ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/20
Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Care of Afghan Families (CAF)

Funded by:
International Development Association (IDA)

Dated: December 2020

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This CONTRACT (hereinafter called the "Contract") was made on ***06/June/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, ***Care of Afghan Families (CAF)*** (hereinafter called the "Consultant"), was amended on September 21, 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	The date on which this amendment shall come into effect is **December 06, 2020**
14.1	This clause replaces the earlier 14.1: The period of this contract amendment will be till **March 31, 2024.** **Note 1:** This contract amendment-2 includes the second six-month project work plan with the related cost. For the remaining period, the work plan and its related costs shall be agreed by both parties during the implementation of the second six-month and subsequent years, subject to availability of funds and satisfactory performance of the service provider; contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly, the work plan and ToR will be revised on semi-annual or yearly basis. **Note 2:** In case of need during the implementation of the project (the second 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.
38.1	This clause replaces the earlier 38.1: The new contract ceiling amount for the 12 months is: (**AFN 73,131,068) Seventy -three millions, one hundred thirty-one thousand and sixty eighty Afghani only;** **i.** Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is: a. COVID-19 contract price for the first 6-month: AFN 33,756,800 b. COVID-19 contract price for the second 6-month under amendment-2: AFN 32,725,989 c. COVID-19 contract price for 12-month (c=a+b): AFN **66,482,789** **ii.** Contingency fund (10%) of contract price (bullet # **i** (b) mentioned above) is: d. Contingency fund for the first 6-month: AFN 3,375,680 e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 3,272,599 f. Contingency fund for 12-month (f=d+e): AFN 6,648,279 The contingency fund to be reimbursed according to the item under (Para E Contingency fund) of the ToR incorporated in this contract amendment **iii.** The new contract ceiling amount (iii=c+f) **AFN 73,131,068** All above costs are fixed inclusive of local direct taxes and exclusive of local indirect taxes. Contract will be amended (as and when required) to cover the costs for the consecutive years as per respective work plans; accordingly, the work plan and ToR will be revised on semiannual or yearly basis.
41.2	The following table is added to the payment schedule of amended-1:

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# 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 December 2020 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3rd 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 3rd 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 May 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 1st and 2nd instalments will be adjusted in this instalment.

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

Prepared by	Dr.Mohammadullah Amarkhail	Sr. Grant Management Specialist, GCMU/MoPH	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 ***Ministry of Public Health***	For and on behalf of ***Care of Afghan Families***
Ahmad Jawad Osmani ***Acting Minister of Public Health***	***Dr. Mohammad Ahraf Elham MD*** ***General Director***
Signature:	Signature:

II. AMENDMENTS IN APPENDICES: the following appendices are amended as:

APPENDIX A: This appendix replaces the earlier appendix A (Terms of References):

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.

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

The service provider will be involved in the national, provincial and district level mechanisms to combat the epidemic and support the structure and functions described by the MoPH at all these

levels. The SPs are required to ensure proper staffing, training, and efficient logistics to functionalize the provincial and district level centers for combating corona virus epidemic.

i. At Provincial Level: There is a provincial Center for Combating Corona virus, headed by the Provincial governor and/or Provincial Health director. The center will have four main functions a) health services, b) surveillance c) monitoring and risk communication; d) logistic/ finance support. The Service provider needs to be engaged actively in all four functions and work closely with the provincial center.

ii. At District Level: At each district level, there should be one District Center (DC). District Hospital (DH) should be chosen preferably as DC; in locations where a DH is not available to serve as DC, a CHC+, CHC, or BHC should be selected. One technical staff (MD or nurse) preferably female to be deployed in each DC. The staff at DC to carry out key interventions including, medical consultation, screening, referral, risk communication, facilitate sampling of COVID-19 suspected cases, coordination between RRTs and COVID-19 hospital, reporting of surveillance data and other tasks instructed by his/her line manager.

iii. The Rapid Response Team (RRT) to be functionalized per 300,000 population according to the MoPH instruction. All the SPs are required to ensure that RRTs are deployed to achieve key activities including: sample collection, contact tracing, and data entry, risk communication (case referral), transport of samples to lab site, and medical consultation of mild and moderate cases as well as establishing coordination with ambulance services for managing severe and critical cases.

