OFFICIAL DOCUMENTS

GRANT NUMBER No. D354-BF

Financing Agreement
(Health Services Reinforcement Project)

between

BURKINA FASO

and

INTERNATIONAL DEVELOPMENT ASSOCIATION
GRANT NUMBER No. D354-BF

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between BURKINA FASO ("Recipient") and INTERNATIONAL DEVELOPMENT ASSOCIATION ("Association"). The Recipient and the Association hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

1.01. The General Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.

1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the General Conditions or in the Appendix to this Agreement.

ARTICLE II — FINANCING

2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions, in an amount equivalent to fifty-five million and seven hundred thousand Special Drawing Rights (SDR 55,700,000) ("Financing"), to assist in financing the project described in Schedule 1 to this Agreement ("Project").

2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section III of Schedule 2 to this Agreement.

2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.

2.04. The Payment Dates are April 15 and October 15 in each year.

2.05. The Payment Currency is Euro.

ARTICLE III — PROJECT

3.01. The Recipient declares its commitment to the objectives of the Project. To this end, the Recipient shall carry out the Project in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — EFFECTIVENESS; TERMINATION

4.01. The Additional Conditions of Effectiveness consist of the following:
(a) the Recipient shall designate and/or recruit and, thereafter maintain an accountant and a finance officer, both with qualifications and under terms of reference satisfactory to the Association; and

(b) the Recipient shall prepare and adopt the Project Operations Manual, with terms and conditions satisfactory to the Association.

4.02 The Effectiveness Deadline is the date one hundred twenty (120) days after the Signature Date.

4.03. For purposes of Section 10.05(b) of the General Conditions, the date on which the obligations of the Recipient under this Agreement (other than those providing for payment obligations) shall terminate is twenty (20) years after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

5.01. The Recipient’s Representative is its minister in charge of economy, finance and development.

5.02. For purposes of Section 11.01 of the General Conditions: (a) the Recipient’s address is:

Ministry of Economy Finance and Development
395, Avenue du 11 Décembre
01 BP 7008 Ouagadougou 01
Burkina Faso; and

(b) the Recipient’s Electronic Address is:

5.03. For purposes of Section 11.01 of the General Conditions: (a) The Association’s address is:

International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Association’s Electronic Address is:

Telex: Facsimile:
248423 (MCI) 1-202-477-6391
AGREED as of the Signature Date.

BURKINA FASO

By

Authorized Representative
Name: Hadizatou Rosine Coulibaly Sori
Title: Minister of Economy, Finance and Development
Date: August 21, 2018

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Authorized Representative
Name: Hafez M. H. Ghanem
Title: Vice-President Africa Region
Date: August 21, 2018
SCHEDULE 1

Project Description

The objective of the Project is to increase the quality and utilization of health services with a particular focus on maternal, child and adolescent health, nutrition and disease surveillance.

The Project consists of the following parts:

Part 1. Strengthening Health System Capacity

1.1 Establishing and operationalizing the National Health Insurance Fund ("NHI") through *inter alia*: (a) designing required mechanisms including for NHI management, targeting and enrollment; (b) designing a package of care to cover the Recipient's population; and (c) developing required systems and studies for the rollout of the NHI.

1.2 Improving the utilization and quality of health services through: (a) the provision of Performance Grants to Participating Health Facilities in Targeted Areas for delivery of output-based packages of Essential Health Services to selected beneficiaries, conditional on the quantity and quality of health services delivered, as further stipulated in the respective Health Service Provider Agreements; and (b) provision of required Training and technical assistance to Participating Health Facilities to improve their performance.

1.3 Supporting cross-cutting interventions in health financing through: (a) financing coaching, verification and community mobilization for the Project; (b) developing and piloting innovative strategies to measure, incentivize and purchase quality health services and enhance health services provider autonomy; and (c) supporting the production of evidence to sustain evidence-based health financing policy formulation.

