beds, RRTs and DCs profile.

Province	Name & Location of Hospital/Ward	# of Beds	# of RRTs	# of District Centers (DC)
Kunar	Asad Abad	20	2	15

#### D. Contingency fund:

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

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

#### E. LOCATION AND DURATION OF SERVICES

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



The original contract for the period of (47) months which began on (May 3, 2020) till March 31<sup>st</sup>, 2024 would include the second 6-month budget and work-plan (effective from November 3, 2020 till May 2, 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
<b>Technical Manager (K1)</b>	
MD/equivalent medical degree from university certified by relevant higher education authority in Afghanistan or other countries.	At least two-years full time experience in managing of provincial health projects/ Technical health positions (after graduation from university)
<b>Financial Officer (K2)</b>	
At least DBA or equivalent in the field of finance.	At least one-year full time experience in positions of accounting and finance after graduation

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

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

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

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

1. Monitoring and supervision of the project.
2. To review the technical report of the Service Provider and provide required feedback.
3. Ensure effective coordination of all health providers such as MoPH, Service Provider, Private sector, UN agencies and other sectors at the Province level.

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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 10<sup>th</sup> of next month).
3. Quarterly Financial Report.
4. Submission of the End of Project Report (EPR) one month after completion of the contract.
5. The Service Provider will provide any other reports as needed to the MoPH.



**APPENDIX 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, Kunar province

Cost of the Financial Proposal	Local Currency (AFN)
(1) Remuneration	21,216,244
(2) Reimbursable	10,398,370
(3) Admin cost (5% of 1+2)	1,580,730.71
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)	33,195,345
(5) Contingency Fund (5=10% of 4)	3,319,534.49
(6) Total Cost of the Financial Proposal (6=4+5)	36,514,879

**FORM FIN-3 Breakdown of Remuneration**

No.	Name	Position	Person-month Remuneration Rate	Duration (Month)	Total Cost (AFN)
<b>Key Experts</b>					
K-1	Dr. Mohammad Gul Liwal	Technical Manager (K1)	100,000	6	600,000
K-2	Shakerullah Hasanzai	Finance Officer (K2)	60,000	6	360,000
<b>Non-Key Experts</b>					
N-1		Hospital Director	100,000	6	600,000
N-2		Medical Director	80,000	6	480,000
N-3		Medical Specialist	90,000	6	540,000
N-4		Doctors	268,333	6	1,610,000
N-5		Head Nurse	50,000	5	250,000
N-6		Ward Nurses	275,000	6	1,650,000
N-7		ICU Nurse	183,333	6	1,100,000
N-8		X-Ray Technician	73,333	6	440,000
N-9		Pharmacy Technician	73,333	6	440,000
N-10		Anesthesia Technician	73,333	6	440,000
N-11		Lab. Technician	133,333	6	800,000
N-12		Admin	40,000	6	240,000
N-13		Medical Record Officer	73,333	6	440,000
N-14		Procurement Officer	40,000	6	240,000
N-15		Admin Assistant	40,000	6	240,000
N-16		Stock Keeper	40,000	5	200,000
N-17		Cashier	40,000	5	200,000
N-18		HR Assistant	40,000	6	240,000
N-19		Elec/Mechanic	45,833	6	275,000



N-20	Cleaner	95,833	6	575,000
N-21	Laundry	25,000	6	150,000
N-22	Dead body washer	25,000	5	125,000
N-23	Tailor	25,000	5	125,000
N-24	Cook	50,000	6	300,000
N-25	Driver	25,000	6	150,000
N-26	Guard	70,833	6	425,000
N-27	Overtime incentive for additional visits more than 4 in each shift (specialists, doctors and nurses)	36,000	6	216,000
N-28	Death allowance to the family of staff	66,667	6	400,000
N-29	Labor cost for Burial of dead bodies	10,000	6	60,000
N-30	Nurse or MD	600,000	6	3,600,000
N-31	Medical Doctor	80,000	6	480,000
N-32	Nurse	80,000	6	480,000
N-33	Lab. Technician	80,000	6	480,000
N-34	Provincial M&E officer	40,000	6	240,000
N-35	Data Entry Clerk	40,000	6	240,000
N-36	Head of Mission (10%)	43,805	6	262,832
N-37	Program Director (20%)	56,000	6	336,000
N-38	Grants Technical Coordinator (50%)	132,889	6	797,334
N-39	Finance (10%)	36,846	6	221,078
N-40	Country Director (10%)	28,000	6	168,000
<b>Total Direct Cost (Remuneration)</b>				<b>21,216,244</b>