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

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

The details of tasks are explained below:

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

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

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

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

ii. **Contact tracing:** Contact tracing shall be done to identify suspected secondary contact cases and in case of developing signs and symptoms with immediate evacuation.

iii. **Follow up of people in home quarantine:** The service provider to follow the suspected people at their residence and provide health education through RRTs and CHWs network as per the quarantine guideline of MoPH which include home quarantine guidance. In case of developing any signs and symptoms to be referred to COVID-19 ward/hospital.

iv. **Taking samples and transfer it to the nearest reference lab facility:** The SPs need to take samples from suspected cases (as per the MoPH developed operational procedures for laboratory) at health facilities/community level and transfer them to nearest reference lab for Covid-19 testing and follow up of their results.

3. **To manage and isolate COVID-19 suspected and confirmed cases:** The SP is responsible to deliver essential health care services to the people who are infected with COVID-19. Maintain/operationalize COVID-19 ward/hospital for severe and critical cases. The MoPH has already provided the infrastructures in the province; the SP will be responsible to rationalize staffing based on HR plan, beds, and running the ward/hospital. The need for increasing/decreasing number of beds shall be subject to certain criteria which will be determined by the MoPH. As per the MoPH guideline, the mild and moderate COVID-19 cases should be advised to stay at their home and the SP should trace their contacts. Moreover, SP needs to refer severe and critical suspected cases directly to COVID-19 hospitals for further case management based on hospital SoPs for COVID-19 cases

4. **To regularly supply oxygen, medicines, and other materials:**
   a. The SP should develop a comprehensive plan to supply the COVID-19 ward/hospital RRTs and DCs on regular basis.
   b. The SP is responsible to provide the required amount of oxygen to COVID-19 ward/hospital (for severe and critical patients) based on need and circumstances.
   c. The SP is responsible to supply required medicines to all the COVID-19 wards/hospitals. This shall be applicable until the medicine supplies are carried out by UNICEF. However, the necessary equipment will be provided by MoPH through UN agency.
   d. Service provider will supply medical materials/consumables and other logistics required for COVID-19 patients rather than purchased by UN agency.
   e. The SP is responsible to provide heating materials (winterization supplies) for COVID-19 ward/hospital.

5. **To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders:** This intervention shall be implemented in accordance with the MoPH Screening Guideline which has been adopted based on International Health Regulation (IHR-2005).

6. **Infection prevention and control measures at health facility level:** The COVID-19 outbreak could last for a long time at community level. Depending on the severity of the outbreak, the SP may recommend community actions to help keep people healthy, reduce exposures to COVID-19, and slow down the spread of the disease.
   The SP should make sure that infection prevention and control measures are taken in both health facility (COVID-19 and BPHS/EPHS), and community levels. The SP should develop 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)
Logar	COVID-19 Isolation ward	20	2	6

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

The original contract for the period of (46) months which began on June 06, 2020 till March 31st, 2024 would include the second 6 months' budget and work-plan (effective from December 06 till June 05, 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:

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

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

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

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

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

11. The service provider should pay salary to the staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines which included all benefits.
12. The service provider to pay death benefits to the family of staff (health worker and supportive staff) involved in managing COVID-19 based on the Government's approved guidelines.

J. REPORTING REQUIREMENTS AND SCHEDULE FOR SUBMISSION

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

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

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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

Cost of the Financial Proposal	*{Insert Foreign Currency }*	Cost in AFN
(1) Remuneration	-	17,309,330
(2) Reimbursable	-	13,858,279
(3) Admin Cost (5%)	-	1,558,380
(4) Contingency Amount (10% of total budget)	-	**3,272,599**
Total Cost of the Financial Proposal: {Should match the amount in Form FIN-1}		**35,998,588**

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FORM FIN-3 BREAKDOWN of Remuneration