Part 2. Strengthening Delivery of Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition ("RMNCAH+N")

2.1 Strengthening maternal, child, adolescent and youth service delivery capacities through:

(a) strengthening the Recipient's capacity to address reproductive, maternal, newborn, child and adolescent health and nutrition health needs, such as, *inter alia*: the capacity of the health system
to provide comprehensive Emergency Obstetric and Newborn Care ("EmONC") and other essential health services by:

(i) the provision of required goods and equipment necessary for carrying out EmONC and other RMNCAH+N services;

(ii) the provision of necessary Training in accordance with the training needs of providers at different levels of the system, including to perform emergency obstetric surgical interventions;

(iii) carrying out an assessment on the awareness of pre-service curriculum for EmONC skills provided in selected health provider cadres and developing a plan to address deficiencies through curriculum revision;

(iv) carrying out an assessment on the awareness adequacy of the referral system including communications, transport and continuity of care from community level to tertiary care and developing a remedial action plan;

(v) carrying out an assessment on the awareness of maternal and newborn danger signs at the community level and promoting care-seeking behavior for emergency services as needed through social and behavior change communications;

(vi) the provision of Training required to enhance maternal and perinatal death audits; and

(vii) improving the availability of services for survivors of sexual and gender based violence through the Training of selected health workers on psychosocial counselling and provision of emergency contraceptives, post exposure prophylaxis and psychosocial counselling to said survivors.

(b) promoting family planning with a focus on adolescent health and well-being by:

(i) the provision of Training to selected health workers in family planning and post-partum services;
(ii) the provision of contraceptives for selected beneficiaries based on prioritization criteria as defined in the GFF Investment Case;

(iii) developing strategies aiming to improve the effectiveness of family planning campaigns; and

(iv) the provision of technical assistance to the Recipient to strengthen linkages to existing governmental programs working with adolescents on access to sexual and reproductive health services.

(c) strengthening primary care services for women and children by:

(i) carrying out an assessment on the training needs of staff at facilities for services that include antenatal care, normal labor and delivery, postnatal care and integrated management of childhood illness;

(ii) acquiring goods and equipment required for provision of said services;

(iii) the provision of Training to selected district and regional teams to strengthen supportive supervision for maternal and child health services, in order to improve care at the community, primary and secondary care levels; and

(iv) the provision of Training to selected health service providers in primary care services at the household level.

2.2 Supporting nurturing care described under the Recipient’s national strategy for integrated early childhood development, the national parental education program and the nutrition multi-sectoral strategic plan through:

(a) the provision of required vitamins supplementation to infants and young children,

(b) the provision of required micronutrients;

(c) the provision of Training to strengthen the capacity and knowledge for early childhood and parental education, including disability prevention; and

(d) supporting the rollout of radio and television programs explaining nurturing care and its importance in child development.
2.3 Supporting the Recipient’s upcoming national census and scaling-up and building capacity of the “iCivile” platform for civil registration to improve civil registration outcomes.

2.4 Supporting multi-sectoral coordination for RMNCAH+N activities through provision of goods, Training, Operating Costs and consultants’ services required for said purposes.

Part 3. Reinforcing Health Security and Supporting Institutional Strengthening

3.1 (a) Establishing an electronic monitoring system for disease surveillance and coordinated responses;

(b) improving the linkages between different existing surveillance information systems to enhance coordinated community-level surveillance systems and to establish an early warning system for infectious disease trends prediction;

(c) rolling out mechanisms that facilitate cross-border collaboration in surveillance for the early detection of cases;

(d) providing Training and monitoring mechanisms for timely reporting by surveillance agents and veterinary facilities;

(e) providing Training to selected health workers in disease surveillance, epidemiology, laboratory biosafety, environmental surveillance, food safety and management; and

(f) updating the Recipient’s existing human resource development plan.

3.2 (a) Updating and integrating cross-sectoral emergency preparedness and response plans for priority diseases and for food safety;

(b) carrying out periodic testing, assessment, and improvements of said plans;

(c) expanding the health system surge capacity through provision of required equipment and Training;

(d) supporting the Recipient’s emergency operations center through provision of required equipment; and

(e) providing Training on periodic outbreak simulation exercises.
3.3 Supporting Project coordination, management and monitoring, preparation of financial audits and periodic evaluations and provision of goods, Training, Operating Costs and consultants’ services for the said purposes.

Part 4. Contingent Emergency Response

Providing immediate response to an Eligible Crisis or Emergency, as needed.
SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. MoH

(a) The Recipient shall designate, at all times during the implementation of the Project, the MoH to be responsible for prompt and efficient oversight and coordination of the implementation of activities under the Project, and shall take all actions including the provision of funding, personnel and other resources necessary to enable the MoH to perform its functions.

