



ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/25
Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Organization for Health Promotion and Management (OHPM)

Funded by:
International Development Association (IDA)

Dated: November 2020

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This CONTRACT (hereinafter called the "Contract") was made on **May 02, 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, **Organization for Health Promotion and Management** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on **November 03, 2020** as under:

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

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

11.1	The date on which this amendment shall come into effect is November 03, 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 76,919,766) Seventy-Six Million, Nine Hundred Nineteen Thousand, Seven Hundred Sixty-Six 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 38,078,040 b. COVID-19 contract price for the second 6-month under amendment-2: AFN 31,849,020 c. COVID-19 contract price for 12-month (c=a+b): AFN 69,927,060 ii. Contingency fund (10%) of contract price is: d. Contingency fund for the first 6-month: AFN 3,807,804 e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN 3,184,902 f. Contingency fund for 12-month (f=d+e): AFN 6,992,706 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 76,919,766 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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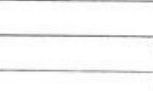
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# of instalment	Due date for submission of progress activity report and invoices	Amount and Percentage of the contract price (mentioned in bullet i of SCC 38.1)	Deliverables
1st instalment	Jadi 21, 1399 (Jan 10, 2021)	Forty percent (40%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of November and December 2020 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3 rd installment based on the TPM verification report.
2nd instalment	Hamal 21, 1400 (April 10, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission and acceptance of January, February and March 2021 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3 rd installment based on the TPM verification report.
3rd (final) Instalment	Saratan, 1400 (July, 2021)	Thirty percent (30%) of the contract amendment-2 price (mentioned in bullet i (b) of SCC 38.1)	1-Upon submission of April 2021 (monthly) activity report and end of project report (the second six-month) accepted by MoPH. 2-This instalment will be made after due verification by the TPM. 3-After verification by the TPM; Excessive costs if any given during the 1 st and 2 nd instalments will be adjusted in this instalment.

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

Prepared by	Dr. Fidaullah Naseeri	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 Ahmad Jawad Osmani Acting Minister of Public Health Signature: 	For and on behalf of OHOM Dr. Ahmad Shekib Falah Deputy Program Director Signature: 
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2022
Ministry of Public Health
Contract



II. AMENDMENTS IN APPENDICES: the following appendices are amended as:
APPENDIX A: This appendix replaces the earlier appendix A (Terms of References):

ToR

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.

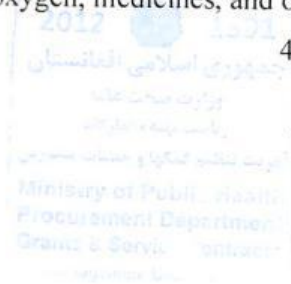
OVERALL OBJECTIVES:

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

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

B. Table-1, INDICATORS and TARGETS FOR SP:

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

C. SCOPE OF SERVICES:

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

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دائرة خدمات عامه
دائرة تنظيم كليات و مناسبات
Ministry of Publ. Health
Procurement Department
Paktika

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

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



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

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

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

Table-2: Beds, RRTs and DCs profile.

Province	Name & Location of Hospital/Ward	# of Beds	# of RRTs	# of District Centers (DC)
Paktika	COVID-19 Ward, Sharana City	20	3	18

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 Paktika province, including returnees, Kochies, prisoners, and IDPs.

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The original contract for the period of 47 months which began on May 03, 2020 till March 31st, 2024, would include the second 6 months budget and work-plan (effective from November 03, 2020 till May 02, 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.



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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 under Contract Amendment-2

Cost of the Financial Proposal	{Insert Foreign Currency}	{Insert Local Currency}
(1) Remuneration		17,610,000
(2) Reimbursable		12,722,400
(3) admin cost (5% of 1+2)		1,516,120
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)		31,849,020
(5) Contingency Fund (5=10% of 4)		3,184,902
(6) Total Cost of the Financial Proposal (6=4+5): {Should match the amount in Form FIN-1}		35,033,922



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Form FIN-3
Breakdown of Remuneration Under Contract Amendment-2