No.	Name	Qty	Person-month Remuneration Rate	Time Input in Person/Month	{Currency - as in FIN-2}	{Local Currency- as in FIN-2}
	Key Experts					
K-1	Mohammad Anwar "Nawabi" Technical Manager	1	90,222	6	541,332	541,332
K-2	Mohammad Tahir "Dawlatzai" Finance Officer	1	66,333	6	397,998	397,998
	Non-Key Experts					
	A-Management					
N-1	Hospital Director	1	100,000	6	600,000	600,000
N-2	Medical Director (Med Specialist)	1	90,000	6	540,000	540,000
N-3	Medical Specialist	1	90,000	6	540,000	540,000
	B-Doctor					
N-4	MD	2	280,000	6	1,680,000	1,680,000
	C-Nursing Staff		-	-	0	0
N-5	Head Nurse	1	50,000	6	300,000	300,000
N-6	ICU Nurs	4	200,000	6	1,200,000	1,200,000
N-7	Ward Nurse	4	300,000	6	1,800,000	1,800,000
	D-Allied Health staff					
N-8	X-Ray technician	2	80,000	6	480,000	480,000
N-9	Ph.Tech	2	80,000	6	480,000	480,000
N-10	Anesthesia Tech	2	80,000	6	480,000	480,000
N-11	Lab.Tech	2	160,000	6	960,000	960,000
	E-Admin		-	-	0	0
N-12	Admin	1	40,000	6	240,000	240,000

N-13	M.Record officer	1	40,000	6	240,000	240,000
N-14	Pro. Off	1	40,000	6	240,000	240,000
N-15	Ad. Assistnant	1	40,000	6	240,000	240,000
N-16	Stock Keeper	1	40,000	6	240,000	240,000
N-17	Cashier	1	40,000	6	240,000	240,000
N-18	HR. Asistant	1	40,000	6	240,000	240,000
N-19	Ele/mechanic	1	40,000	6	240,000	240,000
	F-Support Staff		-	-	0	0
N-20	Cleaner	4	100,000	6	600,000	600,000
N-21	Laundry	1	25,000	6	150,000	150,000
N-22	Mullah /غسال	1	25,000	6	150,000	150,000
N-23	Tailor	1	25,000	6	150,000	150,000
N-24	Cook	2	50,000	6	300,000	300,000
N-26	Gurad	2	50,000	6	300,000	300,000
	RRT		-	-	0	0
N-27	Doctor	2	100,000	6	600,000	600,000
N-28	Nurse	2	80,000	6	480,000	480,000
N-29	Lab Technition	2	80,000	6	480,000	480,000
	District Center for Combating Corona virus		-	-	0	0
N-30	MD/Nurse	6	240,000	6	1,440,000	1,440,000
	Data Entry officer		-	-	0	0
N-31	MD/Nurs	1	50,000	6	300,000	300,000
	G-Incentive for Burial Process		-	-	0	0
N-32	Incentive for Burial Process	2	40,000	6	240,000	240,000
	Dead Benefit		-	-	0	0
N-33	Akramia	2	200,000	1	200,000	200,000
Total =						**17,309,330**

FORM FIN-4 BREAKDOWN of Reimbursable Expenses

N°	Type of Reimbursable Expenses	Unit	Unit Cost	Quantity	Duration	{Local Currency- as in FIN-2}
PO Management Cost						
1	Communication Cost	Postpaid	1,000	2	6	12,000
2	Internet monthly cost	Postpaid	1,000	2	6	12,000
3	Office Equipment and furniture	Unit	118,000	1	1	118,000
4	Office Equipment Maintenance	Time	3,000	1	6	18,000
5	Stationery	Monthly	3,000	1	6	18,000
6	office supplies	Monthly	3,000	1	6	18,000
7	Truck Rental to Province	Time	5,000	1	6	30,000
8	Training cost (Cascading)	Bach	147,440	1	1	147,440
9	Tablet	Unit	15,000	1	1	15,000
10	Transportation cost	Time	19,000	1	6	114,000
11	Winterization	Time	11,583	1	3	34,750
Provincial Center for Combating Corona virus (Isolation Ward)						
12	Communication Cost	Postpaid	1,000	3	6	18,000
13	Internet installation and monthly cost	Postpaid	1,000	3	6	18,000
14	Office Equipment and furniture None Medical	Time	636,500	1	1	636,500
15	Medical Equipment (Med Equip which is not added in WHO list)	Time	714,500	1	1	714,500
16	Office Equipment Maintenance	Time	5,000	1	6	30,000
17	Renovation/Rehabilitation	Time	100,000	1	1	100,000
18	Stationery	Monthly	5,000	1	6	30,000
19	Office supplies	Monthly	10,000	1	6	60,000
20	Printing of IEC/BCC materials	Time	10,000	1	6	60,000
21	Food	Daily	6,000	40	6	1,440,000
22	Vehicle rent	Monthly	40,000	1	6	240,000
23	Ambulance for refering of Patints	Monthly	60,000	1	6	360,000

