



Procurement of Consulting Services for Ratmate Livelihood Restoration Program (LRP) Implementation

Ref No: MCA-NEPAL/ETP/QCBS/007

ADDENDUM #1

Issued on 16 September 2021

This Addendum No. 1 modifies respective portions of the Request for Proposals (RFP) issued on 10 August 2021. The changes, as indicated below, are effective on the date of issue of this Addendum.

Except as expressly amended by this Addendum, all other terms and conditions of the Request for Proposals Document - issued on 10 August 2021 remain unchanged and shall remain in full force and effect in accordance with their terms.

SN	Pages/Paragraph	Amendments
1.	Page 107, Section V: Terms of Reference, 5. Reporting Requirements and Payment schedule	Additional one paragraph has been added at the end of the second paragraph as follow: “The Consultant shall provide a COVID 19 Risk Mitigation Plan as per template attached under Annex 2, get it approved by MCA-Nepal prior to the signing of the contract and comply with the same during Contract implementation”.
2.	After Page Number 109, Annex 1: The Executive Summary of the RAP and LRP of Ratmate ESF and Chapter 12, Section V: Terms of Reference.	One new Annex namely Annex 2 has been added as follows: Annex 2: COVID-19 Consultant Risk Mitigation Plan template Details of Annex 2 attached to this addendum.

ANNEX 2: COVID-19 CONSULTANT RISK MITIGATION PLAN TEMPLATE

COVID-19 Consultant Risk Mitigation Plan Template

Guidance: MCC and its partners aim to manage the risks posed by COVID-19 (to their workers and the public) while achieving our development objectives. To that end, MCA-Nepal-contracted consultants¹ that work in MCC partner countries in close proximity with people must prepare a COVID-19 Risk Mitigation Plan for their MCA-Nepal contracted activities. This document provides a template for doing this. Consultants should review the entire plan, **adding content to cells shaded light blue**. When complete, this plan will form the consultant’s commitments to manage COVID-19 risks under the MCC-funded program.

No MCC and MCA-Nepal guidance, including this document, purports to offer medical advice with respect to COVID-19. For medical or scientific advice or information, individuals and companies should seek guidance from qualified medical and scientific experts. The information on COVID-19 included in this guidance is based on the best-available information as of the date of publication of this document. Consultants should regularly incorporate updated guidance from international health organizations and government.

Contract information	
Project	
Consultant	
COVID-19 Plan Date	
COVID-19 Plan Revision No.	
Acknowledgement/commitment (consultant representative)	

Contents

Context..... 5

 Purpose and Scope 5

 Risks 6

 COVID-19 Plan Format and References to other relevant Consultant Documents 7

 COVID-19 Roles and Responsibilities 7

 National and Local COVID-19 Requirements 8

Responsibilities on Construction Sites..... 9

¹ The requirement for consultants applies to MCA-Nepal-contracted organizations (regardless of their size) that provide services in a MCC partner country. It does not apply to (a) a consultant’s operations outside of their MCA-Nepal-contracted work in a MCC partner country; (b) individuals hired through personal services contracts or (c) organizations working under agreements with MCAs that do not involve a fee for service (e.g. memorandums of understanding, cooperative agreements, implementing entity agreements).

Field Tasks of the Consultant..... 9
 Modifications of Field Tasks to Mitigate COVID-19 Risks 9
Administration of the Consultant’s Operations 10
Annex 1: Health Screening Protocol for COVID-19 Symptoms 17

Context

Overview

This template is intended to be suitable for a range of MCA-Nepal contracted consultants (e.g. supervising engineers, resettlement consultants, stakeholder engagement consultants, environmental and social oversight consultants, consultants working within a Millennium Challenge Account office or other host country institution). The plan should be tailored to reflect the work of the consultant, the conditions in the country, and the risks involved. This plan covers three operational elements of the consultant’s responsibilities, summarized in the table below:

