**Summary of the Scope of Work**

The Global Polio Eradication Initiative is a public-private partnership led by national governments with five partners – the World Health Organization (WHO), Rotary International, the US Centres for Disease Control and Prevention (CDC), the United Nations Children’s Fund (UNICEF) and the Bill & Melinda Gates Foundation. Its goal is to eradicate polio and to save children’s life and make sure that no child in this world would suffers from the paralytic poliomyelitis as Afghanistan is one of endemic countries.

The continued transmission of poliovirus in Afghanistan is a Public Health Emergency of International Concern (PHEIC). The World Health Organization (WHO) together with other partners of the Global Polio Eradication Initiative (GPEI) is supporting the government of Afghanistan in its effort to end poliovirus transmission in Afghanistan. As part of the National Emergency Action Plan (NEAP) for 2020-2021, the program will continue to conduct routine SIAs, strengthen AFP surveillance and respond aggressively to the AFP surveillance and respond aggressively to the current epidemiological situation of the country.

Afghanistan remains one of the two polio-endemic countries in the world together with Pakistan. Polio eradication is at the top of Afghanistan’s health agenda. The Government of Afghanistan scaled up its efforts to accelerate polio eradication in the country amidst multiple complex challenges, including increasing conflict and insecurity in many parts of the country. The National Emergency Action Plan for Polio (NEAP) continues to serve as the guiding document for polio eradication activities in Afghanistan. Number of new initiatives have been implemented to accelerate progress towards stopping transmission. Emergency Operation Centers (EOC) were established at the national and regional levels in late 2015 with aim to intensify, guide and coordinate efforts of all partners for NEAP implementation under one umbrella. With significant progress made, poliovirus transmission is limited to a very small geographical area in the country.

On average frontline workers are expected to work between 4-7 days per campaign. A total of 9.5 million children under the age of 5 are targeted in a nationwide campaign. During 2022, the program is planning to conduct at least 4 rounds of Immunization Campaigns as national (NIDs) and 2 sub-national immunizations (SNIDs). Furthermore, depending on the epidemiological situation and the risk categorization, additional vaccination activities in selected High and Very High-Risk districts as well as case responses, mop-up, special campaigns for nomads and other underserved population groups will be conducted.

During each NID round, almost 80,000 people are hired as campaign workers under different category of (vaccinators, cluster supervisors and district coordinators) which is the two categories of cluster supervisor and district coordinators usually do pay the vaccinators by themselves as one of the used payment mechanisms. The WHO is willing to have a supplier that takes this role and do it on behalf of WHO.

WHO currently is using a certain data base/software or it’s called (portal) that frontline workers should be entered after the registration stage. This information are for the facilitated vaccinators when they do register themselves before the certain immunization activity takes place. Usually, it is conducted during the proper training for the campaign activity that being organized by the WHO and monitored by the WHO technical team. Those vaccinators are requested to provide their valid information as per provided copy of Tazkera document such as (name, Tazkera number (along with clear copy with photo).

Currently the WHO has established and still working on the brochures and voice note messages as communication project which falls under DDM project to ensure easy process the well understanding by all levels including vaccinators in terms of registration, collection of payment and what action is required with each phase along and solving out problems if faced.

The bank and/or mobile phone payment service will be provided with an excel sheet that contains the details such as name and Tazekra number of potential beneficiaries as an export from the current software that WHO has been implemented to be registered and enrolled to its system. The bank and/or the mobile phone payment service will then be communicating registration details to WHO for uploading into its payment portal and assigning payment upon completion of activities.

The bank and/or or mobile telephone payment services will provide an accurate account of those payments effected against each activity to enable WHO process the reconciliation and reimbursement of unpaid balances back to WHO account.

Provided payment list to be uploaded to the service provider portal or provided as an encrypted file by email to effect payment that should be released to the front-line workers or beneficiaries within 30 days after completion of the WHO activity. And closure of payment would be after 60 days only.