



Term of References for

Support to COVID-19 Emergency Preparedness and Response in three provinces of (Herat, Kandahar, Helmand and Nimroz) through local Health Implementing Partners (IPs)

1. Background/Context of the program:

The International Organization for Migration (IOM) has been providing emergency essential health services to Vulnerable population including Afghan returnees, refugee returnees, Migrants, Internally Displaced Persons (IDPs), and underserved hard-to-reach host populations in Afghanistan since January 2020, and has stood on the front lines of the UN's COVID-19 response in the country. IOM is currently operating in 12 provinces (Badghis, Badakhshan, Balkh, Ghor, Herat, Kabul, Kandahar, Kunduz, Nangarhar, Nimroz, Takhar and Helmand) providing direct life-saving essential health services.

Since the beginning of the year, almost half a million people have received essential health assistance from IOM.

Afghanistan has one of the lowest scores on the Human Development Index, impacted by internal displacement, migration and return. The intensified armed conflict in 2021 and the resulting upheaval in August 2021, have resulted in further escalating humanitarian needs and a significant deterioration of the protection environment for civilians in the country. These factors exacerbate the vulnerabilities of a population already burdened by the COVID-19 pandemic, subsequent economic downturn, and a severe drought across the country (declared in June 2021). Internal displacement inside Afghanistan is driven by both conflict and natural disaster. There is now an estimated number of 2.6 million Afghan refugees worldwide and more than 5.8 million people displaced by conflict and disasters inside the country since 2012, including both protracted and the 736,000 people newly displaced by conflict in 2021. The region is characterized by significant cross-border movements into neighboring countries from Afghanistan, as well as returns including 1,200,000 returnees from Iran and Pakistan in 2021, as reflected in the HNO overview 2022.

The COVID-19 pandemic continues to pose a significant challenge to the health and wellbeing of Afghans, considering the country's underdeveloped and fragile health systems, general living conditions and high rates of poverty. The recent announcement of severe funding cuts to the health system will have long-lasting implications, as organizations and donors' step in to try and fill the gap. The high trends of cross-border mobilities with the neighboring countries, on-going dynamic and deteriorating security environment significantly impact all health indicators. Low testing capacity and vaccination rates for COVID-19, a reluctance on the part of community members to be tested, and socio-cultural norms have combined to further deter health seeking behavior. Afghanistan's history of protracted violence has had a direct impact on the physical and mental health status of affected populations and compromises the overall functional capacity of health care services especially in remote/rural areas. This is also characterized by significant increases in the number of war trauma cases. The country also suffers from a high burden of Communicable Diseases (CDs) like tuberculosis and increasing prevalence of Non-Communicable Diseases (NCDs). Afghanistan also faces more challenges in its response to the increasing needs for emergency health services due to the upheaval in August 2021.

With 179,267 confirmed COVID-19 positive cases, and 7,690 casualties and less than 4,710,456 persons fully vaccinated, as reported by the Ministry of Health (MoPH) and World Health Organization (WHO), Afghanistan is one of the countries at heightened risk for a potential fourth wave of the pandemic. The public health system is already fragile due to lack of funding, widespread insecurity and economic downturn. Limited resources for testing also deter people accessing health services. Due to limited public health resources, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are

likely to be underreported overall in Afghanistan. Despite the new surge, widespread complacency and failure to follow public health advice in Afghanistan is creating grave risks in the community with people generally not observing physical distancing or mask-wearing protocols.

In this context there is a required need to provide support to health systems to continue health services through case management and infection prevention and control. This includes the community level support during home quarantine, case management and isolation of COVID-19 suspected and confirmed cases as well as COVID-19 vaccination. Further enhancing infection prevention and control measures within health facilities and at the community level and finally combat with this emergency in the provinces and prevent spread of virus across the country.

The outcomes under this proposal will directly contribute to maintaining and improving the COVID-19 response in Afghanistan. This will be achieved through increasing services and improving public health initiatives, and health systems at the provincial and district level and to increase COVID-19 vaccination rates.