**Form Fin-3: Calculation & Rates for Remuneration**

No.	Position	Unit	Basic Salary including risk and all other allowances	# of Staff	Staff for functionalizing 50% beds (10)	Time input (months)	Budget for functionalizing 50% beds (10)	Staff for functionalizing remaining 50% beds (10)	Time input (months)	Budget for functionalizing remaining 50% beds (10)	Total cost (AFN)
<b>Provincial Staff Wages</b>											
<b>Key staff</b>											
K1	Technical Manager (K1)	Per Month	100,000	1	1	6	600,000				600,000
K2	Finance Officer (K2)	Per Month	60,000	1	1	6	360,000				360,000
<b>Subtotal</b>											
<b>COVID-19 Hospital</b>											
ISO-1	Hospital Director	Per Month	100,000	1	1	6	600,000				600,000
ISO-2	Medical Director	Per Month	80,000	1	1	6	480,000	-			480,000
ISO-3	Medical Specialist	Per Month	90,000	1	1	6	540,000				540,000
ISO-4	Doctors	Per Month	70,000	4	3	6	1,260,000	1	5	350,000	1,610,000
ISO-5	Head Nurse	Per Month	50,000	2	-	6	-	1	5	250,000	250,000
ISO-6	Ward Nurses	Per Month	50,000	6	3	6	900,000	3	5	750,000	1,650,000
ISO-7	ICU Nurse	Per Month	50,000	4	2	6	600,000	2	5	500,000	1,100,000
ISO-8	X-Ray Technician	Per Month	40,000	2	1	6	240,000	1	5	200,000	440,000
ISO-9	Pharmacy Technician	Per Month	40,000	2	1	6	240,000	1	5	200,000	440,000
ISO-10	Anesthesia Technician	Per Month	40,000	2	1	6	240,000	1	5	200,000	440,000



ISO-11	Lab. Technician	Per Month	40,000	4	2	6	480,000	2	4	320,000	800,000
ISO-12	Admin	Per Month	40,000	1	1	6	240,000			-	240,000
ISO-13	Medical Record Officer	Per Month	40,000	2	1	6	240,000	1	5	200,000	440,000
ISO-14	Procurement Officer	Per Month	40,000	1	1	6	240,000			-	240,000
ISO-15	Admin Assistant	Per Month	40,000	1	1	6	240,000			-	240,000
ISO-16	Stock Keeper	Per Month	40,000	1	-	6	-	1	5	200,000	200,000
ISO-17	Cashier	Per Month	40,000	1	-	6	-	1	5	200,000	200,000
ISO-18	HR Assistant	Per Month	40,000	1	1	6	240,000			-	240,000
ISO-19	Elec/Mechanic	Per Month	25,000	2	1	6	150,000	1	5	125,000	275,000
ISO-20	Cleaner	Per Month	25,000	4	3	6	450,000	1	5	125,000	575,000
ISO-21	Laundry	Per Month	25,000	1	1	6	150,000			-	150,000
ISO-22	Dead body washer	Per Month	25,000	2	-	6	-	1	5	125,000	125,000
ISO-23	Tailor	Per Month	25,000	1	-	6	-	1	5	125,000	125,000
ISO-24	Cook	Per Month	25,000	1	2	6	300,000			-	300,000
ISO-25	Driver	Per Month	25,000	2	1	6	150,000	-	6	-	150,000
ISO-26	Guard	Per Month	25,000	1	2	6	300,000	1	5	125,000	425,000
ISO-27	Overtime incentive for additional visits more than 4 in each shift (specialists, doctors and nurses)	Per Month	6,000	7	4	6	144,000	4	3	72,000	216,000