(b) To facilitate the day to day implementation of Project activities, the Recipient shall, through the MoH, maintain at all times during the implementation of the Project within MoH, the Project Implementation Unit (“PIU”) with a composition, mandate, staffing and other resources satisfactory to the Bank, all in accordance with the provisions of the Project Operations Manual. To this end, the Recipient shall no later than three (3) months after the Effective Date recruit and, thereafter maintain; a procurement officer, with qualifications and under terms of reference satisfactory to the Association.

(c) The Recipient shall, not later than two (2) months after the Effective Date, install and thereafter maintain an accounting software for the Project, in a manner acceptable to the Association.

(d) The Recipient shall, not later than two (2) months after the Effective Date, recruit and thereafter maintain an internal auditor, with qualifications and under terms of reference satisfactory to the Association.

(e) The Recipient shall, not later than six (6) months after the Effective Date, recruit and thereafter maintain an external auditor, with qualifications and under terms of reference satisfactory to the Association.

2. Review Committee

Without limitation upon the provisions of paragraph 1 immediately above, the Recipient shall, through the MoH, not later than one (1) month after the Effective Date, establish and thereafter maintain at all times during the implementation of the Project, a review committee, satisfactory to the Association, to be responsible for, inter alia: (i) providing strategic and policy guidance on matters relating to the
Project; and (ii) coordinating inter-agency policies and roles, all in accordance with the provisions of the Project Operations Manual.

B. Other Arrangements

1. Project Operations Manual

(a) To facilitate the implementation of the Project, the Recipient, through the MoH, shall maintain a Project Operations Manual in form and substance satisfactory to the Association ("POM"), and such POM shall include, inter alia, the description of:

(i) detailed institutional arrangements;

(ii) procurement arrangements;

(iii) detailed financial management and disbursement arrangements and audit procedures;

(iv) reporting, monitoring and evaluation arrangements;

(v) eligibility criteria and procedures for the selection of Participating Health Facilities;

(vi) eligibility criteria for beneficiaries of Essential Health Services; and

(vii) templates of the relevant Health Service Provider Agreements.

(b) The Recipient shall ensure that the MoH carries out the Project in accordance with the POM; provided, however, that in case of any conflict between the provisions of the POM and the provisions of this Agreement, the provisions of this Agreement shall prevail.

(c) (i) Except as the Association shall otherwise agree, the Recipient shall ensure that the MoH shall not assign, amend, abrogate or waive the POM or any provision thereof if, in the opinion of the Association, such assignment, amendment, abrogation or waiver will materially and adversely affect the implementation of the Project.

(ii) Any amendments to said POM shall be made with the prior agreement of the Association.
2. **Health Service Provider Agreements**

The Recipient shall, through MOH, ensure that no Participating Health Facilities is eligible for a Performance Grant under Part 1.2(a) of the Project, unless and until MOH and the Participating Health Facility have entered into a Health Service Provider Agreement in form and substance acceptable to the Association, setting forth, *inter alia*: responsibilities and obligations of each party; a description of Essential Health Services packages to be provided by the Participating Health Facility and the number of beneficiaries to be targeted; disbursement requirements and procedures; payment modalities; verification modalities; and other relevant clinical, financial and administrative data required pursuant to the Recipient’s health information regulations (“Health Service Provider Agreement”).

C. **Contingent Emergency Response**

1. In order to ensure the proper implementation of Part 4 of the Project (“Contingent Emergency Response”) (“CERC Part”), the Recipient shall take the following measures:

   (a) prepare and furnish to the Association for its review and approval, an operations manual, which shall set forth detailed implementation arrangements for the CERC Part, including:

      (i) designation of, terms of reference for and resources to be allocated to, the entity to be responsible for coordinating and implementing the CERC Part (“Coordinating Authority”);

      (ii) specific activities which may be included in the CERC Part, Eligible Expenditures required therefor (“Emergency Expenditures”), and any procedures for such inclusion;

      (iii) financial management arrangements for the CERC Part;

      (iv) procurement methods and procedures for Emergency Expenditures to be financed under the CERC Part;

      (v) documentation required for withdrawals of Emergency Expenditures;

