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ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH

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

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

Contract No: AFG/MoPH/GCMU/COVID-19/29
Amendment-2

Lump-Sum
CONTRACT FOR CONSULTANT'S SERVICES
DIRECT SELECTION

Between

Ministry of Public Health (MoPH)

and

Social & Health Development Program (SHDP)

Funded by:
International Development Association (IDA)

Dated: November 2020

Social and Health Development Program SHDP Headquarter

This CONTRACT (hereinafter called the "Contract") was made on ***09/05/2020,*** 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, ***Social and Health Development Program (SHDP)*** (hereinafter called the "Consultant"), was amended on September 21, 2020 and is hereby amended (amendment-2) on ***November 10, 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 10, 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 70,420,929) Seventy million, Four hundred twenty thousand, Nine hundred twenty-nine Afghani only;** **i.** Contract Price for COVID-19 EMERGENCY Response and Health Systems Preparedness Project is: a. COVID-19 contract price for the first 6-month: **AFN** 33,791,258 **b.** COVID-19 contract price for the second 6-month under amendment-2: **AFN 30,227,768** c. COVID-19 contract price for 12-month (c=a+b): **AFN 64,019,026** **ii.** Contingency fund (10%) of contract price is: d. Contingency fund for the first 6-month: p AFN **3,379,126** e. Contingency fund for the second 6-month-available for utilization under amendment-2: AFN **3,022,777** **f.** Contingency fund for 12-month (f=d+e): AFN **6,401,903** 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 70,420,929** 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 November and December 2020 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3rd installment based on the TPM verification report.
2nd instalment	Hamal 21, 1400 (April 10, 2021)	Thirty percent (30%) of the contract amendment-2 price *(mentioned in bullet* i (b) of SCC 38.1)	1-Upon submission and acceptance of January, February and March 2021 (monthly) activity reports. 2-This installment will be made full payment and then adjusted in the 3rd installment based on the TPM verification report.
3rd (final) Instalment	Saratan, 1400 (July, 2021)	Thirty percent (30%) of the contract amendment-2 price *(mentioned in bullet* i *(b) of SCC 38.1)*	1-Upon submission of 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 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	
Checked by	Dr. Niaz Mohammad Naeb	Acting Head of GCMU/MoPH	
Attested by	Mr. Adillyar Shekib,	Procurement Director of MoPH	
Reviewed by	Mr. Hamed Hameedi	Sr. Procurement and Finance Advisor to the Minister	

For and on behalf of ***Ministry of Public Health***	For and on behalf of ***Social & Health Development program***
Ahmad Jawad Osmani ***Acting Minister of Public Health***	***Mohammad Ismail*** ***Acting Executive Director***
Signature:	Signature:

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

این قرارداد (از این به بعد به نام "قرارداد" یاد می شود) که بتاریخ 09 می سال 2020 فی مابین، از یک جانب، وزارت صحت عامه (از این به بعد به نام "مشتری" یاد می شود) که در چهار راهی مسعود بزرگ، کابل، افغانستان موقعیت دارد و از جانب دیگر، SHDP (که از این به بعد به نام "مشاور" یاد می شود) به امضا رسیده است، و بتاریخ 20 سپتمبر 2020 تعدیل (تعدیل شماره اول) گردیده است، اینک به تاریخ 3 نومبر 2020 ذیلاً تعدیل (تعدیل شماره دوم) میگردد:
شرایط خاص قرارداد که ذیلاً تذکر رفته است، تعدیل گردیده و متممه شرایط عمومی قرارداد اصلی میباشد. هر زمانیکه تناقض موجود بود این ماده بر ماده های که در شرایط عمومی قرارداد اصلی و تعدیل شماره اول ذکر شده برتری دارد.