24	Visibility actions (Special health activities)	Time	10,000	1	1	10,000
25	Utilities (electricity, Gas and Water)	Monthly	10,000	1	6	60,000
26	Hygiene Materials	Monthly	90,360	1	6	542,160
27	Generator Fuel	Monthly	40	1,920	6	460,800
28	Back Up Generattor (perkins 26KW)	Pic	693,000	1	1	693,000
29	Generator Repair and Maintenance	Monthly	10,000	1	6	60,000
30	Drug	Monthly	393,469	1	6	2,360,813
31	Medical Supply	Time	6,500	1	6	39,000
32	Winterization	Time	90,000	1	4	360,000
33	Incenerator Fuel	Monthly	40	720	6	172,800
34	Tablet	Pic	15,000	2	1	30,000
35	Oxygen Gas	balon	577,500	6	1	3,465,000
RRT						
36	Communication Cost	Postpaid	1,000	2	6	12,000
37	HMIS Printing /Stationery	Monthly	1,000	2	6	12,000
38	Vehicle rent	Monthly	50,000	2	6	600,000
39	IP Hygine	Pic	6,336	2	1	12,672
40	Tablet	Monthly	15,000	2	1	30,000
41	Medical Supply	Pic	2,400	2	1	4,800
42	Medical Equipment	Pic	15,656	2	1	31,312
District Center for Combating Corona virus						
43	Communication Cost	Postpaid	1,000	6	6	36,000
44	Stationery	Monthly	1,000	6	6	36,000
45	office supplies	Monthly	1,000	6	6	36,000
46	Hygiene	Monthly	27,840	6	1	167,040
47	Medical Equipment	Pic	6,250	6	1	37,500
48	Medical Supply	Monthly	42,532	6	1	255,192
49	Tablet	Pic	15,000	6	1	90,000
Total Costs						**13,858,279**

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

N°	Deliverables [1] (D-..)	Months						
		1	2	3	4	5	6	TOTAL
D1	**Continuation of Isolation Ward**							
	CAF continue a COVID-19 isolation ward in Kunjak hospital of Logar							1
	Keeps fully staffing the department as per the required staffing pattern							6
	Provide necessary medical equipment, oxygen, supplies, and drugs							6
	Provides necessary logistical items for the ward to deliver quality services							6
	HR and financial management of the department providing timely salary and benefits of the staff							6
	Regular supply of pharmaceuticals as per MOPH protocols through the project fund							6
	Timely winterization supply							3
	Provides necessary HMIS and reporting tools and formats to the center							6
D2	**Continuation of District Coronavirus Combating Centres**							
	Continuing district centers in six districts of Logar province							1
	Keep staffing the centers with a minimum staffing pattern							1
	Provide the necessary medical equipment, oxygen, supplies							6
	Provides necessary logistical items for the centers							6
	HR and financial management of the centers providing timely salary and benefits of the staff							6
	Regular supply of pharmaceuticals as per MOPH protocols							6
	Provides necessary HMIS and reporting tools and formats							6
	Timely winterization supply							3
D3	**Continuation of Rapid Response Teams**							
	Continuing the deploy five RRTs in the selected districts of the province							6
	Provide necessary medical equipment, oxygen, supplies,							6
	HR and financial management of the RRTs, providing timely salary and benefits of the staff							6
	Regular supply of pharmaceuticals as per MOPH protocols							6
	Rent a proper vehicle for each RRT to transport the team and samples within the province							6
	Provides necessary HMIS and reporting tools and formats to the RRTs							6
	Provide required communication means to the RRTs							6
D4	**Capacity Building of Staff on Prevention of COVID-19**							
	Cascade the training to all staff of isolation center, district center, RRTs, CHSs, and CHWs							5
D5	**Follow up of People in Home Quarantine and Contact Tracing**							
	Train RRTs/CHW to follow suspected people in their catchment area who are advised for home quarantine							3
	Train RRTs to regularly conduct contact tracing of identified positive cases							5
D6	**Monitoring and Evaluation**							
	Monitor the project performance as per the agreed work plan							6