The aim of this Request for Proposal (RFP) is to contract one or several local Implementing Partners, to support and provide Covid-19 response activities in the major provincial COVID-19 hospitals in Herat, Kandahar, Helmand and Nimroz provinces.

2. Objective the Project:

The overall objectives of the project that IOM is requesting for the proposal is to protect Afghans 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 capacities to respond to public health emergencies under the International Health Regulation (IHR 2005) core requirements.

3. The specific objectives of this project are:

To support COVID-19 hospitals for COVID-19 case identifications, isolation and management of COVID-19 confirmed cases and follow up, and provision COVID-19 vaccination as well as awareness raising on COVID-19 including risk communication and community engagement in the target provinces.

4. Project Locations and Scope of work/services:

Province	Name & Location of Hospital/Ward	Teams		# Direct beneficiaries	
		# of Beds	Vaccination Teams couple (Female and male)	# Persons hospitalized (# bed *Occupancy rate (80 %))/average hospital stay (14 Day)	# Persons vaccinated (Average 15 /day/team for 6 working day and 4 month)
Kandahar	Aeno Mena,	50	15	343	36,000
Helmand	Lashkar Gha city,	20	15	137	36,000
Herat	Herat city (Shahid basim)	50	30	343	72,000
Nimroz	Zaranj	50	15	343	36,000
	Total	170	75	1,166	180,000

5. Project Deliverables and action plan

N°	Deliverables	Months- 2022				Remarks
		1	2	3		
D-1	Inception phase	June	July	Aug		
1	Orient stakeholders on revision in project implementation plan					
2	Functionalize the agreed COVID-19 hospitals and Vaccination Teams					
D-2	To Manage cases and isolate of COVID-19 suspected and confirmed cases:					
1	Maintain the COVID-19 Specific hospital at provincial level					
2	Provide remuneration, risk benefit, food cost and other benefits					

	(approved guideline)					
3	Manage running cost – including winterization, renovation and maintenance of the isolation ward					
4	Implement WHO guideline for case management					
5	Prevent potential transmission of infection to other patients and staff					
6	Perform timely transfer of specimens according to standard guideline					
D-3	Vaccination Activities					
1	Administer the COVID-19 vaccine through the MHT					
2	Follow up vaccine derived adverse effects after vaccination and report to PPHD for appropriate management					
D-4	Infection prevention and control measures at the health facility level/hospital level					
1	Triage, applying standard precautions for all patients, and enhance administrative control					
D-5	Strengthening Reporting					
1	Submit Monthly Activity Progress Report.					
2	Submit Monthly Financial Report.					
3	Submit daily reporting as per the surveillance guideline of COVID-19.					
4	Provide any other reports as needed to the MoPH/ IOM					
D-6	Supervision and monitoring					
1	Conduct regular supervisory visits from different component of project at HF and community level					
2	Conduct monitoring visit by Kabul Main office (at least once per month)					

6. Requirements and responsibilities of Implementing Partners:

The Implementing Partner shall undertake activities towards achieving specific objectives and results As described below:

1. To manage and isolate cases of COVID-19 suspected and confirmed cases
2. To regularly supply oxygen, medicines, and other materials including PPEs to frontline workers
3. To ensure proper screening of visitors/clients at points of entries (PoEs) which may include flights, road highways, main ground -crossing borders...etc.
4. To ensure infection prevention and control (IPC) measures at the health facilities and community level
5. To provide to IOM, all project related financial and narrative reports on undertaken reintegration activities and budget expenditures.
6. To ensure that all employees of the Implementing Partner adhere to IOM's Data Protection Principles, throughout the performance of the project activities.
7. The IP will be responsible for procurement of goods, services and works related to the project and maintain auditable records documenting in detailing the tendering, contracting, receipt and use of goods, services and works procured under this project.

