Honorable Boima S. Kamara  
Minister  
Ministry of Finance and Development Planning  
Broad Street  
Monrovia  
Republic of Liberia  

Honorable:

Re: Liberia Health System Strengthening Project TF014432-LR  
Second Amendment to the Co-Financing Grant Agreement

1. We refer to the Co-Financing Grant Agreement ("Agreement") between the Republic of Liberia (the "Recipient") and International Development Association ("World Bank"), acting as administrator of the Multi-donor Trust Fund for Health Results Innovation ("Trust Fund") for the Liberia Health System Strengthening Project (TF014432-LR), dated July 3, 2013, as amended.

2. We also refer to the Additional Financing for the above-referenced Project, in the context of which amendments are proposed to align the Agreement with the grant agreement for the Additional Financing for the Health Systems Strengthening Project, to be entered into between the Recipient and the Association on or around the same date as this amendment letter. We therefore propose that the Agreement is amended as follows:

A. **Article II**  
Section 2.01 of Article II of the Agreement is amended to read as follows:

"3.01. The Recipient declares its commitment to the objective of the Project. To this end, the Recipient shall: (a) carry out Parts 1, 2C, 3 and 4 of the Project through the Ministry of Health; (b) cause the Liberia College of Physicians and Surgeons to carry out Parts 2A and 2B of the Project, each in accordance with the provisions of Article II of the Standard Conditions."

B. **Article IV**  
This Amendment shall not become effective until the Recipient has updated the Project Implementation Manual in form and substance satisfactory to the World Bank.

C. **Project Development Objective**  
The objective of the Project in Schedule 1 to the Agreement is amended to read as follows:

"The objective of the Project is to improve the quality of primary and secondary health care services, with a focus on maternal, neonatal and child health."
D. Parts 1, 2, 3 and 4

The Project description in Schedule 1 to the Agreement is amended to read as set forth in the Annex to this amendment letter.

E. Section I.B Schedule 2

Section I. B. of Schedule 2 to the Agreement is amended to read as follows:

"B. Project Implementation Unit

1. The Recipient shall maintain, throughout the implementation of the Project, the PIU for the Project with staffing, functions, and resources satisfactory to the World Bank.

2. Without limitation to the provisions of paragraph 1 of this Part B, the PIU shall be responsible for overseeing the overall Project coordination, management, financial management and procurement under the Project including financial management and procurement under Part 2 of the Project."

F. Section I.D of Schedule 2

A new Section I.D. of Schedule 2 to the Agreement is added to read as follows:

"D. Liberia College of Physicians and Surgeons (LCPS)

1. The Recipient shall maintain, throughout the implementation of the Project, the LCPS with staffing, functions and resources satisfactory to the World Bank.

2. Without limitation to the provisions of paragraph 1 of this Part D, the LCPS shall be responsible for the implementation of Parts 2.A and 2.B of the Project."

G. Section I.E. and I.F of Schedule 2

New Sections I.E. and I.F are added to Schedule, 2 to read as follows:

"E. TA Agency

1. The Recipient shall, no later than three (3) months after the Effective Date, hire and thereafter maintain, throughout the implementation of the Project, an independent TA Agency, with staffing, functions and resources satisfactory to the World Bank.

2. The TA Agency shall be responsible for, inter alia: (i) providing expertise in PBF and critical support functions, such as data analysis and quality improvement as well as financial management and procurement, to build the capacity of counties and stakeholders involved in Project implementation, such as the PBF Unit; and (ii) other miscellaneous tasks directly related to Project implementation as further set forth in the PIM."
F. **Independent Verification Agency**

1. The Recipient shall, no later than three (3) months after the Effective Date, hire and thereafter maintain, throughout the implementation of the Project, an independent verification agency, with staffing, functions and resources satisfactory to the World Bank.

2. The Independent Verification Agency shall be responsible for, *inter alia:* (i) ex-ante verification as set forth in Section II.C.1 and 3 of Schedule 2 to this Agreement and the PIM; and (ii) evaluating the performance of PBF Grant Recipients based on agreed performance framework defined in PIM.”

