ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/21
Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Agency for Assistance & Development of Afghanistan and HN-TPO

Funded by:
International Development Association (IDA)

Dated: December 2020

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, ***AADA/HN-TPO*** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on ***December 02, 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 169,068,004) One hundred sixty-nine million, Sixty-eight thousand and Four 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 76,948,049 b. COVID-19 contract price for the second 6-month under amendment-2: AFN 76,750,136 c. COVID-19 contract price for 12-month (c=a+b): AFN **153,698,185** **ii.** Contingency fund (10%) of contract price (bullet # **i** (b) mentioned above) is: d. Contingency fund for the first 6-month: AFN 7,694,805 e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 7,675,014 f. Contingency fund for 12-month (f=d+e): AFN **15,369,819** 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 169,068,004** 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:

# 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, March and April 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 each member of JV ***AADA/HN-TPO***	
Ahmad Jawad Osmani ***Acting Minister of Public Health***	For and on behalf of ***AADA*** ***Dr.Yasamin Yousufzai*** ***General Director***	For and on behalf of ***HN-TPO*** ***Dr.Ab Majeed Siddiqi*** ***Head of Mission, HN-TPO***
Signature:	Signature	Signature: For

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…ete.
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 Nangarhar 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)
Nangarhar	Nangarhar COVID-19 Hospital	50	8	22

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 Nangarhar 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 include the second 6 months' budget and work-plan (effective from December 06 till June 05, 2021).
For the remaining period of the contract, the work plan and its related cost shall be agreed by both parties during the implementation of the second six months of the project, subject to availability of fund and satisfactory performance of the service provider.

F. COMPLIANCE WITH TECHNICAL GUIDELINES

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

G. QUALIFICATIONS OF KEY PROFESSIONAL STAFF:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

J. REPORTING REQUIREMENTS AND SCHEDULE FOR SUBMISSION

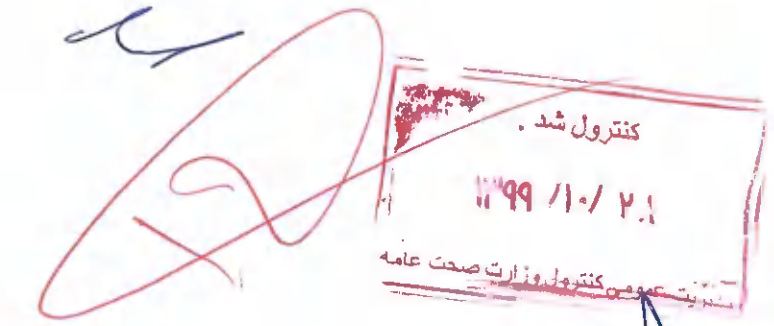
The Service Provider will provide MoPH with the following reports which are also deliverables of the contract:

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

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

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

Cost of the Financial Proposal	{ Insert Foreign Currency}	{ Insert Local Currency} AFN
(1) Remuneration	0	40,033,008
(2) Reimbursable	0	33,062,360
(3) Indirect Cost 5%	0	3,654,768
(4) Total of Remuneration and Reimbursable (4=1+2+3)	0	**76,750,136**
(5) Contingency Fund (10% of 4)	0	7,675,014
(6) Total Cost of the Financial Proposal (6=4+5): {Should match the amount in Form FIN-1}	**0**	**84,425,150**



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

No.	Name	Position	# of Staff	Person-Month Remuneration Rate	Time Input in Person/Month	Total	{Local Currency-as in Fin-2}
Key Staff							-
	Dr. Mehraban Shinwari	Technical Manager (K1)	1	100,000	6	600,000	
	Khan Alam	Financial Officer (K2)	1	50,000	6	300,000	
	Sub Total Key Experts					**900,000**	-
Covid-19 50 Bed Hospital							-
		Hospital Director	1	100,000	6	600,000	-
		Medical Director	1	80,000	6	480,000	-
		Medical Specialist	2	90,000	6	1,080,000	-
		Doctors	10	70,000	6	4,060,000	10 MD for 6 months and 2 MD for 5 months
		Sonologist	1	50,000	6	300,000	
		QA Officer (MD)	0	50,000	6	-	-
		Ward Nurses	16	50,000	6	4,600,000	12 Ward Nurst 6 months and 4 Ward Nurse for 5 months
		Head Nurse	2	50,000	6	550,000	1 Head Nurse for 6 months and 1 Head Nurse for 5 months
		ICU Nurse	10	50,000	6	2,900,000	8 Nurse for 6 months and 2 nurse for 5 months
		X-Ray Technician	2	40,000	6	480,000	-
		Pharmacy Technician	2	40,000	6	480,000	-
		Anesthesia Technician	1	40,000	6	240,000	-
		Lab. Technician	2	40,000	6	480,000	-
		Admin	1	40,000	6	240,000	-
		Medical Record Officer	2	40,000	6	480,000	-
		Procurement Officer	1	40,000	6	240,000	-