11.1	این تعدیل سر از تاریخ 10/ نوامبر/2020 قابل اعتبار میباشد
14.1	این فقره جاگزین فقره قبلی 14.1 میباشد. مدت زمان این تعدیل قرارداد الی 31 مارچ 2024 میباشد. نوت-1: این تعدیل دوم قرارداد شامل پلان کاری و بودجه مربوطه برای شش ماه دوم پروژه میباشد. برای مدت زمان باقیمانده قرارداد ، پلان کاری و بودجه مربوط به آن در جریان تطبیق شش ماه دوم و سال های بعدی با توافق هر دو جانب ، مشروط بر موجودیت بودجه و اجرات قناعت بخش تطبیق کننده؛ قرارداد (در صورت لزوم) تعدیل خواهد گردید تا بر مبنی آن بودجه برای سالهای بعدی مطابق به پلان کاری تحت پوشش قرار خواهد گرفت، مطابق به آن لایحه وظایف و پلان کاری پروژه بصورت شش ماه و یا سالانه بازنگری خواهد شد. نوت-2: بنابر نیازمندی در جریان تطبیق شش ماه دوم ساحه کاری (ToR) این پروژه با در صورت موجودیت بودجه و اجرات قناعت بخش تطبیق کننده، تعدیل (توسعه یا کاهش) خواهد یافت، که درین صورت مطابق آن پلان کاری نیز بازنگری خواهد گردید.
38.1	این فقره جاگزین فقره قبلی 38.1 میباشد. مقدار سقف جدید قرارداد برای 12 ماه مبلغ (**70,420,929** افغانی) / ***هفتاد میلیون ، چهارصد وبیست هزار، نهصد و بیست و نه*** / افغانی است. **i. قیمت قرارداد برای پروژه پاسخ دهی عاجل و آماده سازی صحی کوید-19 :** a. قیمت قرارداد کوید-19 برای شش ماه نخست: **33,791,258 افغانی** b. قیمت قرارداد کوید-19 برای شش ماه دوم تحت تعدیل شماره دوم : **30,227,768 افغانی** c. قیمت قرارداد برای 12 ماه (c=a+b) : **64,019,026 افغانی** **ii. بودجه احتیاطی (10 فیصد) قیمت قرارداد:** d. بودجه احتیاطی برای شش ماه نخست: **3,379,126 افغانی** e. بودجه احتیاطی برای شش ماه دوم-که تحت تعدیل شماره دوم قابل استفاده میباشد: **3,022,777 افغانی** f. بودجه احتیاطی برای 12 ماه (f=d+e) : **6,401,903 افغانی**

	این بودجه احتیاطی مطابق به فقره پاراگراف E بودجه احتیاطی که در لایحه کاری تذکر رفته است قابل پرداخت میباشد. iii. قیمت جدید سقف قرارداد (iii=c+f) (70,420,929 افغانی) / *مفتاد میلیون ، چهارصد وبیست هزار، نهصد و بیست و نه/* افغانی است. تمامی قیمت های فوق الذکرشامل تکس های مستقیم داخلی بوده و تکس های داخلی غیر مستقیم در آن شامل نمیباشد. 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.
41.2	جدول ذیل در تقسیم اوقات پرداخت تعدیل شماره اول علاوه گردید:

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

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

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

از جانب وزارت صحت عامه	از جانب مشاور یا SHDP
احمد جواد عثمانی سرپرست وزارت صحت عامه	محمد اسمعیل سرپرست موسسه SHDP
امضا	امضا

Social and Health Development Program
SHDP
دایره انکشاف صحی و اجتماعی
Headquarter

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جمهوری اسلامی افغانستان
وزارت صحت عامه
ریاست تهیه و تدارکات
آمریت منظم تشکیل خدمات مشورتی
Ministry of Public Health
Procurement Department
Grants & Service Contracts
Management Unit (GCU)

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 of medicines, and other materials

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

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

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

C. SCOPE OF SERVICES:

Although the scope of the overall project is nationwide, this contract will cover the entire population of the Urozgan 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)
Urozgan	COVID-19 Hospital ,Trinkot City	20	2	6

D. Contingency fund:

Considering the possibility of 2nd Wave of COVID-19 in Afghanistan, the COVID-19 might be increased dramatically. The country may face with public health challenges and related emergencies. Therefore, the SP shall be required to allocate a 10% budget from the total contract amount to respond the COVID-19 emergency as contingency fund.
This allocated contingency fund will be released based on the Service Provider request/proposal and MoPH/GCMU prior approval as per the need during the contract execution. Based on COVID-19 spreading in the province, the Service Provider needs to prepare a specific work plan including indicators to be tracked during implementation/utilization of the contingency funds.