7. Requirement and responsibilities of IOM

IOM is responsible to –

8. Direct and guide the Implementing Partner as needed in the implementation of the Project activities including close monitoring and technical assistance from the IOM program staff;
9. Provide financial support to the Implementing Partner to accomplish the objectives of the Agreement, in accordance with the TOR and the Project Budget
10. Ensure any materials and documents produced in the context of implementing this project, all of which are subject to IOM approval
11. Coordinate with PPHD, MoPH on relevant humanitarian health activities/intervention

8. Project Technical Implementation Methodology:

Under the proposed project, IOM will support the Implementing Partners (IPs) for a duration of 3 months from 1 June 2022 to 31 August 2022 right after signing the contract. The implementing partners will continue to provide COVID-19 health service delivery for the case management, and infection prevention and control of COVID-19 in the target provinces covering the entire population including migrants, returnees, Nomads, and IDPs. i. The primary project beneficiaries will be COVID-19 infected people, at-risk populations, frontline workers including 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.

a. COVID-19 treatment center

The Implementing Partners 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 Implementing Partners will ensure proper staffing, training and capacity building of the project staffs to ensure quality of delivered project activity, regular supervision and monitoring of the project staffs and the project activities at the field levels, and efficient procurement and logistics to functionalize the provincial and district level centers for combating COVID-19 epidemic.

The Implementing Partners will establish the District Center for COVID-19 Response. The MoPH will facilitate the infrastructure and necessary equipment and supply will be provided. The Implementing Partners will plan and conduct trainings to the target project staff and establish and functionalize the vaccination teams each comprising of (Female and male) staffs. . The teams will be linked with the District Center based on priority; Each vaccination team will be equipped with one vehicle and provide COVID-19 vaccine actual administration and awareness raising and sensitization activities related to COVID-19 including vaccination in coordination with existing available resources.. The Implementing Partners will be responsible to cover all the areas of the target provinces by the same services.

Demand generation for vaccine is another key issue. The Implementing Partners is responsible to engage with the target group population in a way to increase their awareness on the vaccination and generate vaccination demand. Also, it is important to communicate with the people, why the target groups are selected and balance between supplies and demand, as it is not possible at this time to vaccinate everyone. The Implementing Partners will mobilize the Community Health Supervisors to directly engage with the target population directly or through the community leaders, religious leaders and other influencers. The Community Health Shura, Family Health Action Groups and CHWs can also play a critical role. The Vaccine Deployment National Plan has described the key issues to be adapted to the provincial level. The following table shows the community engagement plan for demand generation for each category of target population in the province:

b. Vaccinators deployment plan:

The Implementing Partners will recruit the vaccination teams in accordance with the MOPH guidelines and under the direct supervision of the PPHDs of the target provinces and related stakeholders. The staffs will deploy in the comprehensive health Centers (CHC+/ CHC) and Basic Health Centre (BHC) as per the PEMT and NEPI instructions.

All these HFs are/will be equipped with the cold chain to store vaccines, and any broken cold chain system will be renovated and repaired, and the HFs have spaces to carry out the vaccination, which is easily accessible to the target population.

In consideration of the local needs, as per the MOPH guidelines following HR protocols, 50% female staff will be deployed in the HFs and in the vaccination teams.

The HFs will also have the complaint boxes that will be easily accessible to the beneficiaries, that will strictly be followed and monitored.

For waste management system, the HFs will be provided with safety boxes for the vaccines wastages, and IPC and waste management training will be provided to the staff. Proper functioning incinerators will be established and where required will be constructed, and damaged incinerators will be repaired.

9. Project Monitoring Framework:

The Implementing Partners will introduce a deep and healthy monitoring methodology during the implementation of the project.

The project will be monitored at three levels: 1) At health facility / HF/MHT level – the team in-charges and head of target health facilities will have the responsibility of daily monitoring of their relevant facilities, staff performances, and activities, b) at the provincial level where project staff will monitor project sites on a monthly basis, and c) the quarterly basis monitoring will take place from Kabul. At the end of each visit, a monitoring report will be developed, including the strengths, weaknesses, and recommendations. A remedial action plan will also be developed and followed up in subsequent visits. In addition, joint monitoring with MoPH, PPHD and health cluster representatives will also take place from the project sites as per their planned missions.

Post Patient Monitoring surveys will be conducted during the course of the project. Feedback from these surveys will be analyzed and woven into the project operations. A third-party service provider that operates an outbound call center will conduct the surveys through voice calls.