      (vi) environmental and social safeguard management frameworks for the CERC Part, consistent with the Association’s policies on the matter; and

      (vii) any other arrangements necessary to ensure proper coordination and implementation of the CERC Part;
afford the Association a reasonable opportunity to review said proposed operations manual;

(c) promptly adopt such operations manual for the CERC Part as shall have been approved by the Association ("CERC Operations Manual");

(d) ensure that the CERC Part is carried out in accordance with the CERC Operations Manual; provided, however, that in the event of any inconsistency between the provisions of the CERC Operations Manual and this Agreement, the provisions of this Agreement shall prevail; and

(e) not amend, suspend, abrogate, repeal or waive any provision of the CERC Operations Manual without prior approval by the Association.

2. The Recipient shall, throughout the implementation of the CERC Part, maintain the Coordinating Authority, with adequate staff and resources satisfactory to the Association.

3. The Recipient shall undertake no activities under the CERC Part (and no activities shall be included in the CERC Part) unless and until the following conditions have been met in respect of said activities:

(a) The Recipient has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Association a request to include said activities in the CERC Part in order to respond to said Eligible Crisis or Emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and

(b) The Recipient has prepared and disclosed all safeguards instruments required for said activities, in accordance with the CERC Operations Manual, the Association has approved all such instruments, and the Recipient has implemented any actions which are required to be taken under said instruments.

D. Safeguards

1. The Recipient shall ensure that the Project is carried out in accordance with the provisions of the ESMF, and to that end, if any activity included in the Project would, pursuant to the ESMF, require the adoption of an ESMP:

(a) (i) prepare such ESMP and furnish it to the Association for review and approval in accordance with the ESMF; and (ii) thereafter disclose such ESMP as required by the ESMF and approved by the Association prior to implementation of the activity in question; and (iii) thereafter implement
the ESMP during the Project implementation; and (iv) incorporate said ESMP in the bidding documents; and

(b) thereafter take such measures as shall be necessary or appropriate to ensure compliance with the requirements of such ESMP.

2. The Recipient shall ensure that the Project is carried out in accordance with the provisions of the Medical Wastes Management Plan.

3. The Recipient shall ensure that all technical assistance under the Project, shall only be undertaken pursuant to terms of reference reviewed and found satisfactory by the Association, such terms of reference to ensure that the technical assistance takes into account, and calls for application of the Association's environmental and social safeguards policies and the Recipient's own laws relating to the environment and social aspects.

4. The Recipient shall ensure that employees, agents, service providers, contractors and subcontractors carry out the Project in conformity with acceptable environmental and social standards, practices and codes of conduct (which shall, \textit{inter alia}, contain measures that prohibit, endeavour to prevent and address Project-related gender based violence and sexual exploitation and abuse), and the Recipient's environmental and social laws.

5. The Recipient shall ensure that relevant environmental and social mitigation measures and clauses are included in the tender documents in accordance with the Safeguards Instruments, in addition to ensuring that Contractors' ESMP is approved by the Association prior to commencement of works subject to environmental and social assessment.

6. Without limitation upon its other reporting obligations under this Agreement, the Recipient shall regularly collect, compile and submit to the Association every calendar semester, reports, in form and substance satisfactory to the Association, on the status of compliance with the Safeguard Instruments, giving details of:

(a) measures taken in furtherance of such Safeguard Instruments;

(b) conditions, if any, which interfere or threaten to interfere with the smooth implementation of such Safeguard Instruments; and

(c) remedial measures taken or required to be taken to address such conditions.

7. The Recipient shall, throughout Project implementation, maintain and publicize the availability of Project-level grievance feedback and redress mechanism, in a form and substance satisfactory to the Association, to hear and determine fairly
and in good faith all complaints and feedback raised in relation to the Project, and take all measures necessary to implement the determinations made by said grievance feedback and redress mechanism in a manner satisfactory to the Association.

8. The Recipient shall not amend, abrogate, repeal, suspend, waive, or otherwise fail to enforce, or permit to be amended, abrogated, repealed, suspended or waived any of the Safeguard Instruments or any provision thereof without the prior written approval of the Association. In case of inconsistency between this Agreement and any of the Safeguard Instruments, the terms of this Agreement shall prevail.