NO	Position	NO of Staff	Person Month Remuneration Rate	Time Input In Month	Total Cost AFN
Key Expert					
K-1	Technical manager	1	[Field] 80,000	6	480,000
K-2	Finance Focal Point	1	[Field] 35,000	6	210,000
Non Key Expert					
N-1	Logistic officer	1	[Home] 40,000	6	240,000
N-2	Finance Officer	1	[Home] 40,000	6	240,000
N-3	Data Clerk	1	[Field] 25,000	6	150,000
RRT Staff					
N-4	MD	3	[Field] 40,000	6	720,000
N-5	Nurse	3	[Field] 30,000	6	540,000
N-6	Laboratory Technician	3	[Field] 30,000	6	540,000
District Centre Staff					
N-7	Medical Doctor	18	[Field] 40,000	6	4,320,000
Isolation Ward staff					
N-8	Hospital Director	1	[Field] 100,000	6	600,000
N-9	Medical Director	1	[Field] 80,000	6	480,000
N-10	Medical Specialist	1	[Field] 90,000	6	540,000
N-11	Medical Doctors	4	[Field] 70,000	6	1,680,000
N-12	Head Nurse	1	[Field] 50,000	6	300,000
N-13	ICU Nurse	4	[Field] 50,000	6	1,200,000
N-14	Ward nurse	6	[Field] 50,000	6	1,800,000
N-15	X Ray technician	2	[Field] 40,000	6	480,000
N-16	Ph Technician	2	[Field] 40,000	6	480,000
N-17	Anesthetic	2	[Field] 40,000	6	480,000
N-18	Lab Tech	1	[Field] 40,000	6	240,000
N-19	Admin	1	[Field] 40,000	6	240,000
N-20	Record OFFICER	1	[Field] 25,000	6	150,000
N-21	Stock keeper	1	[Field] 25,000	6	150,000

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N-22	Mechanic	1	[Field]	25,000	6	150,000
N-23	Cleaner	4	[Field]	25,000	6	600,000
N-24	Laundry	1	[Field]	25,000	6	150,000
N-25	Mortician	1	[Field]	25,000	6	150,000
N-26	Cook	1	[Field]	25,000	6	150,000
N-27	Guard	1	[Field]	25,000	6	150,000
SUB TOTAL						17,610,000



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

B. Reimbursable Expenses:						
No	Type of Reimbursable Expenses	Unit	Unit Cost	Quantity	Total Costs Currency (AFN)	Remarks
1	Sub office running cost	Lump Sum=1	100,000	6	600,000	
2	CHW training cost (228*2*500)	CHW=456	500	1	228,000	
3	Death allowances to the staff	Allowance=2	100,000	1	200,000	
4	Isolation ward running cost	Lump Sum=1	200,000	6	1,200,000	
5	Oxygen supply for the isolation ward/hospital	Balloon=50	1,000	6	300,000	
6	Medicines and Medical Supplies for the isolation ward	Lump Sum=1	1,800,000	1	1,800,000	
7	Electricity and fuel cost for the isolation ward	Liter=1	100,000	6	600,000	
8	Food for patient in isolation Ward	Food=20	6,000	6	720,000	
9	Food cost for the staff in the isolation ward	Food=30	6,000	6	1,080,000	
10	Ambulance for the isolation wards AND for sample transportation	Rent=2	50,000	6	600,000	
11	Vehicle for RRT team	Rent=3	50,000	6	900,000	
12	Medicines and Medical Supplies for the RRTs	Lump Sum=1	457,400	1	457,400	
13	Running cost of district centers	Lump Sum=13	5,000	1	65,000	

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14	Winterization Cost	Wood/Fuel=1	500,000	1	500,000
15	Tablets for project staff	Tablet=24	50,000	1	1,200,000
16	Non-Medical equipment's for isolation ward	Lump Sum=1	172,000	1	172,000
17	Medical equipment's for isolation ward	Lump Sum=1	1,500,000	1	1,500,000
18	Oxygen balloon for the isolation ward	Balloon=40	15,000	1	600,000
Sub Total					12,722,400