E. LOCATION AND DURATION OF SERVICES

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

The original contract for the period of (47) months which began on May 09 till March 31st, 2024 would include the second 6 months' budget and work-plan (effective from November 10, 2020 till May 09, 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.

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

Social and Health Development Program
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APPENDIX D: The following is added to the appendix D of the original contract (Breakdown of Contract Price):

FORM FIN-2 SUMMARY OF FINANCIAL PROPOSAL

Cost of the Financial Proposal	*{Insert Foreign Currency # 1USD}*	{Insert Foreign Currency # }Afghanis
(1) Remuneration	-	19,806,000
(2)Reimbursable	-	8,982,350
(3)Total Cost	-	**28,788,350**
(5)Contingency fund 10%		3,022,777
(6)Admin Cost 5%	-	1,439,418
Total Cost of the Financial Proposal: {Should match the amount in Form FIN-1}	-	**33,250,545**

FORM FIN-3 BREAKDOWN OF REMUNERATION

A. Remuneration

No.	Name	Position (as in TECH-6)	Person-month Remuneration Rate	No of staff	No Of Month	{Local Currency- as in FIN-2} Afghanis
Provincial Office Staffs	Key Experts					
	N/A	1.1 Technical Manager (K-1)	100,000	1	6	600,000
	N/A	1.2 Financial Officer (K-2)	70,000	1	6	420,000
	Non-Key Experts					
	N/A	1.3 Supportive Staff	13,000	2	6	156,000
District Fixed Center & RRT Team	Non-Key Experts					
	N/A	1.4 MD	40,000	2	6	480,000
	N/A	1.5. Nurse	40,000	2	6	480,000
	N/A	1.6 labrant	40,000	2	6	480,000
	N/A	1.7 Driver	20,000	2	6	240,000
	N/A	1.8 MD or Nurse (For Fixed District Center)	40,000	6	6	1,440,000
Provincial Hospital Staffs	N/A	1.9 Hospital Director	100,000	1	6	600,000
	N/A	2. Medical Director	80,000	1	6	480,000
	N/A	2.1 MD	70,000	4	6	1,680,000
	N/A	2.2 Medical Specialist	90,000	1	6	540,000
	N/A	2.3 Sinologist	-	-	6	-
	N/A	2.4 QA Officer (MD)	-	-	6	-
	N/A	2.5 Head Nurse	50,000	2	6	600,000
	N/A	2.6 ICU Nurse	50,000	4	6	1,200,000

N/A	2.7 Ward Nurse	50,000	6	6	1,800,000
N/A	2.8. X-Ray technician	40,000	2	6	480,000
N/A	2.9 Ph. Tech	40,000	2	6	480,000
N/A	3. Anesthesia Tech	40,000	2	6	480,000
N/A	3.1 Lab.Tech	40,000	4	6	960,000
N/A	3.2 Admin	40,000	1	6	240,000
N/A	3.3 M.Record officer	40,000	2	6	480,000
N/A	3.4 Pro. Off	40,000	1	6	240,000
N/A	3.5 Ad. Assistant	40,000	1	6	240,000
N/A	3.6 Stock Keeper	35,000	1	6	210,000
N/A	3.7 Cashier	40,000	1	6	240,000
N/A	3.8 HR. Assistant	35,000	1	6	210,000
N/A	3.9 Ele/mechanic	30,000	2	6	360,000
N/A	4. Data Clark	40,000	1	6	240,000
N/A	4. Cleaner	25,000	4	6	600,000
N/A	4.1 Laundry	25,000	1	6	150,000
N/A	4.2 غسال	25,000	2	6	300,000
N/A	4.3 Tailor	25,000	2	6	300,000
N/A	4.4 Cook	25,000	1	6	150,000
N/A	4.5 Driver	25,000	2	6	300,000
N/A	4.6 Guard	25,000	1	6	150,000
N/A	4.7 Staff other benefits (IKRAMIA)	150,000	2	6	1,800,000
Total Costs					**AFN 19,806,000**

FORM FIN-4 BREAKDOWN OF REIMBURSABLE EXPENSES

When used for Lump-Sum contract assignment, information to be provided in this Form shall only be used to demonstrate the basis for calculation of the Contract ceiling amount, to calculate applicable taxes at contract negotiations and, if needed, to establish payments to the Consultant for possible additional services requested by the Client. This form shall not be used as a basis for payments under Lump-Sum contracts