	Update the surveillance department of the ministry of public health							6
	Cooperate with any monitoring and evaluation delegations							6
	Consider the feedback of the commissions and make a responsive action plan							6
	Participates in all joint monitoring visits of the COVID-19 hospital and RRTs as planned by PPHCC							6
D7	**Coordination and Communication**							
	Close coordination with PPHD at the provincial level							6
	Sharing the action with the emergency committee							6
	Participate in all provincial relevant sub-committees							6
D10	**Contingency Fund**							
	Use the contingency fund of the project to manage extreme cases of Coronavirus							Based on need
	Update the MOPH for the increase of patients from the current number of 20 beds							Based on need
	Consider the isolation ward in each district center							Based on need
D11	**Reporting and Recording**							
	Provide regular activities reports to the ministry of public health							6
	Provides quarterly financial reports to MOPH and asks for the project installments							6
	Use the online reporting system as per the MOPH requirement							6
D12	**Organization and Staffing**							
	Keeping the project fully staffed, including key personnel and non-key staff							6
	Key staff support the project staff in terms of providing capacity building, supportive supervision							6
	Responsible for the timely provision of necessary equipment, drugs, and supplies at the province							6
	Key staff supervises the centers, RRTs, and CHWs							6
	CAF's central management staff support project staff in terms of monitoring, supervision, capacity building, and mentoring							6
	Ensures timely procurement, supply, and transport of necessary items from Kabul to province							6
	Finance and HR department of the main office transfer timely project funds from the central bank account to the project							6
	Timely payment of staff salary, benefits, and project expenditures							6
	Timely submission of technical and financial reports of the project to MOPH							6

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

NEGOTIATION MINUTES OF CONTRACT AMENDMENT-2
of the Logar Province under
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP)
Project

H.E/MoPH/GCMU/COVID-19/ 20- amendment 2

Service Provider:	CAF
Date:	November 24,2020
Time:	2:00 p.m.
Venue:	GCMU meeting room

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

Background:
H.E Ministry of Public Health (MoPH) of Afghanistan has signed the contracts with current SP/INGO/PHS 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 contract is divided to month's budget and work-plan. As the first six months of the contract is become to end in early November 2020 and considering the possibility of second wave of COVID-19 pandemic in upcoming winter, the MoPH planned to amend the current contract under COVID-19 ERHSP project for another six months.

Therefore, CAF was requested to submit a brief technical and detailed financial proposals for Logar province. After the review of the proposals, CAF organization was invited to contract negotiations.

Following to 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).

1. **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.	Agreed
3	In case of unavailability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly.	Agreed
4	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
5	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 non-patient process and in close coordination with PPHD.	Agreed
6	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).	Agreed

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	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.	
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: 6	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. Note: Number of staff should base on the number of functional beds (50%).	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-months), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed
15	Tablet should be provided for isolation ward, provincial office and each DC	Agreed

II. Negotiation on financial matters:

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	17,309,330	17,309,330
2- Reimbursible	0	13,858,279	13,858,279
3- Indirect cost (5%)	0	1,558,380	1,558,380
4- Contingency cost (4- 10% of 1-2)	0	3,272,599	3,272,599
Total price for amendment-2 (the second six month)	0	**35,998,588**	**35,998,588**