Section II. Project Monitoring, Reporting and Evaluation

The Recipient shall furnish to the Association each Project Report not later than one month after the end of each calendar semester, covering the calendar semester.

Section III. Withdrawal of the Proceeds of the Financing

A. General

Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Recipient may withdraw the proceeds of the Financing to finance Eligible Expenditures; in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of the Grant Allocated (expressed in SDR)</th>
<th>Percentage of Expenditures to be Financed (inclusive of Taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Goods, works, Training, non-consulting services, and consulting services and Operating Costs for the Project except Part 1.2 (a) and 3 of the Project.</td>
<td>10,400,000</td>
<td>50%</td>
</tr>
<tr>
<td>(2) Goods, works, Training, non-consulting services,</td>
<td>32,000,000</td>
<td>100%</td>
</tr>
</tbody>
</table>
and consulting services and Operating Costs for Part 3 of the Project.

| (3) Performance Grants under Part 1.2(a) | 13,300,000 | 100% |
| (4) Emergency Expenditures under Part 4 of the Project | 0 |
| **TOTAL AMOUNT** | **55,700,000** |

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A above, no withdrawal shall be made:

   (a) payments made prior to the Signature Date; except that withdrawals up to an aggregate amount not to exceed $2,000,000 may be made for payments made prior to this date but on or after May 1, 2018, for Eligible Expenditures under Category (2); or

   (b) Under Category (3), no withdrawal shall be made until: (i) the amounts allocated under the GFF Grant Agreement has been disbursed or committed in full; and that (ii) the Association has received at least one Health Service Provider Agreement in form and substance satisfactory to the Association.

   (c) Under category (4), no withdrawal shall be made, for Emergency Expenditures under Part 4 of the Project unless and until the Association is satisfied that all the following conditions have been met in respect of the said activities:

       (i) the Recipient has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Association a request to include said activities in the CERC Part in order to respond to said Eligible Crisis or Emergency, and the Association has agreed with such
determination, accepted said request and notified the Recipient thereof;

(ii) the Recipient has prepared and disclosed all safeguards instruments required for said activities, and the Recipient has implemented any actions which are required to be taken under said instruments, all in accordance with the provisions of Section C of Schedule 2 to this Agreement;

(iii) the Recipient's Coordinating Authority has adequate staff and resources, in accordance with the provisions of Section C of this Schedule 2 to this Agreement, for the purposes of said activities; and

(iv) the Recipient has adopted a CERC Operations Manual in form, substance and manner acceptable to the Association and the provisions of the CERC Operations Manual remain - or have been updated in accordance with the provisions of Section C of this Schedule 2 so as to be appropriate for the inclusion and implementation of said activities under the CERC Part.

2. The Closing Date is June 30, 2023.
APPENDIX

Section I. Definitions

1. "Anti-Corruption Guidelines" means, for purposes of paragraph 5 of the Appendix to the General Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants”, dated October 15, 2006 and revised in January 2011 and as of July 1, 2016.

2. "Category" means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.

3. “CERC Part of the Project” and “CERC Part” each means Part 4 of the Project.

4. “Contingent Emergency Response Operations Manual” and “CERC Operations Manual” each means the operations manual referred to in Section 1.C of this Agreement, to be adopted by the Recipient for the CERC Part of the Project in accordance with the provisions of said Section.

5. “Coordinating Authority” the entity or entities designated by the Recipient in the CERC Operations Manual and approved by the Association pursuant to Section 1.C of Schedule 2 to this Agreement, to be responsible for coordinating the CERC Part of the Project.

6. “Eligible Crisis or Emergency” means an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster.

7. “Emergency Expenditures” means the eligible expenditures required to finance the cost of the approved list of goods, works, and services necessary to support emergency mitigation, response and recovery under Part C of the Project and set forth in the Emergency Response Operations Manual.

8. “Emergency Obstetric and Newborn Care” means a package of services that addresses obstetric and newborn health emergencies.

9. “Emergency Response Operations Manual” means the operations manual to be adopted by the Recipient for Part 4 of the Project in accordance with the provisions of Section I.C of Schedule 2 to this Agreement.