B. Reimbursable Expenses		Six Months					Six Months
N°	Type of Reimbursable Expenses	Unit	# of Activities	Unit Cost	No of Months	Total Afghani	{Local Currency- as in FIN-2}
MG-1	**Operation Cost Management-1**						
	Per diems for missions/travel						
	Local (staff assigned for supervision)	Per Quarter	2	20,000	2	40,000	40,000
	Flight Ticket	Per month	2	15,000	2	60,000	60,000
	Sub total Per diems for Mission/travel					**100,000**	**100,000**
	Other Cost			-			
	Vehicle rent	Per month		-	-	-	-
	Subtotal Other Cost			-		-	-
MG-1	**Total direct Cost Management-1**			-		**100,000**	**100,000**
MG-2	**Operation Cost Management-2**						
	Communication Cost						
	Top up cards	Per month	1	5,800	6	34,800	34,800
	Internet fee	Per month	1	10,000	6	60,000	60,000

	Sub total Communication Cost					**94,800**	**94,800**
	Equipment and supplies						
	Office Equipment (Furniture/Computer and other)	Per item	1	146,000	1	146,000	146,000
	Running Costs					-	-
	Electricity, water, gas (cooking & other)	Per month	100%	12,000	6	72,000	72,000
	Bank Charges	Per month	100%	10,000	6	60,000	60,000
	Office and General Supplies	Per month	100%	10,000	6	60,000	60,000
	Stationery supplies	Per month	100%	10,000	6	60,000	60,000
	Repair and Maintenance of equipment	Per month	100%	3,000	6	18,000	18,000
	Transportation cost Medical Supply, Drugs, Equipment (from MO to PO)	Per month	100%	80,000	6	480,000	480,000
	Subtotal Equipment and supplies			-		**896,000**	**896,000**
	Other Cost			-			
	Vehicle rent cost PO staff	Per month	100%	50,000	6	300,000	300,000
	Subtotal Other Cost			-		**300,000**	**300,000**
MG-2	**Total direct Cost Management-2**			-		**1,290,800**	**1,290,800**
PH Cost	**Operation Cost PH**						
	Night Duty						
	Staff night duty		-	-	-	-	-
	Sub total Night duty					-	-

	Communication Cost						
	Top up cards	Per month	1	10,000	6	60,000	60,000
	Intercom/Internet charges	Period	1	10,000	6	60,000	60,000
	Sub total Communication Cost					**120,000**	**120,000**
	Equipment and supplies						
	Repair and maintenance of medical equipment	Per month	1	8,000	6	48,000	48,000
	Office Equipment (Printer, Computer, Scanner & other)	Per item	1	150,000	1	150,000	150,000
	Running Costs					-	-
	Electricity, water, gas	Per month	1	15,000	6	90,000	90,000
	Purchasing Oxygen gas for patient	Per Month	1	100,000	6	600,000	600,000
	Winterization	Per Month	1	500,000	1	500,000	500,000
	Drug, Medical, Lab Reagent	Per Month	6	400,000	1	2,400,000	2,400,000
	Ambulance Rental/Vehicle Rental	Per Month	2	50,000	6	600,000	600,000
	PH General Supplies	Per month	1	40,000	6	240,000	240,000
	Stationery supplies	Per month	1	8,000	6	48,000	48,000
	Patient Food and Staff food	Per month	1	120,000	6	720,000	720,000
	Blanket for patient	Per Quarter	1	150,000	1	150,000	150,000
	Subtotal Other Cost			-		**5,546,000**	**5,546,000**
PH-2	**Total direct Cost Provincial Hospital**			-		**5,666,000**	**5,666,000**