Operational Elements	Consultant Responsibilities
Construction sites.	If consultants work on construction sites, they are required to understand and follow the measures of each applicable work contractor’s COVID-19 Risk Management Plan. The works contractor’s COVID-19 plans are built on the same principles as presented here and are integral to their Health and Safety Management Plans.
Field tasks of the consultant. This covers the consultant’s work conducted in close proximity to others when outside of construction sites and the office (e.g. stakeholder engagement, resettlement, household surveys).	This part of the plan explains how the consultant’s field tasks will be carried out to adequately manage COVID-19 risks and how the approaches set forth in the MCC COVID-19 Guidance for Consultants & Contractors (May 5, 2020) and this document will be adapted and implemented.
Administration of the consultant’s operations. This includes personnel policies, transportation, and office management.	In the sections below, consultants will outline their administrative procedures and safe work practices to manage the COVID-19 risks associated with their staff and office facilities. Consultants that work in office spaces shared with other organizations (e.g. MCA-Nepal) may face particular challenges.

Purpose and Scope

The COVID-19 pandemic creates unprecedented risks. This plan describes procedures and protocols to avoid (where possible) and reduce risks associated with COVID-19. The plan applies to all MCA-Nepal-contracted consultant’s (and their subcontractor’s) workers while in country

working on MCC-financed contracts. This plan meets or exceeds the minimum requirements of MCC² and national and local governments (whichever is stricter shall be implemented)³.

Risks

1. COVID-19 is a highly infectious virus transmitted through the air and off surfaces on which it has settled. The principle exposure pathways are inhaling the airborne virus or touching a virus-contaminated surface and then touching one's eyes, nose, or mouth. To prevent exposure to the virus it is essential that pathways into the respiratory system and mucus membranes are blocked. There is some concern that exposure could potentially be through contact with the eyes.
2. The virus can be transmitted before symptoms appear. These unsuspecting carriers may drive infection rates. It is important to implement measures that reduce the risk of transmission, even among people who have no symptoms of the disease.
3. People with underlying medical conditions (such as immunodeficiency, asthma, diabetes, and heart disease) and those who are older are at greatest risk of serious complications from the infection.

The best way to protect the workforce and the public is to prevent the potential for exposure to the virus wherever possible. In the absence of being able to totally prevent exposure, the hierarchy of controls should be followed to manage COVID-19 risks while carrying out the task at hand. These are listed below, from the most effective to least effective mitigation measures:

- Elimination or substitution. Elimination physically removes a hazard, thereby breaking the exposure pathway. An example would be to not perform an action, such as cancelling a non-essential meeting. Substitution is a means to accomplish the same outcome but through an alternative means which also breaks the exposure pathway. An example would be using online tools to hold a meeting virtually.
- Engineering controls isolate individuals from a hazard. These may already exist or may require modifications in the design and function of infrastructure, equipment, or a process. Examples include physical barriers to create separation between people (such as perimeter fences on a construction site, or clear plastic panels around work stations in an office setting), high-efficiency air filters, and increased Ventilation rates in enclosed spaces.
- Administrative controls change the way people work. They include policies, procedures, shift designs, and training to lessen the threat of a hazard to an individual. They are typically less effective than the engineering controls above as they rely on individual action and are most effective when used in conjunction with Personal Protective Equipment (PPE). Examples of administrative controls include:
 - Encouraging sick workers to stay at home.
 - Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.

² IFC Performance Standards 2 and 4 include health and safety requirements to protect the work force and public.

³ This document identifies minimum risk mitigation plan requirements for consultants to address. Based upon other national guidance, home office guidance, and local conditions, plan elements may need to go beyond these minimum requirements.