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

N°	Deliverables ¹ (D-..)	MONTHS							Remarks
		1	2	3	4	5	6	7	
D-1	To increase public awareness and promote healthy behaviors in regard to COVID-19								
1.1	OHPM will maintain proper communication with the entire population through orientation sessions to update them of the existing facilities.	✓	✓	✓	✓	✓	✓		
1.2	OHPM will establish coordination with provincial call center to allow people call and ask for advice anytime they need.	✓	✓	✓	✓	✓	✓		
1.3	OHPM will install large banners in the public locations and roads leading to the Khairkot and Uoorgon cluster with specific messages of preventing covid-19 disease.	✓	✓	✓	✓	✓	✓		
1.4	OHPM will ensure availability of covid-19 IEC materials in the HFs/CHWs. This material will be used during the health education sessions and family visiting by CHWs.	✓	✓	✓	✓	✓	✓		
D-2	To conduct community surveillance and early detection of COVID-19 suspected cases								
2.1	Regular early detection and surveillance of cases at community level	✓	✓	✓	✓	✓	✓		
2.2	Passive surveillance: All health facilities are responsible to report immediately any suspected cases that match with the case definition of COVID-19 to the specified RRT for of the district.	✓	✓	✓	✓	✓	✓		
2.3	Contact tracing: Contact tracing will be done to identify suspected secondary cases and in case of developing signs and symptoms with immediate evacuation.	✓	✓	✓	✓	✓	✓		
2.4	Follow up of people in home quarantine: OHPM staff will follow the suspected people at their residence and provide health education through CHWs network. In case of developing any signs and symptoms to be referred to the isolation centers. For this, OHPM will refer to the home quarantine guideline of MoPH.	✓	✓	✓	✓	✓	✓		
2.5	Taking samples and transfer it to the nearest reference lab facility: OHPM staff will take samples from suspected cases as per protocol at the district or provincial centers and transfer it to the nearest reference lab for Covid-19 test and follow up the results. The suspected cases as per the guidelines will be referred/ transported to the provincial center for isolation if the intensity is severe.	✓	✓	✓	✓	✓	✓		
D-3	To manage and isolate cases of COVID-19 suspected and confirmed cases								
3.1	OHPM will be responsible to deliver essential health care service to the people who are infected with COVID-19.	✓	✓	✓	✓	✓	✓		
3.2	Maintain/Operationalize the COVID-19 isolation ward for severe and critical cases within the province,	✓	✓	✓	✓	✓	✓		
3.3	Equip the COVID-19 specific hospital with the necessary equipment which will be provided by MoPH through UNICEF	✓	✓	✓	✓	✓	✓		

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3.4	OHPM will follow the MOPH guidelines and will ensure the treatment methodologies for the Mild, Moderate, Severe and Critical Cases are applied.	✓	✓	✓	✓	✓	✓		
3.5	Implement WHO guideline for case management accordingly	✓	✓	✓	✓	✓	✓		
D-4 To ensure Regular Supply of Oxygen, Medicines and Other Materials									
4.1	OHPM is responsible to provide required amount of the Oxygen to the COVID-19 ward/hospital based on need.	✓	✓	✓	✓	✓	✓		
4.2	OHPM will provide the required medicines to the COVID-19 wards/hospitals all over the province.	✓	✓	✓	✓	✓	✓		
4.3	Pay for running cost - including minor renovation and maintenance of the COVID-19 isolation ward in the hospital.	✓	✓	✓	✓	✓	✓		
4.4	OHPM will provide the winterization supply for the COVID-19 isolation ward.	✓	✓	✓	✓	✓	✓		
5 To ensure proper screening of visitors/clients at points of entry which may include flights, road highways, main borders									
5.1	OHPM will establish two teams (One at the border side and other at the Airport terminal) and both the teams will perform their duties as per the WHO and MOPH guidelines.	✓	✓	✓	✓	✓	✓		
5.2	Proper screening, counselling and medication along with referral services will be the main point of concern for these teams.	✓	✓	✓	✓	✓	✓		
6 Infection prevention and control measures at the health facilities level									
6.1	Triage, applying standard precautions for all patients (which includes hand hygiene, respiratory hygiene, rational use of PPE kits, safe waste management (waste collection, segregation, storage and disposal by considering waste management standards), environmental cleaning, and sterilization of patients care equipment), Administrative controls (based on MoPH developed guideline).	✓	✓	✓	✓	✓	✓		
6.2	OHPM will supervise and monitor the implementation of community level measures decided by the MoPH in communities including social distancing, home quarantine, management of dead bodies, movement restrictions and etc.	✓	✓	✓	✓	✓	✓		
D-7 Reporting requirement:									
7.1	Daily reporting as per the surveillance guideline of COVID-19 through DHIS2 from ward/hospital, RRTs and DCs.	✓	✓	✓	✓	✓	✓		
7.2	Providing Monthly Activity Progress Report at the end of each month.	✓	✓	✓	✓	✓	✓		
7.3	Providing Quarterly Financial Report at the end of each quarter.			✓			✓		
7.6	Providing any other reports as needed to the MoPH.	✓	✓	✓	✓	✓	✓		
7.7	Submitting of the End of Project Report (EPR) one month after completion of the contract.							✓	