RRT Cost	**Operation Cost RRT Team (District Center)**						
	Night Duty						
	RRT Staff night duty	-	-	-	-	-	-
	Sub total Night duty					-	-
	Communication Cost						
	Top up cards	Per month	2	10,000	6	120,000	120,000
	Intercom/Internet charges	period	2	5,000	6	60,000	60,000
	Sub total Communication Cost					**180,000**	**180,000**
	Equipment and supplies						
	Office Equipment (tablets for data entry purposes)	Per item	2	30,000	1	60,000	60,000
	Medical Equipment (infrared/thermometer, sphygmomanometer, stethoscope, pulse oximeter)	Per item	1	100,000	1	100,000	100,000
	Running Costs					**160,000**	**160,000**
	Ambulance Rental for COVID-19 patient from district to PH	Per Month	2	60,000	6	720,000	720,000
	General Supplies	Per month	2	20,000	6	240,000	240,000
	Stationery supplies	Per month	2	5,000	6	60,000	60,000
	Staff food	Per month	2	40,000	6	480,000	480,000
	Sub total Communication Cost					**1,500,000**	**1,500,000**
RRT	**Total direct RRT**			-		**1,840,000**	**1,840,000**

TT	Training			-			
1	RRT and DC Team Training (Food cost and refreshment)	Person	14	200	3	8,400	8,400
2	RRT and DC Team Training (Stationery)	Person	14	50	1	700	700
3	RRT and DC Team Training (Local Transportation)	Person	14	1,000	3	42,000	42,000
4	Ward Staff Training (Food cost and refreshment)	Person	53	200	3	31,800	31,800
5	Ward Staff Training (Stationery)	Person	53	50	1	2,650	2,650
Training	**Total Training Cost**			-		**85,550**	**85,550**

Subtotal Cost Management-1	100,000	100,000
Subtotal Cost Management-2	1,290,800	1,290,800
Subtotal Cost Provincial Hospital	5,666,000	5,666,000
Subtotal Cost RRT	1,840,000	1,840,000
Trainings	85,550	85,550
Subtotal Operation Cost	**8,982,350**	**8,982,350**

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

(WORK PLAN):

N°	Deliverables and Activities	Months						
		1	2	3	4	5	6	7
D1	**Inception phase**							
1.1	Contracting/ deploying the provincial level program key and non-key staff.							
1.2	Organizing introductory meeting/Orientation meetings and visits with provincial authorities and PPHD about second round.							
1.3	Reviewing and finalizing project work plan/Activity plan, and M&E plan at the field level.							
1.4	Establishing new district centers (DCs) and adjust the number of RRTs in Urozgan Province.							
1.5	Hiring and deployment of relevant staff for new DCs							
D2	**Risk communication (Public awareness and promote healthy behaviors)**							
2.1	Distribution of standard MoPH, IEC materials on COVID-19 to HFs and CHWs in Urozgan province.							
2.2	Communicating the MoPH standard message and IEC on COVID-19 to the communities through HFs and CHWs to clients and communities.							
	Maintaining communication with the people and improve their information and knowledge regarding existing facilities in Urozgan province, where they can seek help for their COVID -19 related problems.							
2.4	Maintaining communication with people regarding the DCs and RRTs and distributing their contacts number							
D3	**Early detection and surveillance of COVID-19 cases at community level**							
3.1	Implementing passive surveillance							

N°	Deliverables and Activities	Months						
		1	2	3	4	5	6	7
3.2	Implementing the contact tracing activities							
3.3	Ensuring the follow up of suspected people in home quarantine							
3.4	Taking samples and transfer it to the nearest reference lab facility							
D4	**Managing cases and isolation of COVID-19 suspected and confirmed cases**							
4.1	Maintaining/Operationalizing the COVID-19 isolation ward in the province.							
4.2	Deploying and rationalizing staff for the COVID-19 isolation ward in the province.							
4.3	Cascading capacity building activities/trainings for personnel at the COVID-19 wards/hospitals, DC, RRTs (if any)							
D5	**Regularly supply of oxygen, medicines, and other materials**							
5.1	Preparing a supply plan for the COVID-19 ward/hospital, RRTs and DCs							
5.2	Supplying the needed quantity of oxygen to COVID-19 ward/hospital according to plan.							
5.3	Supplying of needed quantity of medicines to the COVID-19 ward/hospital							
5.4	Providing necessary equipment for isolation ward by the MoPH							
5.5	Supplying the medical materials, consumable and other logistic required for COVID-19 patients.							
5.6	Supplying of heating materials for COVID-19 ward/hospital according to winterization plan							
D6	**Screening of visitors/clients at points of entry including flights, road highways, provincial borders**							
6.1	Implementing the screening interventions at the point of entry according to the MoPH Screening Guideline							
D7	**infection prevention and control measures at the health facilities and community level**							