ISO-28	Death allowance to the family of staff	Lump Sum	100,000	2		2	1	200,000	2	1	200,000	400,000
ISO-29	Labor cost for Burial of dead bodies	Lump Sum	30,000	2		1	1	30,000	1	1	30,000	60,000
<b>Sub Total</b>								<b>8,654,000</b>			<b>4,297,000</b>	<b>12,951,000</b>
<b>District Centers (15)</b>												
DIS-1	Nurse or MD	Per Month	40,000	15		15	6	3,600,000				3,600,000
<b>Subtotal</b>								<b>3,600,000</b>				<b>3,600,000</b>
<b>Rapid Response Team (2)</b>												
RRT-1	Medical Doctor	Per Month	40,000	2		2	6	480,000				480,000
RRT-2	Nurse	Per Month	40,000	2		2	6	480,000				480,000
RRT-3	Lab. Technician	Per Month	40,000	2		2	6	480,000				480,000
<b>Sub Total</b>								<b>1,440,000</b>				<b>1,440,000</b>
<b>Provincial Management</b>												
PO-1	Provincial M&E officer	Per Month	40,000	1		1	6	240,000				240,000
PO-2	Data Entry Clerk	Per Month	40,000	1		1	6	240,000				240,000
<b>Sub Total</b>								<b>480,000</b>				<b>480,000</b>
<b>Country Management and Support Staff Salaries</b>												
MO-1	Head of Mission (10%)	Per Month	43,805	1		1	6	262,832			-	262,832
MO-2	Program Director (20%)	Per Month	56,000	1		1	6	336,000			-	336,000
MO-3	Grants Technical Coordinator (50%)	Per Month	132,889	1		1	6	797,334				797,334
MO-4	Finance (10%)	Per Month	36,846	1		1	6	221,078			-	221,078
MO-5	Country Director (10%)	Per Month	28,000	1		1	6	168,000			-	168,000
<b>Sub-Total</b>								<b>1,785,244</b>				<b>1,785,244</b>
<b>Total Salaries:</b>								<b>16,919,244</b>			<b>4,297,000</b>	<b>21,216,244</b>





**FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES Kunar Province**

No.	Type of Reimbursable Expenses	Unit	Unit cost	Quantity	Total cost (AFN)
<b>R</b>	<b>Reimbursable costs</b>				
	<b>Trainings/workshop</b>				
R.1	Cascading of trainings conducted by WHO	Training	51,667	3	155,000
	<b>Sub Total Trainings/workshop</b>				<b>155,000</b>
	<b>Equipment/supplies for COVID-19 Hospital</b>				
R.2	Medical Equipment	Lump-sum	1,258,475	1	1,258,475
R.3	Non-Medical and IT Equipment	Lump-sum	396,000	1	396,000
R.4	Pharmaceuticals	Lump-sum	300,016	6	1,800,095
R.5	Oxygen gas	Lump-sum	150,000	6	900,000
	<b>Sub-Total Equipment/supplies</b>				<b>4,354,570</b>
	<b>Operation Cost Isolation Ward for COVID-19 Hospital</b>				
R.6	General Consumables	Monthly	20,000	6	120,000
R.7	Generator and Ambulance Fuel/Electricity	Monthly	240,000	6	1,440,000
R.8	Stationary/HMIS and printing of protocols for ISO & RRT	Monthly	20,000	6	120,000
R.9	Food for patients and staff	Monthly	252,000	6	1,512,000
R.10	Heaters for winterization	Lump-sum	157,500	1	157,500
R.11	Winterization	Monthly	63,000	3	189,000
R.12	Cloths, Mattresses, Pillows, blankets Staff Uniform	Monthly	45,600	1	45,600
R.13	Maintenance of Ambulance	Monthly	5,000	6	30,000

R.14	Rehabilitation and Maintenance	Monthly	150,000	1	150,000
	<b>Sub-Total Operation</b>				<b>3,764,100</b>
	<b>Operation for RRT (2) and District Centers (15)</b>				
R.15	Rental Ambulance	Monthly	100,000	6	600,000
R.16	Tablet for 2RRTs, 15 DCs and 1 Isolation ward	Lump sum	277,200	1	277,200
R.17	Top Up Card for RRT and District Centers	Monthly	4,250	6	25,500
	<b>Sub-Total Operation Costs RRT (2)</b>				<b>902,700</b>
	<b>Operation Cost (Provincial)</b>				
R.18	Rental vehicle for Provincial Management	Monthly	50,000	6	300,000
R.19	Stationary and supplies	Monthly	5,000	6	30,000
R.20	Furniture	Lump sum	10,000	1	10,000
.21	Top Up Card for provincial management staff	Monthly	4,000	6	24,000
R.22	Top up card for DHIS-2	Monthly	18,000	6	108,000
R.23	Internet Cost	Monthly	5,000	6	30,000
	<b>Sub-Total Operation Costs Screening teams</b>				<b>502,000</b>
R.24	<b>Operation Cost (Main Office)</b>				
R.25	Operation Cost Kabul Office Health Net TPO	Per Month	100,000	6	600,000
R.26	Operation Cost Kabul Office ORCD	Per Month	20,000	6	120,000
	<b>Sub-Total Operation Cost (HN TPO)</b>				<b>720,000</b>
	<b>Total Reimbursable</b>				<b>10,398,370</b>