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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 Paktika Province under**

**Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project
AFG/MoPH/GCMU/COVID-19/ 25- amendment-2**

Service Provider: Organization for Health and Management (OHPM)
Date: Nov 04, 2020
Time: 01:30 – 03:30 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 partners 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 contracts included 6-month budget and work-plan. As the first six months of the contracts 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 contracts under COVID-19 ERHSP project for another six months.

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

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

Preliminary Matters

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

I. Negotiation on Technical points:

No	Discussed issues	Agreed Points
1	Authority of the Technical Manager (K-1 position): According to the nature of the project, the K-1 should be given sufficient managerial and financial authority (at least 100,000 AFN/invoice), under a well-defined internal control system.	Agreed
2	The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly. Currently the K-1 position (Technical Manager) is vacant. The SP did not propose the new candidate while submitting the technical proposal. So, the SP agreed to introduce the eligible qualified candidate to GCMU/MoPH for approval within two weeks from Nov 04, 2020.	Agreed
3	The SP agreed to revise the work plan and reflect the activities which have been missed in the submitted work plan but reflected in the Tech-4 and vice versa. The SP agreed to implement the project work plan as per the agreed timeline.	Agreed



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4	The SP is responsible to maintain the required number of technical and supportive staff in the COVID-19 ward/hospital for functionalizing of 50% of the beds. Maintaining technical, supportive and administrative staff to be through a transparent process and in close coordination with PPHD.	Agreed
5	The SP agreed to adjust the number of Rapid Response Team (RRT) as per the ToR from the effective date of contract amendment-2. Each RRT should be equipped with one vehicle (rental). Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is Three (3) 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: 18	Agreed
9	The SPs agreed to cascade the trainings conducted by the World Health Organization (WHO). For this purpose the SP will provide a detailed training plan to GCMU/MoPH.	Agreed
10	The number of beds remain the same as the original contract (the first six month), however, 50% number of beds shall be functionalized from the beginning of the amendment-2 (the second six month). The utilization of related/assigned budget for another 50% of beds, is subject to MoPH/GCMU prior approval. For this purpose, the SP shall submit their official request for the functionalization of more number of beds (based on the need) along with the justification during the contract amendment-2 (the second six month) to MoPH/GCMU.	Agreed
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the central and provincial offices, health facilities and ambulances could be used to enhance both BPHS/EPHS and COVID-19 services.	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

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II. Negotiation on financial matters:

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

Cost Item	NGOs Contribution (AFN)	Cost requested from MoPH (AFN)	Total cost
(1) Remuneration	0	17,610,000	17,610,000
(2) Reimbursable	0	12,722,400	12,722,400
(3) admin cost (5% of 1+2)	0	1,516,620	1,516,620
(4) Total of Remuneration and Reimbursable and admin cost (4=1+2+3)	0	31,849,020	31,849,020
(5) Contingency Fund (5=10% of 4)	0	3,184,902	3,184,902
(6) Total Cost of the Financial Proposal (6=4+5); {Should match the amount in Form FIN-1}	0	35,033,922	35,033,922

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

No	Discussed issues	Agreed points
1	The SP agreed to spend the allocated amount for the implementation of COVID-19 project only.	Agreed
2	The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes.	Agreed
3	The SP agreed to spend the allocated amount of this contract amendment-2 after effectiveness date (Nov 03, 2020).	Agreed
4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اكراميه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed

III. Negotiations on contract amendment-2 conditions:

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

Conclusion of the meeting and next steps

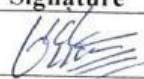

- **Pending documents and deadline:** all the documents must be signed and stamped.
 - Revised financial proposal: Yes
 - Revised technical proposal: Yes
 - Revised Work Plan: Yes
 - MoU (in case of association): N/A
 - Confirm Power of Attorney/Authority to negotiate: Yes
 - Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

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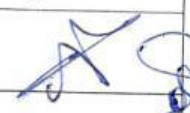



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Negotiation Team members:For and on behalf of the **Ministry of Public Health (MoPH)**