- Establishing alternating days or extra shifts that reduce the total number of workers in an office at any given time, allowing them to maintain distance from one another while onsite.
- Training personnel on the hazards and associated mitigations.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Developing emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Safe work practices are a type of administrative control. They are procedures individual workers can take to reduce their duration, frequency, or intensity of exposure to COVID-19. Examples include social distancing and good hygiene.
- Personal Protective Equipment (PPE) provides protection through equipment that a worker wears. The engineering controls, administrative controls and safe work practices mentioned above are the most effective risk mitigation measures. When social distancing cannot be consistently achieved, PPE should be deployed to break the exposure pathway. Training workers who need to use protective clothing and equipment, how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

COVID-19 Plan Format and References to other relevant Consultant Documents

Consultants may have other COVID-19 guidance documents, such as corporate guidance, Human Resource policies, Stakeholder Engagement strategies, project work plans, etc., which may include COVID-19 risk mitigation, or new measures for mitigating COVID-19 risks such as those required by the MCC Guidance. If the consultant has existing documents demonstrating its commitment, consistent with meeting MCC requirements for COVID-19 risk mitigation, the relevant parts of these documents should be referenced (by page number) and summarized in the appropriate tables/boxes below. Consultants should submit this plan along with any referenced documents to the MCA-Nepal.

COVID-19 Roles and Responsibilities

Guidance for the table below: Articulate roles, responsibilities and procedures to implement and oversee the COVID-19 Plan (including by subcontractors).

Consultant staff / Phone #	Responsibility for Implementation of Plan
	Overall responsibility for implementation of the Plan, including by subcontractors
	Screening of workers and visitors
	Ensuring appropriate and adequate stock of PPE, medical supplies, disinfectant, and other required supplies
	Training

	Oversight of field staff
	Office and workplace sanitation
	Coordination of response to people exhibiting COVID-19 symptoms
	Reporting to the MCA-Nepal, and as appropriate, local authorities

National and Local COVID-19 Requirements

COVID-19 Requirements	
<p>Guidance: The consultant will insert a section that describes national (or where applicable, local) requirements, and this will be included as standard in all consultant plans. The Ministry of Health and Population (MoHP) is responsible for developing COVID-19 related guidelines in Nepal. The MoHP has set up a dedicated website for COVID-19 related information (www.covid19.mohp.gov.np). Corona Crisis Management Centre (CCMC) under Deputy-PM also issues various guidelines from time to time which are available on their website https://www.opmcm.gov.np/category/news/. The Contractor should review these information while developing risk mitigation plan. In addition, the Ministry of Home Affairs (MoHA), district administration offices, and local governments also issues travel and other COVID-19 related guidelines/directives which needs to be considered by the Consultant while developing plans.</p> <p>Note that requirements listed here can be referenced below but need not be repeated.</p>	

Responsibilities on Construction Sites

If they work on or visit construction sites, consultants are required to understand and follow the measures of the applicable works contractor’s COVID-19 Risk Management Plan. MCA-Nepal will make these plans available.

Field Tasks of the Consultant

The plan should present means for workers (and any sub-contractors) to manage risks when working in close proximity to others outside of the office and off construction sites (e.g. when they must work in close proximity to others or in confined spaces).

Working in Close Proximity	
<p>Guidance: <i>The consultant should identify whenever they may come into close proximity with others in the course of their work (a short description or bulletized list may be sufficient). Relevant tasks may align with the major tasks and/or deliverables described in the consultant’s contract.</i></p>	

Modifications of Field Tasks to Mitigate COVID-19 Risks

Consultants should explain how they will manage the COVID-19 risks where people work in close proximity to others (drawing from activities identified above). For example, many consultants have responsibilities that involve face-to-face engagement with people outside of their organization, including the public. These consultants are expected to adapt their existing engagement procedures and mechanisms, following the mitigation hierarchy, to eliminate or reduce the COVID-19 risks. As a general rule:

- Face-to-face meetings with external stakeholders, officials and the public should be avoided where possible (e.g. consider using virtual meetings or other electronic means for communication).
- Where work in close proximity is required, consultants shall describe measures to reduce risks to workers, stakeholders, officials and the public to an acceptable level. These may include (but are not limited to): choosing lower risk settings (i.e. outdoors), screening participants for COVID-19 symptoms (using the protocols outlined in this document),

ensuring social distancing of at least 2 m between participants, wearing face masks, and limiting size of meetings.