Monitoring will be also conducted during home visits conducted by Ips in collaboration with IOM sub-contracted staff during medical check-ups and by joint monitoring from IOM and health actors. On a bi-monthly basis, the Project Coordinators visit all MHT operations to monitor operations and assess service delivery and areas for improvement

Situation permitting, the Migration Health National Officer and International Migration Health Officer will conduct monitoring visits, 2 times to RRTs to MHTs and 2 to the health facilities. Local staff and M&E project assistant at the provincial sub-office level will visit and monitor activities on a daily basis.

Regarding regular reporting, field level staff submit reports on a daily basis to Kabul level programme staff and send a summary report at the end of the week and the end of the month. IOM will also support the IPs to set up an accountability framework with an efficient monitoring and evaluation mechanism allowing achievement of high quality project outcomes in line with IOM rules, procedures and reporting standards. One project assistant M&E will be hired to ensure close monitoring and evaluation of IPs achievements.

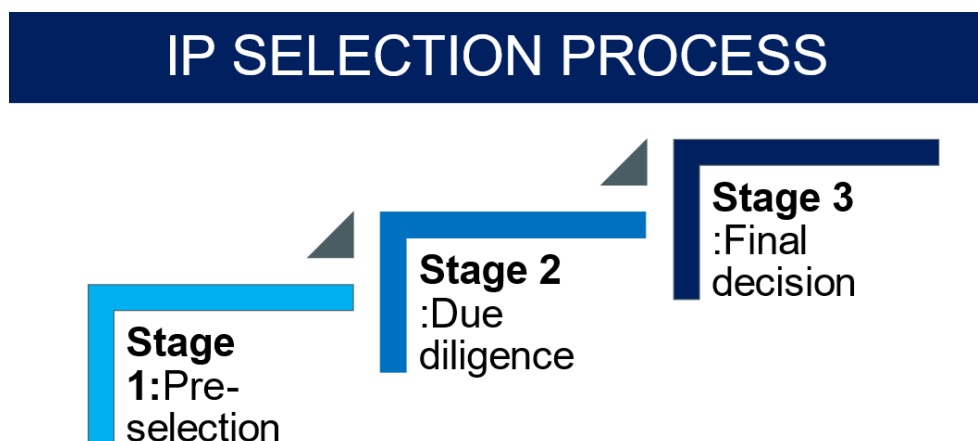
The reports of these teams will be shared with all the staff and every required effort will be in place to achieve the required results.

10. Project Work plan:

A detailed action plan is required to be develop by the applying implementing Partner for an initial duration of 3 months based on the objective and requirements of the project objectives/ activities mentioned in the background part of the RFP. The proposed workplan needs to be realistic and adhere to the implementation timeframe.

11. Selection Process of the Applicants:

The selection process will follow three (03) main stages:



a. Stage 1: Application 's pre-selection

The stage will be managed by an independent multisectoral review committee using the below selection criteria's:

Criteria	sub-criteria	(A) Maximum Point	(B) Points attained by applicant	(C) Weightning	BXC= Total Points
Specific experience and expertise relevant to the assignment	Legally Registered with Gov License is valid Health Background Registered with MOPH Does the organization has experience in the target provinces	100%		50%	
Technical approach and methodology – understanding nature and scope	Quality of the proposal Does the organization superficially develop the goal and objective based on TOR? Does the organization develop Project Log frame in quality? Is there a complete implementing methodology?	100%		30%	
Implementation (work) plan and management plan	Quality of the workplan Value for money	100%		20%	
Grant score all Criteria		500		100%	

Note : The lack of the documents which are essential will disqualify the applicants. This score and weighting will be carried out in consultation with MOPH and it entails two parts. Organization's administrative status and the technical parts. Both parts will be weighting by a certain percentage of an average resulted from the calculation. The higher scorers will be shortlisted for the next steps.

b. Stage 2: Due diligence process

After the pre-selection, IOM will undertake a confidential reference check and confidential due diligence process to assess the pre-selected IP capacities following the organization internal rules and procedures.

c. Stage 3 : Final decision

The final decision will be published following IOM's internal procurement procedures and final validation by the review committee.