No	Name	Designation	Organization	Signature
1	Dr. Fidaullah Naseeri	Senior Grant Management Specialist	GCMU/MoPH	
2	Dr. Farid Ahmad Sharifi	Sr. Grant Mng. Specialist	GCMU/MoPH	
3	Dr. Abdul Raziq Asar	Senior Grant Management Specialist		
4	Dr. Moh. Ibrahim Halim	Emergency Specialist	COVID-19 Directorate	
5	Hamidullah Noorzai	Finance Specialist	DBD/MoPH	
6	Dr. Tawfiqulhakim Nazri	Surveillance Coordinator	Surveillance/M&EHIS/MoPH	

For and on behalf of **Service Provider (OHPM):**

No	Name	Designation	Organization	Signature
1	Dr. Ahmad Shekib Falah	Deputy Program Director	OHPM	
2	Fakhar-UI-Islam	Finance Manager	OHPM	



تعدیل شماره دوم قرارداد کوید-19 تحت پروژه ERHSP ولایت پکتیکا

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاريخ 2 می 2020 فی مابین، از یک جانب، وزارت صحت عامه (از این به بعد به نام "مشرتی" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، مؤسسه اداره و انکشاف صحت (که از این به بعد به نام "مشاور" یاد می شود) به امضا رسیده است. و بتاريخ 21 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 نومبر 2020 ذیل تعدیل (تعدیل شماره دوم) میگردد:

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

11.1	این تعدیل سر از تاریخ 3 نومبر 2020 قابل اعتبار میباشد
14.1	<p>این فقره جاگزین فقره قبلی 14.1 میباشد.</p> <p>مدت زمان این تعدیل قرارداد الی 31 مارچ 2024 میباشد.</p> <p>نوت-1: این تعدیل دوم قرارداد شامل پلان کاری و بودجه مربوطه برای شش ماه دوم پروژه میباشد.</p> <p>برای مدت زمان باقیمانده قرارداد، پلان کاری و بودجه مربوط به آن در جریان تطبیق شش ماه دوم و سال های بعدی با توافق هر دو جانب، مشروط بر موجودیت بودجه و اجراءات قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.</p> <p>نوت-2: بنا بر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجراءات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز بازنگری خواهد گردید.</p>
38.1	<p>این فقره جاگزین فقره قبلی 38.1 میباشد.</p> <p>مقدار سقف جدید قرارداد برای 12 ماه مبلغ (افغانی) 76,919,766 هفتاد و شش میلیون و نه صد و نهزده هزار و هفت صد و شصت و شش افغانی است.</p> <p>i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحنی کوید-19:</p> <p>a. قیمت قرارداد کوید-19 برای شش ماه نخست: 38,078,040 افغانی</p> <p>b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره دوم: 31,849,020 افغانی</p> <p>c. قیمت قرارداد برای 12 ماه (c=a+b): 69,927,060 افغانی</p> <p>ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد:</p> <p>d. بودجه احتیاطی برای شش ماه نخست: 3,807,804 افغانی</p> <p>e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: 3,184,902 افغانی</p> <p>f. بودجه احتیاطی برای 12 ماه (f=d+c): 6,992,706 افغانی</p> <p>این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد.</p> <p>iii. قیمت جدید سقف قرارداد (iii=c+f) (76,919,766 افغانی) هفتاد و شش میلیون و نه صد و نهزده هزار و هفت صد و شصت و شش افغانی است.</p> <p>تمامی قیمت های فوق الذکر شامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیشد. قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد.</p>



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 Grants & Service Contract
 Management Unit (GSMU)

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جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:

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

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

امضا	مشاور ارشد مدیریت قرارداد ها	دوکتور فدالله نصیری	ترتیب شده توسط
امضا	سرپرست آمریت خدمات مشورتی و تنظیم کمک ها	داکتر نیاز محمد نایب	بررسی شده توسط
امضا	ریس تهیه و تدارکات وزارت صحت عامه	عادلیار شکیب	تایید شده توسط
امضا	مشاور ارشد مالی و تدارکاتی مقام وزارت	حمید حمیدی	مرور شده توسط

از جانب وزارت صحت عامه	از جانب مشاور یا مؤسسه اداره و انکشاف صحت
احمد جواد عثمانی	دوکتور احمد شکیب فلاح
سرپرست وزارت صحت عامه	معاون رئیس برنامه
امضا	امضا



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Management Unit (GCN)