5. 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 (December 06, 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 (حق الزحمت) as per negotiation agreement and agreed budget to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial central level	Agreed
7	Staff of call centre should be delated.	Agreed
8	Orovelainer position should be delated	Agreed
9	Purchasing of photocopy machine is not allowed	Agreed
10	Purchasing of those office equipment and furniture and None Medical equipment for COVID-19 isolation ward are allowed which are relevant to the COVID-19 hospital, not purchased during previous project and list of equipment which are planned to be purchased must be submitted to GCMU	Agreed
11	Food unit price should be decreased from AFN 300 to AFN 200 per person	Agreed
12	In case of supplying of medicines by any organization including UNICEF ,SP is not allowed to use this amount	Agreed
13	Generator Repair and Maintenance cost per month should be decreased to 5,000 per month	Agreed
14	Communication Cost for RRTs should be allocated for two teams	Agreed
15	Number of vehicles for RRTs should be decrease to 2 (RRT 2)	Agreed
16	Tablet should be provided for 2 RRTs not 5	Agreed
17	Winterization and heater are not allowed to be purchased for DCs	Agreed
18	Any cost related to call centre is not allowed	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: AFS
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.

1. Revised financial proposal: Yes
2. Revised Technical proposal including Work Plan: Yes
3. Detailed of training plan: Yes
4. List of medical and non-medical equipment: Yes
5. Confirm Power of Attorney Authority to negotiate: Yes
6. Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

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Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Dr.Mohammadullah Amarkhail	Sr.G.M.S	GCMU	
2	Dr.Ekhl	Sr.G.M.S	GCMU	
3	Dr.Sanaullah Sana	Sr.P.M.S	PMO	
4	Dr.Shukrullah Shakir	Emergency Coordinator	RH/COVID-19	
5	Mr.Homayon Darwish	Finance Specialist	DBD	
6	Dr.Afzal Khosti	NDSR Coordinator	M&EHIS	

For and on behalf of Service Provider (CAF):

No	Name	Designation	Organization	Signature
1	Dr. Ashraf Elham	General Director	CAF	
2	Mohammad Edris Yosufi	Admin/Finance Director	CAF	

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Ministry of Public Health
Procurement Department

List of Medical and non-Medical equipment:

Medical Equipment (Isolation Ward)

Discription	Qty	Unit	Price	Total
IV Stand	10	PIC, Afg	1,200	12,000
Dressing trolley	5	PIC, Afg	3,500	17,500
pulse oxymeters	10	PIC, Afg	3,000	30,000
Cloth Trolley	2	PIC, Afg	6,000	12,000
Corridor (for disinfection)	1	PIC, Afg	100,000	100,000
Washing machine with dryer 15 Kg Capacity Good Quality	1	PIC,Afg	45,000	45,000
Filter machine for water 12 litter Electric Good quality	1	PIC,Afg	23,000	23,000
Hand Pump for chlorination 20 litter	2	PIC,Afg	5,000	10,000
Serum Warmer	5	PIC,Afg	33,000	165,000
Patient Monitor	5	PIC,Afg	60,000	300,000
Total =				714,500

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Isolation Ward Equipment and furniture

Discription	Qty	Unit Price	Total Price
Fridge	1	50000	50,000
Basket	4	500	2,000
chair folding	10	1200	12,000
Gas Balloon	1	1500	1,500
Stove	1	1000	1,000
Blanket	20	2000	40,000
Blanket sheet	60	300	18,000
Stablizer	2	5000	10,000
water dispenser	1	5000	5,000
Meeting Table with chairs	1	50000	50,000
Curtain	1	20000	20,000
Safe for cashier	1	25000	25,000
Fire Stinguisher (Complete Seat)	4	3500	14,000
water Pipe	50	120	6,000
water tank	1	1000	1,000
Bed sheet	960	100	96,000
Sheet	5	5000	25,000
Curtin	50	4000	200,000
TV Monitor	2	30000	60,000
Total =			636,500

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