N°	Deliverables and Activities	Months						
		1	2	3	4	5	6	7
7.1	Implementing the infection prevention and control measures at the health facilities level.							
7.2	Implementing the infection prevention and control measures at the community level.							
D8	**Monitoring, Supervision, Reporting, Coordination**							
8.1	Conducting supportive supervision based on the supervision plan.							
8.2	Conducting regular monitoring and joint monitoring of project activities based on monitoring plan.							
8.3	Submitting quarterly technical progress report							
8.4	Submitting quarterly Financial Expenditure report							
8.5	Submitting final End of project report technical and financial, covering whole period of project.							
8.6	Coordinating project activities at provincial, community and national level.							

Headquarter

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 Urozgan Province under
Afghanistan COVID-19 Emergency Response and Health System Preparedness (ERHSP) Project
*AFG/MoPH/GCMU/COVID-19/*29-amendment-2

Service Provider: SHDP
Date: 04/11/2020
Time: 2:00 PM
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, SHDP was requested to submit a brief technical and detailed financial proposals for Urozgan province. After the review of the proposals, the SHDP organization was invited to contract negotiations.

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

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

I. Negotiation on Technical points:

No	Discussed issues	Agreed Points
1	Authority of the Technical Manager (K-1 position): According to the nature of the project, the K-1 should be given sufficient managerial and financial authority (at least 100,000 AFN/invoice), under a well-defined internal control system.	**Agreed**
2	The SP agreed to ensure 100% availability of two project key staff at the project level. In case of unviability of any key-staff for more than two months in the province, the required disciplinary action will be taken by the MoPH accordingly.	Agreed
3	The SP agreed to revise the work plan and reflect the activities which have been missed in the submitted work plan. The SP agreed to implement the project work plan as per the agreed timeline.	Agreed
4	The SP is responsible to maintain the required number of technical and supportive staff in the COVID-19 ward/hospital for functionalizing of 50% of the beds. Maintaining technical, supportive and administrative staff to be through a transparent process and in close coordination with PPHD.	Agreed
5	The SP agreed to adjust the number of Rapid Response Team (RRT) as per the ToR from the effective date of contract amendment-2. Each RRT should be equipped with one vehicle (rental). Note: One RRT is covering 300,000 populations in the province. Hence the number of RRT in this province is two (2) and the location will be selected in the first week of contract commencement in close coordination with PPHD.	Agreed
6	The medicine will be provided by MoPH through UNICEF, however the SP is responsible to supply required medicines and avoid stock out.	Agreed

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Procurement Department
Grants & Service Contracts
Management Unit (GCMU)

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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: Six (6)	Agreed
9	The SPs agreed to cascade the trainings conducted by the World Health Organization (WHO). For this purpose the SP will provide a detailed training plan to GCMU/MoPH.	Agreed
10	The number of beds remain the same as the original contract (the first six month). however, 50% number of beds shall be functionalized from the beginning of the amendment-2 (the second six month). The utilization of related/assigned budget for another 50% of beds, is subject to MoPH/GCMU prior approval. For this purpose, the SP shall submit their official request for the functionalization of more number of beds (based on the need) along with the justification during the contract amendment-2 (the second six month) to MoPH/GCMU.	Agreed
11	The SP agreed to consider/implement existed and any new/updated guidelines and introduced intervention to fighting with COVID-19	Agreed
12	The SP ensured to implement Sehatmandi project smoothly and implementation of COVID-19 project should not affect the Sehatmandi project negatively. However, the same central and provincial offices, health facilities and ambulance are excepted from this clause.	Agreed
13	In case of need during the implementation of the project (the second six-month), the current scope of work (ToR) including work plan would be modified (increased or decreased), in such case the contract will be amended, subject to availability of fund and satisfactory performance of the consultant.	Agreed
14	The SP is responsible to cooperate the MoPH and TPM assessments and monitoring missions and provide the required documents.	Agreed
15	Passive surveillance should be changed to active surveillance	Agreed
16	Activities related to D-5 of work plan were not related and they have to be changed (revise work plan)	Agreed
17	D5, D6 and D7 headings in work plan are same, they have to be changed and relevant to the objectives	Agreed
18	The majority of activities in work plan are general and not specified (revise work plan)	Agreed
19	Data clerk should be recruited at provincial level	Agreed
20	It is SP to take all responsibilities of cost and quality of purchased medical/non-medical equipment as well as required medicines	Agreed