Field Task 1 (to be defined by the consultant)	
Guidance: Describe the task and main COVID-19 risks and mitigation measures to be implemented by the consultant.	
Field Task 2 (to be defined by the consultant)	
Guidance: Add or subtract rows as needed.	
Field Task 3	
Guidance: Add or subtract rows as needed.	

Administration of the Consultant’s Operations

Office Space Shared with Other Organizations	
<p>Guidance: Does your organization or any member of your team, share office space with another organization (including a MCA-Nepal)? If so:</p> <ul style="list-style-type: none"> ▪ If the other organization has a COVID-19 plan, please append it to this template and summarize it as appropriate in the boxes below. 	

<ul style="list-style-type: none"> ▪ If not, describe the steps you will take to ensure a safe working environment (e.g. negotiation with the organization controlling the space you work in, consider alternative work arrangements) and any related measures in the boxes below as appropriate. 	
Personnel Management	
<p>Guidance: Describe/Provide: (a) assurance that the consultant’s records allow for contact tracing; (b) the consultant’s policy regarding pay and benefits to individuals during a quarantine period (where required under Annex 1); (c) when workers are permitted to return to the workplace (see Annex 1 for additional guidance) (d) administrative risk mitigation measures for the workplace; and (e) travel policy.</p>	
Transportation	
<p>Guidance: Describe measures to get workers safely to and from work locations.</p>	
Work Force Screening	
<p>Workforce screening is an essential strategy for managing COVID-19 risks.</p>	<p>The consultant will identify and (as appropriate) isolate sick workers before they begin work in close proximity to others through the following steps:</p>

	<ol style="list-style-type: none"> 1. Implement a consistent health screening protocol (daily temperature and checks of symptoms – see Annex 1). Temperature checks should use non-contact thermometers, disposable thermometer strips, or a reusable ear thermometer with separate disposable probe cover for each use. 2. Deny access to the workplace for people suspected of COVID-19 (based on protocol and health screening results). The consultant will take a person suspected of COVID-19 to a predetermined place of isolation (see below) and follow the protocol mandated by the national and local public health and other governmental organizations for suspected COVID-19 cases. <p>If anyone demonstrates symptoms consistent with COVID-19, see the Exposure Response section and Annex 1 below.</p>
Response to suspected COVID-19 cases	
<p>Follow responses listed in approved protocols</p>	<p>Follow national/local and the consultant’s protocol for how to manage individuals suspected of having COVID-19 symptoms. In the event national/local and the consultant’s protocol are not consistent or complimentary, the stricter protocol will apply. In the absence of clear protocols, follow Annex 1.</p>
<p>Guidance: Consultant must:</p> <ol style="list-style-type: none"> 1. Specify a location(s) to immediately isolate any individual exhibiting symptoms of COVID-19 identified on-site (including consideration of both office and field protocols). 2. Specify hygiene requirements for those isolated (mask, hand washing, cough/sneeze control, etc.). 3. Evaluate additional measures to be taken 	

<p>such as stopping the task the individual was involved with, initiating sanitization procedures, and beginning contact tracing of persons who may have come into contact with the individual.</p>	
---	--

Social Distancing

<p>Social distancing has proven to be an effective means to control COVID-19.</p>	<p>Minimum requirements include:</p> <ol style="list-style-type: none"> 1. Avoid crowding and gathering in groups. 2. Keeping people at least 2m apart. 3. Staging and staggering work shifts where possible, assigning workers to dedicated shifts (which could include night-time and weekend work, where permitted). 4. Avoiding handshaking and using other forms of face-to-face greeting. 5. Conducting meetings and other work virtually whenever possible (including through technology such as telecommunications platforms, e.g. skype, zoom). <p>Where work tasks must be done near other people, additional measures to break the potential exposure pathways are required (e.g., see PPE below).</p>
---	--