10. “Environmental and Social Management Framework” or “ESMF” means the document prepared, adopted and disclosed by the Recipient on May 23, 2018, setting forth the modalities for site-specific environmental screening and procedures/actions for the preparation and implementation of ESIAs and ESMPs under the Project, the set of mitigation, monitoring, and institutional measures and...
procedures required in order to eliminate adverse environmental and social impacts, offset them, or reduce them to acceptable levels, as well as actions needed to implement said measures, as the same may be amended from time to time with the Association's prior written approval.

11. “Environmental and Social Management Plan” or “ESMP” means, for a given Project activity, a site-specific environmental and social management plan for said activity to be prepared pursuant to the ESMF, and giving details of specific actions and setting forth the mitigating, monitoring and institutional measures to be taken during the implementation and operation of the Project to offset or reduce adverse environmental impacts to levels acceptable to the Association, including the budget and cost estimates, and sources of funding, along with the institutional and procedural measures needed to implement such actions, measures and policies and the parties responsible for executing works and monitoring of construction and operational impact, as the said document may be amended and/or supplemented from time to time with the prior written concurrence of the Association and subject to same initial consultation and disclosure requirements carried out for the ESMF.

12. “Essential Health Services” means the adequate medical care services to be provided to selected beneficiaries as set forth in the POM and including primary care services.


14. “GFF Grant Agreement” means the Agreement between the Recipient and the International Development Association, acting as administrator of the Global Financing Facility to finance the Project of date herewith. (GFF GRANT NUMBER TF A7763-BF)

15. “GFF Investment Case” means a document articulating agreed priorities, financing and interventions to improve RMNCAH+N outcomes.

16. “iCivile” Platform means a platform developed for civil registration using an approach to improve coverage and comprehensiveness of civil registrations.

17. “MoH” means the Recipient’s Ministry of Health, and any successor thereto.

18. “Medical Wastes Management Plan” means the document prepared, adopted and disclosed by the Recipient on May 23, 2018, setting forth the modalities for site-specific medical wastes screening and procedures/actions for the Project, as well as the set of mitigation, monitoring, and institutional measures and procedures required in order to eliminate adverse environmental and social impacts, offset them, or reduce them to acceptable levels, as well as actions needed to implement
said measures, as the same may be amended from time to time with the
Association's prior written approval.

19. "National Health Insurance Fund" means the Recipient's national insurance fund
to be established under the national health Insurance Agency (CNAMU).

20. "Operating Costs" means the incremental expenses incurred on account of Project
implementation, consisting of reasonable expenditures for vehicle operation and
maintenance, communication and insurance costs, banking charges, rental
expenses, office (and office equipment) maintenance, utilities, document
duplication/printing, consumables, travel cost and per diem for Project staff for
travel linked to the implementation of the Project, and salaries of contractual staff
for the Project (but excluding salaries of officials of the Recipient's civil service).

21. "Participating Health Facility" means a selected health facility providing health
care services established and operating lawfully in the Recipient's territory.

22. "Performance Grant" means a financial transfer from the Recipient, through MoH,
to a Participating Health Facility under Part 1.2(a) of the Project for the delivery
of packages of Essential Health Services, pursuant to the terms and conditions of
a Health Service Provider Agreement, and "Performance Grants" means,
collectively, two or more such payments.

23. "Procurement Regulations" means, for purposes of paragraph 87 of the Appendix
to the General Conditions, the "World Bank Procurement Regulations for IPF

24. "Project Operations Manual" or "POM" means the manual to be prepared and
adopted by the Recipient pursuant to the provisions of Section I.B.1 of Schedule 2
to this Agreement.

25. "Project Implementation Unit" or "PIU" means the unit established under the MoH
referred to in Section I.A.1 of Schedule 2 to this Agreement.

26. "RMNCAH+N" means Reproductive, Maternal, Neonatal, Child, Adolescent
Health and Nutrition

27. "Safeguard Instruments" means collectively the ESMF and the Medical Wastes
Management Plan, and "Safeguard Instrument" means any one of them.

28. "Signature Date" means the later of the two dates on which the Recipient and the
Association signed this Agreement and such definition applies to all references to
"the date of the Financing Agreement" in the General Conditions.

29. "Training" means the reasonable costs of training under the Project approved by
the Association, and attributable to seminars, workshops, and study tours, along
with travel and subsistence allowances for training participants, services of trainers, rental of training facilities, preparation and reproduction of training materials, and other activities directly related to course preparation and implementation.