		Admin Assistant	1	40,000	6	240,000	-
		Stock Keeper	1	40,000	6	240,000	-
		Cashier	1	25,000	6	150,000	-
		HR Assistnat	1	25,000	6	150,000	-
		Elec/Mechanic	2	25,000	6	300,000	-
		Cleaner	10	25,000	6	1,500,000	-
		Laundry	2	25,000	6	300,000	-
		Dead body washer	1	25,000	6	150,000	-
		Tailor	1	25,000	5	125,000	-
		Cook	2	25,000	6	300,000	-
		Driver	2	25,000	6	300,000	-
		Guard	4	25,000	6	600,000	-
		Overtime incentive for additional visits more than 4 in each shift (specialists, doctors and nurses)	5	6,000	6	180,000	-
		Death allowance to the family of staff	1	100,000	5	500,000	-
		Labor cost for Burial of dead bodies	1	30,000	6	180,000	-
Sub Total-50 Bed COVID-19 Hospital						**22,425,000**	-
Management for Hospital 50 Bed							-
		COVID-19 Provincial Coordinator	1	80,000	6	480,000	-
		Admin/Logistic/HR officer	1	40,000	6	240,000	-
		Managing Director (15%)	1	58,248	6	349,488	-
		Deputy Finance Controller (17%)	1	29,920	6	179,520	-
Sub Total- MGT-Hospital						**1,249,008**	-
District Centers							-
		MD/Nurse	22	40,000	6	5,280,000	-
Sub Total- District Centers						**5,280,000**	-
RRT							-
		MD	8	40,000	6	1,920,000	-
		Nurse	8	40,000	6	1,920,000	-
		labrant	8	40,000	6	1,920,000	-

Sub Total- RRT						5,760,000	-
Point of Entry							
1	Torkham Border 2	MD	2	40,000	6	480,000	-
		Nurse	2	40,000	6	480,000	-
		labrant	2	40,000	6	480,000	-
2	Daronta 2	MD	2	40,000	6	480,000	-
		Nurse	2	40,000	6	480,000	-
		labrant	2	40,000	6	480,000	-
Sub Total- Point of entry						**2,880,000**	-
Management of RRTs, District Centers and Points of Entry							
		Supervisor/Trainer	1	50,000	6	300,000	-
		Data Entry Officer	1	40,000	6	240,000	-
		Logistic/HR/Admin	1	40,000	6	240,000	-
		General Director 10%	1	28,000	6	168,000	-
		Program Director 10%	1	26,000	6	156,000	-
		Project Coordinator 25%	1	25,000	6	150,000	-
		Finance Assistant/Accountant	1	27,500	6	165,000	-
		Support Staff Provincial office	1	20,000	6	120,000	-
Sub Total Rummination Mgt						**1,539,000**	-

Sub Total 50 Bed Remuneration		23,145,000	-
Sub Total MGT-HNTPO Remuneration		1,249,008	-
Sub Total District Centers, RRT Teams and Points of Entry		14,100,000	-
Sub Total MGT-AADA Remuneration		1,539,000	-
Total Remuneration costs		**40,033,008**	-

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

N°	Type of Reimbursable Expenses	Unit	# of Activities	Unit Cost	Quantity	{Local Currency- as in FIN-2}
REIMBURSABLE COSTS						
Covid-19 50 Bed Hospital						
Traininigs						
	Cascad training planned and conducted by WHO	Per month	5	16,800	5	420,000
	Sub Total					**420,000**
Running Costs						
	Rental Ambulance	Per month	1	50,000	6	300,000
	General Consumables	Per month	1	80,000	6	480,000
	Generator and Ambulance Fuel/Electricity/Gas (Wintrization)	Per month	1	419,250	6	2,515,500
	Stationary	Per month	1	25,000	6	150,000
	Food	Per month	1	672,000	6	4,032,000
	Cloths, Mattresses, Pillows, blankets Staff Uniform	Per month	1	194,000	1	194,000
	Maintenance of building	Per month	1	30,000	6	180,000
	Sub Total					**7,851,500**
	Equipment and supplies					
	Medical Equipment 50 Beds	per item	1	1,996,240	1	1,996,240
	Non-Medical Equipment (50 Beds)	per item	1	1,203,400	1	1,203,400
	Medical Supplies	per item	1	838,792	6	5,032,750
	Medicine (50 Beds)	Per item	1	825,850	6	4,955,100
	Oxygen gas	Monthly	1	675,000	6	4,050,000
	Sub Total					**17,237,490**
	Total direct cost COVID-19 Hospital					**25,508,990**
Operational Costs provincial						
	Stationary and supplies	Per month	1	5,000	6	30,000
	Top Up Card for hospital management and provincial staff	Per month	1	4,000	6	24,000
	Internet Cost	Per month	1	5,000	6	30,000
	Sub Total					**84,000**
Operational Costs Main office						
	Operation Costs Kabul Office	Per month	1	100,000	6	600,000
	Sub Total					**600,000**
	Management cost of main and provincial office (HNTPO)					**684,000**