II. Negotiation on financial matters:

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

FORM FIN-2 SUMMARY OF FINANCIAL PROPOSAL

Cost of the Financial Proposal	*{Insert Foreign Currency # 1USD}*	{Insert Foreign Currency # }Afghanis
(1) Remuneration	-	19,806,000

(2)Reimbursable	-	8,982,350
(3)Total Cost	-	28,788,350
(5)Contingency fund 10%		3,022,777
(6)Admin Cost 5%	-	1,439,418
Total Cost of the Financial Proposal:	-	33,250,545
{Should match the amount in Form FIN-1}		

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

No	Discussed issues	Agreed points
1	The SP agreed to spend the allocated amount for the implementation of COVID-19 project only.	Agreed
2	The contract ceiling is exclusive of local indirect taxes and inclusive of all local direct taxes.	Agreed
3	The SP agreed to spend the allocated amount of this contract amendment-2 after effectiveness date November 09,2020	Agreed
4	The SP agreed to consider/implement the guideline of salary and allowances approved by Afghanistan cabinet for the staff of COVID-19 project.	Agreed
5	The SP agreed to pay the required amount (اکرامیه) as per guideline approved by Afghanistan cabinet to the COVID-19 project staff who are died due to COVID-19. In case, the required amount exceeds the agreed budget, SP will pay the needed amount from contingency fund after MoPH approval.	Agreed
6	The SP is not allowed to rent additional offices for the COVID-19 project at provincial/central level.	Agreed
7	Under non-key expert, guard position should be delated (it is not in the ToR)	Agreed
8	Under Provincial hospital staff, the salary of medical director should be changed to 80000 (it is 90000)	Agreed
9	Under Provincial hospital staff, the salary of MD should be changed to 70000 (it is 90000)	Agreed
10	In isolation ward medical specialist post missed	Agreed to hire
11	COVID-19 project is too small and there is need to rent vehicle for main office	Agreed
12	Night duty for isolation ward staff not allowed because the salary of COVID-19 staff covering all things	Agreed
13	There is no building for provincial management team, then the repairing of building cost at provincial level not allowed	Agreed
14	Purchasing of generator for isolation ward not allowed because there is already we have a generator	Agreed
15	Proposed cost (1,000,000) for winterization should be decreased from 1,000,000 to 500,000	Agreed
16	Bank charges should be changed from 20,000 to 10,000	Agreed
17	Purchasing of PPE kit not allowed, it is responsibility of MoPH	Agreed

18	Accommodation cost should be removed	Agreed
19	RRT night duty not allowed because the salary of COVID-19 staff covering all things	Agreed
20	Generator fuel for RRT not allowed and should be justified	Agreed
21	Transportation for the ward staff training not allowed	Agreed
22	Cost of medicines per month should be decreased from 6,000,000 to 2.4 millions (400,000/month)	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 Work Plan: Yes
  - Detailed of training plan
  - Confirm Power of Attorney/Authority to negotiate: Yes
  - Confirm availability of proposed key staff (providing the confirmation letter signed by each key staff): Yes

Recommendation

- Daily based reporting system should functionalize to DHIS-2
- As per the ToR all guidelines must be available at the filed level

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/MoPH	
2	Dr.Maihan	COVID-19 Representative	Corona Directorate	
3	Dr.Afzal Khosti	NDSR National Coordinator	Surveillance/MoPH	
4	Dr.Sanaullah Sana	Sr.P. Specialist	PMO/MoPH	
5	Mr.Homayon Darwish	Finance Specialist	DBD/MoPH	
6	Dr.A.Eklil Hossain	Sr.G.M.S	GCMU/MoPH	

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

No	Name	Designation	Organization	Signature
1	Mr. Mohammad Ismail	Acting Director	SHDP	
3	Mr.Sahil Bahir	Finance Director	SHDP	

Social and Health Development Program SHDP Headquarter