Good Personal Hygiene

<p>These safe work practices are among the most effective in reducing the risk of transmission of the virus.</p>	<p>The following practices will be implemented:</p> <ol style="list-style-type: none"> 1. Frequent hand washing (for at least 20 seconds). If soap and running water are not available, consultants will provide hand rubs containing at least 60% alcohol or 70% isopropanol. The consultant will provide an adequate number of wash stations (with soap and paper towels and/or sanitizer).
--	--

	<ol style="list-style-type: none"> a. For field operations, if wash stations with running water are not available hand rubs should be carried and maintained in the vehicle used for transport. Individual workers should be provided with an adequate supply of hand rubs for regular hand cleaning throughout the day. b. For fixed sites (offices), the standard for handwash stations is: one at the entrance to the office, one at each toilet, and one at each kitchen / break area. <ol style="list-style-type: none"> 2. Prohibition of sharing cups, silverware, and utensils unless adequately cleaned with soap and water between uses. 3. Encouraging workers to cough or sneeze into a tissue or bent arm. Tissues are assumed to be contaminated and should be disposed of carefully so as not to become a source of transmission, preferably sealed in a plastic bag.
--	--

Workplace Sanitation

<p>Current evidence suggests that a novel coronavirus may remain viable for hours or days on surfaces made from a variety of materials. The objective of workplace sanitation is to clean high touch surfaces⁴. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses. Additional disinfection should take place of areas and equipment used by workers who present symptoms of COVID-19.</p>	<p>Consultants should ensure that high touch surfaces are disinfected⁵, cleaning hands with soap and water immediately afterward.</p> <p>Workplace sanitation focusses on high touch surfaces in:</p> <ul style="list-style-type: none"> ▪ Structures, including offices, gates, toilets, break areas, grievance boxes, suggestion boxes, stair handrails, and other equipment (computers, printers, etc.) shall be cleaned regularly. ▪ Vehicles. This includes inside of work vehicles. Handles, knobs, levers, seatbelts, and commonly touched surfaces should be cleaned.
--	--

Training and Safety Awareness

⁴ High touch surfaces include can be found in **structures** (including offices, gates, toilets, change rooms, canteens, meal preparation areas, break areas, grievance boxes, suggestion boxes, stairs, scaffolding, handrails, tools, buckets, wheel barrels, and other equipment shall be cleaned regularly) and **vehicles** (including handles, knobs, levers, and seatbelts).

⁵ Disinfecting non-porous surfaces: (a) If a surface is visibly dirty, clean it first with soap and water; (b) Use either a diluted solution of unexpired bleach (1 part bleach to 60 parts water), an alcohol solution with at least 70% alcohol, and/or a government recommended solution for use against COVID- 19; (c) After application, allow 2 minutes of contact time before wiping, or allow to air dry (without wiping). NOTE: Never mix household bleach with ammonia or other cleaner.

	<p>All workers must be provided an initial training that includes, at a minimum:</p> <ul style="list-style-type: none"> - Risks and symptoms of COVID-19. - How COVID-19 is transmitted / behaviors that may increase a person’s risk of exposure. - Effective measures: <ul style="list-style-type: none"> o Social distancing; o How to effectively wash hands. - Protocols (transportation, screening, where the designated health care facility is, what to do if you have symptoms, safe work practices). - How to properly wear and dispose of (or clean) PPE. - Who to contact with COVID-19 related follow up questions. <p>Subsequent safety talks will be used s to reinforce messages and communicate any changes.</p>
--	--