RRT Team operation costs						
Communication Cost						
	Top up cards for mobile and DHIS-2	Per month	2	1,000	6	12,000
	Tablet for RRT and Isolation Ward	Lump sum	2	15,400	1	30,800
	Sub Total					**42,800**
Running Costs						
	Supplies	Per month	1	5,000	6	30,000
	HMIS format	Per month	1	1,000	6	6,000
	Equipment for RRT (Pulse oximeter, sphygmomanometer,stethoscope)	Per item	1	3,500	1	3,500
	Sub Total					**39,500**
Contractual Services						
	Rental vehicle for RRT	Per month	1	50,000	6	300,000
	Sub Total			-		**300,000**
	Total direct cost RRT					**382,300**
Surviellance						
Operational Costs						
	Printing and supply of all surveillance forms and guidelines	Per month	5	1,000	6	30,000
	Total community surviellance					**30,000**
Grand Total Hospital, 1- RRT, Survelance and Management provincial and Main - HNTPO						**26,605,290**
RRT operation costs						
Communication Cost						
	Top up card for mobile and DHIS-2	Per month	21	1,000	6	126,000
	Sub Total					**126,000**
Running Costs						
	Hyegien Supplies for the RRT Vehicle	Per month	7	1,500	6	63,000
	Supplies and stationary	Per month	7	4,000	6	168,000
	Bank Charges	Per month	7	1,365	6	57,330
	HMIS format	Per month	7	1,000	6	42,000
	Sub Total					**330,330**
Contractual Services						
	Rental vehicle	Per month	7	50,000	6	2,100,000
	Rental vehicle for supervision of RRTs and operation activities	Per month	1	50,000	6	300,000
	Sub Total			-		**2,400,000**
Equipment						
	Tablet for data entry purposes	Per item	7	15,400	1	107,800

	Equipment for RRT (Pulse oximeter, sphygmomanometer,stethoscope)	Per item	7	3,500	1	24,500
	Sub Total					**132,300**
Total direct cost RRT						**2,988,630**
Operational Costs						
	Printing and supply of all surveillance forms and guidelines	Per item	29	1,000	6	174,000
	Sub Total					**174,000**
District Center operation costs						
Communication Cost						
	Top up cards	Per month	22	500	6	66,000
	Sub Total					**66,000**
Running Costs						
	Office General Supply	Per month	22	1,500	6	198,000
	Bank Charges	Per month	22	1,430	6	188,760
	Stationary supplies	Per month	22	1,000	6	132,000
	Food Cost	Per month	22	6,000	6	792,000
	Sub Total					**1,310,760**
Equipment						
	Hand washing basin	per item	22	2,500	1	55,000
	Tablet for data entry purposes	Per item	22	15,400	1	338,800
	Sub Total					**393,800**
Total direct District Centers						**1,770,560**
Point of Entry operation costs						
	Communication Cost					
	Top up cards	Per month	12	500	6	36,000
	Sub Total					**36,000**
	Running Costs					
	General supplies, utilities and running costs	Per month	4	5,000	6	120,000
	Bank Charges	Per month	4	295	6	7,080
	Stationary	Per month	4	1,500	6	36,000
	Ambulance rent for torkham entry point	Per month	1	50,000	6	300,000
	Sub Total					**463,080**
Total direct cost for entry points						**499,080**
Operational cost MGT						
Operational Costs provincial						

	Office and General Supplies	Lump sum	1	5,000	6	30,000
	Stationery supplies	Per month	1	10,000	6	60,000
	Top up cards	Monthly	2	4,000	6	48,000
	Internet fee	Monthly	1	4,000	6	24,000
	Tablet for data entry purposes	per item	2	15,400	1	30,800
	Sub Total			-		**192,800**
Operational Costs Main office						
	Operation cost KBL	Monthly	1	100,000	6	600,000
	Sub Total			-		**600,000**
	Management cost of main and provincial office (AADA)					**792,800**
Trainings						
	Technical staff of RRTs	Training	24	1,000	4	96,000
	Technical staff of DCs	Training	22	1,000	4	88,000
	Technical staff of point of Entries	Trainning	12	1,000	4	48,000
Total Trainings				-		**232,000**

Sub Total 50 Bed and RRT 1 Operation Cost		25,891,290
Sub Total Surveilance MGT-HNTPO Operation Cost		714,000
Sub Total RRTs, District Centers,Trainings, Points of Entry operation cost		5,664,270
Sub Total Survelance, MGT-AADA Operation Cost		792,800
Total Operation Cost		**33,062,360**