### Non-Medical Equipment list with budget

S/N	Item	Unit	Unit cost	Total cost (AFN)
1	Cupboard for laboratory	1	48,000	48,000
2	Chairs for Lab	3	4,000	12,000
3	Printer	1	16,000	16,000
4	Refrigerator	1	30,000	30,000
5	Photocopier	1	90,000	90,000
6	Sofa Set	1	40,000	40,000
7	Pharmacy shelf	4	5,000	20,000
8	Meeting table	1	50,000	50,000
9	Meeting chairs	30	3,000	90,000
	<b>Total</b>			<b>396,000</b>

### Medical Equipment list with budget

S/N	Item	Unit	Unit cost	Total Price (AFN)
1	Oxygen analyzer	Pcs	10,000	20,000
2	Cardiac monitor	Pcs	70,000	140,000
3	Water tank for X-Ray	Pcs	5,000	5,000
4	X-Ray table	Pcs	20,000	20,000
5	X-Ray grid	Pcs	10,000	10,000
6	Lead gown for X-Ray Technician	Pcs	10,000	10,000
7	ECG machine	Pcs	100,000	100,000
8	BP Set	Pcs	1,700	51,000
9	Ambubag (different size)	Pcs	3,000	18,000
10	Suction machine electrical two bottle	Pcs	16,000	32,000
11	Water bath	Pcs	25,000	25,000
12	Juster 10-100 mic	Pcs	2,500	5,000
13	Juster 10-1000 mic	Pcs	2,500	5,000
14	Juster rack	Pcs	500	1,000
15	Juster tube	Pcs	70	420
16	Slide rack	Pcs	90	360

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17	DLC counter	Pcs	1	2,000	2,000
18	Counting Chamber	Pcs	1	1,200	1,200
19	Stop watch	Pcs	1	120	120
20	ESR TUBES	Pcs	50	200	10,000
21	Test tube	Box/400	5	1,200	6,000
22	Urine Container	Box/100	5	3	15
23	Stool Container	Box/200	5	2	10
24	Tourniquet	Pcs	5	70	350
25	Microscope	Pcs	1	80,000	80,000
26	Microscope slide	Box/72	20	230	4,600
27	Cover slid	Box/100	5	80	400
28	Yellow tubes	Box/500	5	1,200	6,000
29	Blue tubes	Box/500	5	1,200	6,000
30	Lab table	Pcs	1	7,000	7,000
31	EDTA Tubes	Box/100	10	800	8,000
32	Lump(touch)	Pcs	1	200	200
33	Spirometer	Pcs	1	94,000	94,000
34	CBC Machine	Pcs	1	350,000	350,000
35	Intubation set	Pcs	2	1,400	2,800
36	Pulse Oximeter	Pcs	6	2,500	15,000
37	CPAP	Pcs	1	152,000	152,000
38	Infusion pump	Pcs	1	70,000	70,000
<b>Total</b>					<b>1,258,475</b>

012 1001  
 Ministry of Public Health  
 Procurement Department  
 Grants & Service Contracts  
 Management Unit (GSMU)





APPENDIX E: The following is added to the appendix E of the original contract

# WORK SCHEDULE AND PLANNING FOR DELIVERABLES FOR the 2<sup>nd</sup> SIX-MONTH

N <sup>o</sup>	Deliverable/Activities	Weeks																								Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1	Carry out smooth transition to the new round (amendment-2)																									
1.1	Carry out staff induction	X																								1W
1.2	Provide briefing to district and provincial authorities		X																							1W
2	Carry out staff contract renewal																									
2.1	Negotiate job contract renewal with staff	X																								1W
2.2	Hire new staff for additional DCs	X																								1W
3	Rationalize the COVID-19 Ward/Hospital																									
3.1	Carry out detailed planning for rationalization		X																							1W
3.2	Carry out rationalization in number of staff and beds		X																							2W
4	Establish and Maintain District Centers																									
4.1	Maintain services of DCs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
4.2	Establish new DCs in remaining districts	X	X																							2W
5	Carry out rationalization of RRTs																									
5.1	Carry out discussions with provincial stakeholders		X																							1W
5.2	Redistribute the catchment area to 2 RRTs		X	X																						2W
6	Carry out rationalization of equipping the sites																									
6.1	Procure required equipment and supplies	X	X	X																						3W
6.2	Equip the newly established DCs and other sites			X	X																					2W
7	Maintain provision of COVID-19 response services																									
7.1	Carry out community-level activities by RRTs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
7.2	Carry out COVID-19 services in DCs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M