Personal Protective Equipment	
--------------------------------------	--

<p>PPE provides protection through equipment that a person wears. When social distancing cannot be consistently achieved, PPE should be deployed to break the exposure pathway. PPE must be chosen based on risks to a person.</p>	<p>As appropriate, the consultant will provide adequate supplies and training in the inspection, use, maintenance, on site storage, and proper disposal of:</p> <ol style="list-style-type: none"> 1. Masks: Masks reduce inhalation of the virus and can minimize the virus being exhaled by contaminated individuals. Masks that cover both the nose and mouth are particularly important anytime workers must be in in close quarters (e.g. at the workplace, in vehicles). 2. Gloves: Where worker protection warrants gloves, then proper selection will be based on the specific activity. Glove selection should be task specific to afford needed protection from injury. If known or suspected contaminated surfaces are touched, the gloves should be replaced with new gloves. <p>PPE to be disposed of should be placed in a sealable bag and disposed of carefully so as not to become a source of transmission.</p>
--	---

Reporting	
------------------	--

<p>Standard provisions are listed to the right.</p>	<p>Consultants should provide Immediate notification to the MCA-NEPAL of incidences of suspected and confirmed COVID-19 cases.</p>
---	--

	<p>In the consultant’s regular monthly/quarterly report, the consultant will include, as a minimum, the following information on:</p> <ol style="list-style-type: none"> 1. The implementation of this plan. 2. For supervising engineers and other oversight consultants: a methodology for monitoring the implementation of works contractors’ COVID-19 plans. 3. Common elements of all reporting should include: <ol style="list-style-type: none"> a. Incidences of non-compliance and remedial actions. b. Incidences of suspected and confirmed COVID-19 cases. c. Impacts on contract implementation and completion. d. Additional steps taken, lessons learned, and best management practices.
<p>Guidance: as needed, provide additional information on methods and/or tools</p>	
<p>Review of this plan</p>	
<p>Adaptive management is important as new information becomes available.</p>	<p>Plans will be reviewed and updated as needed. Given the rapidly changing nature of the situation, it may be necessary to review and update the plans frequently.</p>

Annex 1: Health Screening Protocol for COVID-19 Symptoms

Implementing a consistent protocol for screening workers will not prevent workers from getting sick, as 25 – 50% of infected people may not show symptoms. But it is important to limit the spread, as people appear to be most infectious when showing symptoms. *A consultant’s screening protocol should be based on the best available medical advice⁶ and a country’s or local government’s guidance (whichever is stricter) and updated as new information becomes available.* The protocol below should be a considered a starting point.

Key symptoms of COVID-19	YES	NO	Action
Fever (>= 38°C [100.4°F])			Certain symptoms could require immediate medical attention, including shortness of breath or difficulty breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, and bluish lips or face.
Cough (usually dry)			
Shortness of breath or difficulty breathing			
Any exposure to someone who has a confirmed case of COVID-19			
Symptoms sometimes associated with COVID-19			
New loss of taste or smell			If the employee has no fever but exhibits two of these symptoms, consult medical personnel and follow the country/local protocols. At the discretion of the medical personnel, the employees may be placed on a 72-hr quarantine.
Chills / repeated shaking with chills			
Fatigue			
Sore throat			
Headache			
Muscle pains			
Diarrhea			
Sneezing			
Additional Quarantine Consideration			

⁶ Material here is drawn from the World Health Organization and the U.S. Center for Disease Control. Companies should consult their own medical practitioners and follow national regulations and norms.

Have you been in contact with anyone who has key symptoms of COVID-19 in the last 14 days?			If yes, quarantine for 14 days since contact, and if symptoms develop, follow the guidance above.
--	--	--	---

Employees can return to work providing:

- The quarantine/self-isolation period has been completed
 - **AND**
- Temperature has been < 38°C for at least 72-hours prior to returning to the workplace (that is three full days of no fever without the use medicine that reduces fevers).
Temperature will continue to be monitored along with rest of work force.
 - **AND**
- other symptoms have improved (example: cough or shortness of breath have improved)
 - **AND**
- The answer to **Additional Quarantine Consideration** is **No**.