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

N°	Deliverables	Q3			Q4			TOTAL
		1	2	3	4	5	6	
D-1	**Inception phase**							
1	Orient stakeholders on revision in project implementation plan							IM
2	Establish and functionalize 22 District centers at most relevant HF of each district							IM
3	Rationalize number and locations of 8 RRTs as per project TOR, equip and functionalize them							IM
4	Functionalize the two entry points							IM
D-2	**Risk Communication (Public awareness and promote healthy behaviors)**							
1	Disseminate media clips, pamphlets, flyers and leaflets developed by MOPH							6M
2	Disseminate contact number of RRTs, DCCC and provincial call center to allow people call and ask advice anytime they need							6 M
D-3	**Early detection and surveillance of cases**							
	Passive/Active surveillance							
1	Report any suspected cases immediately							6 M
2	Send specimen for lab confirmation through RRT/trained staff of isolation center							6 M
3	Isolate the detected case in COVID-19 hospital							6 M
	Contact tracing and home quarantine							
1	Conduct home visit of confirmed cases for investigation through RRT							6M
2	Identify & isolate suspected secondary cases (if signs and symptoms available)							6M
	Community surveillance							
1	Enhance the community surveillance network in coordination of PPHD /stakeholders.							6M

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

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 Nangarhar Province under
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP)
Project
AFG/MoPH/GCMU/COVID-19/21- amendment-2

Service Provider:	AADA HN-TPO
Date:	November 23, 2020
Time:	1:30 p.m
Venue:	GCMU meeting room

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

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

Therefore, (AADA/HN-TPO (JV) were requested to submit a brief technical and detailed financial proposals for Nangarhar province. After the review of the proposals, the AADA/HN-TPO organizations were invited to contract negotiations

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

Preliminary Matters

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

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 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
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.	NA because BOR is already above 50%

	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 Eight (8) 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: 22	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	NA because BOR is already above 50%
11	The SP agreed to consider implement existed and any new updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the same central and provincial offices, health facilities and ambulance are excepted from this clause	Agreed
13	In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed
15	Number of point of entries should decreased from three to two as per below detail: - Torkham 2 - Daroata 2	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	40,033,008	40,033,008
2-	Reimbursable	0	33,062,360	33,062,360
3-	Indirect cost (5%)	0	3,654,768	3,654,768
4-	Contingency cost (4+10% of 1+2+3)	0	7,675,014	7,675,014
Total price for amendment-2 (the second six month)		0	84,425,150	84,425,150

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)	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 (فکر اعیه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed
7	Salary of Technical manger should be deducted from 130,000 to 100,000	Agreed
8	Salary of finance officer should be deducted from 65000 to 50000	Agreed
9	Charges of managing director should be decreased from 20% to 10%	Agreed
10	List of medical and non-medical equipment which are going to be purchased must be shared with GCMU	Agreed
11	In case of suppling of oxygen gas by any organization including UNCHEF, SP is not allowed to use the allocated money	Agreed
12	General Director of AADA salary charges should decreased from 15% to 10%	Agreed
13	Program Director of AADA salary charges should decreased from 15% to 10%	Agreed
14	AADA finance director charges is not allowed in this project	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.

a. Revised financial proposal: Yes
b. Revised Work Plan: Yes
c. Detailed of training plan: Yes
d. Medical and non-medical equipment list: Yes
e. MoU (in case of association): Yes
f. Confirm Power of Attorney/Authority to negotiate: Yes
g. Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

Negotiation Team members:

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

No	Name	Designation	Organization	Signature
1	Dr.Mohammadullah Amarkhail	Sr.G.M.S	GCMU	
2	Dr.Farid Ahmad Sharifi	Sr.G.M.S	GCMU	
3	Dr. Shukrullah Shakir	Sr.G.M.S	CORONA	
4	Dr.Afzal Khosti	National Surveillance coordinator	National Disease Surveillance and Response (NDSR)	
5	Mr.Homayon Darwish	Finance Specialist	DBD	
6	Dr.Ab Razaq Asar	Sr.P.S	PMO	

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

No	Name	Designation	Organization	Signature
1	Dr.Najeebullah Baleegh	Program Director		
2	Mr. Masoodullah Sediqi	Finance Director	AADA	
3	Dr. Najeebullah Afizoy	Program Director	HNTPO	
4	Dr. Friba Azizi	Grant Technical Coordinator	HNTPO	
5	Mr. Amanullah Elham	Deputy Finance Controller	HNTPO	

HEALTHNET TPO AFGHANISTAN

کنترول شد .

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Afghanistan Agency for Assistance and Development AADA

HEALTHNET TPO AFGHANISTAN COUNTRY OFFICE KABUL