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7.3	Maintain inpatient services through COVID-19 Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
8	Carry out regular provision of required supplies																											
8.1	Procure and supply essential pharmaceutical items	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7W
8.2	Receive items from UNICEF and supply to sites																											3W
9	Provide ambulance services																											
9.1	Maintain RRT ambulances in good condition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
9.2	Provide patient transfer services to affected people	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
10	Obtain and transport samples																											
10.1	Collect samples from community & DCs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
10.2	Carry out transportation of samples to regional lab	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
11	Regularly provide required protection equipment																											
11.1	Procure and provide PPEs and IPC material	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6W
11.2	Enforce utilization of PPEs and IPC protocols	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
12	Carry out supervision and monitoring																											
12.1	Maintain regular supervision through provincial team	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	23W
12.2	Carry out periodic monitoring visits	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7W
13	Carry out capacity building																											1W
13.1	Prepare detailed training plan																											3W
13.2	Carry out training of target personnel	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
14	Prepare and submit required project reports																											
14.1	Maintain data in DHIS2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M
14.2	Prepare and submit reports to MoPH																											6W
15	Carry out regular coordination and communication																											
15.1	Attend monthly meetings																											6W
15.2	Maintain regular communication with stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6M

Note: "M" stands for month; "W" stands for week



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

**NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2, Kunar Province under  
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project  
AFG/MoPH/GCMU/COVID-19/ 17- amendment-2**

Service Provider: HN-TPO/ORCD (JV)  
Date: November 8, 2020  
Time: 11:30 am  
Venue: GCMU office

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

**Background:**

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

Therefore, HN-TPO/ORCD (JV) was requested to submit a brief technical and detailed financial proposals for Kunar province. After the review of the proposals, the Kunar organization was invited to contract negotiations.

Following is the details of discussed and agreed points during the negotiation meeting:

**Preliminary Matters**

- Confirm Power of Attorney/Authority to negotiate
- Confirm availability of proposed key staff (the confirmation letter signed by each key staff).

**I. 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
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 two (2) 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: Fifteen (15)	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 health facilities and ambulance are excepted from this clause. The provincial COVID-19 project management staff is based at the COVID-19 hospital building and their operation cost is covered under the COVID-19 ERHSP project budget. At Kabul level the HN-TPO and ORCD Kabul offices would be used and their operation costs are budgeted under COVID-19 ERHSP project as a share.	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	21,216,244	21,216,244
(2) Reimbursable	0	10,398,370	10,398,370
(3) Admin Cost (5% of 1+2)	0	1,580,730.71	1,580,730.71
(4) Total of Remuneration and Reimbursable and Admin cost (4=1+2+3)	0	33,195,345	33,195,345
(5) Contingency Fund (5=10% of 4)	0	3,319,534.49	3,319,534.49
(6) Total Cost of the Financial Proposal (6=4+5):	0	<b>36,514,879</b>	<b>36,514,879</b>

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

No	Discussed issues	Agreed points
1	The SP agreed to spend the allocated amount for the implementation of COVID-19 project only.	Agreed
2	The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes.	Agreed
3	The SP agreed to spend the allocated amount of this contract amendment-2 after effectiveness date (November 3, 2020).	Agreed



4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اکرامیه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed

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

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

### Conclusion of the meeting and next steps

- **Pending documents and deadline:** all the documents must be signed and stamped.
  - o Revised technical proposal: Yes
  - o Revised financial proposal: Yes
  - o Revised Work Plan: Yes
  - o Detailed Training Plan
  - o Confirm availability of proposed key staff (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. Sahibullah Alam	Sr. Grant Management Specialist	GCMU-MoPH	Original signed
2	Dr. Ahmad Eklil Hussian	Sr. Grant Management Specialist	GCMU-MoPH	Original signed
3	Dr. Kalimullah Fawad	Sr. Performance Management Specialist	PMO-MoPH	Original signed
4	Homayen Darwish	Finance Specialist	DBD-MoPH	Original signed
5	Dr. Afzal Khosti	NSDR Coordinator	EHIS/MoPH	Original signed
6	Hassan Mashaal	COVID-19 Focal Point	COVID-19 Directorate/MoPH	Original signed

For and on behalf of Service Provider (HN-TPO/ORCD):

No	Name	Designation	Organization	Signature
1	Dr. Najeebullah Najeeb	Director Programs	HN-TPO	Original signed
2	Dr. Freba Azizi	Grant Coordinator	HN-TPO	Original signed
3	Amanullah Elham	Deputy Finance Controller	HN-TPO	Original signed
4	Sayed Waliullah	Finance Coordinator	HN-TPO	Original signed
5	Dr. Mirwais	Program Manager	ORCD	Original signed
6	Abdul Shafi	Finance Coordinator	ORCD	Original signed

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