H. **Section II.A.2. of Schedule 2**

Section II.A.2 of Schedule 2 is amended to read as follows:

“2. Without limitation upon the foregoing, said manual shall include, *inter alia,* a detailed elaboration of:

   (i) criteria for identification and costing of the PBF Subprojects;

   (ii) criteria for PBF Grant Recipients to be eligible to receive PBF Grants for purposes of carrying out PBF Subprojects and the procedures for selection of such facilities, the terms and conditions of their receiving such PBF Grants;

   (iii) performance indicators for payments of PBF Grants;

   (iv) measures to ensure proper implementation of PBF Subprojects;

   (v) the procedures for approval and payment of PBF Grants to PBF Grant Recipients;

   (vi) the process and procedures to verify and counter-verify the performance indicators which will determine the PBF Grant that PBF Grant Recipients receive; and

   (vii) the procedures and criteria for development and delivery of training under the Project.”

I. **Sections II. B, C and D of Schedule 2**

Sections II. B and C are amended and a new Section D of Schedule 2 is added, all to read as follows:

“B. **PBF Subprojects**

1. **Eligibility.** To facilitate the carrying out of the PBF Subprojects under Part 1.1.A and 1.2.A of the Project, the Recipient shall make PBF Grants to PBF Health Facilities, in accordance with eligibility criteria and procedures set in the PIM, which shall include, *inter alia:*

   (a) no proposed PBF Subproject shall be selected for the Project unless the Recipient has determined on the basis of an appraisal carried out in accordance with guidelines as elaborated in the PIM, that the proposed PBF Subproject: (A) is
technically feasible and economically and financially viable; and (B) complies with the Safeguard Documents; and

(b) no proposed PBF Health Facility shall be eligible to receive a PBF Grant unless: (A) it is a public or a private health service provider of PBF Subprojects located in a Targeted County, with the organization, management, technical capacity and financial resources necessary to carry out the proposed PBF Subproject; and (B) has prepared a satisfactory business plan, financing plan and budget for achievement of the proposed PBF Subproject.

(c) no proposed PBF NGO or PBF CHT shall be eligible to receive a PBG Grant unless: (A) the selected PBF NGO or PBF CHT has been contracted by the MoH following a procurement process satisfactory to the World Bank; and (B) has prepared a satisfactory activity plan, financing plan and budget for achievement of the proposed PBF Subproject.

2. **PBF Grant Agreements.** The Recipient shall make a PBF Grant under a PBF Grant Agreement with the respective PBF Grant Recipient on terms and conditions approved by the World Bank, which shall include the following:

(a) the performance indicators (on quality and quantity of services) to be delivered by the PBF Grant Recipient;

(b) the arrangements for verification of the performance indicators delivered by the PBF Grant Recipient;

(c) the maximum amounts payable against the performance indicators specified in the PBF Grant Agreement, the periodicity of payments, the conditions for payments and the methodology for determining the amount of payments during each payment period;

(d) the PBF Grant shall be made on a non-reimbursable grant basis; and

(e) the Recipient shall obtain rights adequate to protect its interests and those of the World Bank, including the right to:

(i) suspend or terminate the right of the PBF Grant Recipient to use the proceeds of the PBF Grant, or obtain a refund of all or any part of the amount of the PBF Grant then withdrawn, upon the PBF Grant Recipient’s failure to perform any of its obligations under the PBF Grant Agreement; and

(ii) require each PBF Grant Recipient to:

(A) carry out its PBF Subproject with due diligence and efficiency and in accordance with sound public health, environmental and social and administrative standards and practices acceptable to the World Bank, including in accordance with the PIM, the Safeguard Documents and the Anti-Corruption Guidelines;

(B) provide promptly, as needed, the resources required for the purpose;
(C) procure the goods and services required for the PBF Subproject and to be financed out of the proceeds of the PBF Grant in accordance with the provisions of Section III of this Schedule;

(D) maintain policies and procedures adequate to enable it to monitor and evaluate in accordance with indicators acceptable to the World Bank, the progress of the PBF Subproject and the achievement of its objectives;

(E) (1) maintain a financial management system and prepare financial statements in accordance with consistently applied accounting standards acceptable to the World Bank, both in a manner adequate to reflect its operations, resources and expenditures, including those related to the PBF Subproject; and (2) at the World Bank’s and the Recipient’s request, have such financial statements audited by independent auditors acceptable to the World Bank, in accordance with consistently applied auditing standards acceptable to the World Bank, and promptly furnish the statements as so audited to the World Bank and the Recipient;

(F) enable the World Bank and/or the Recipient to inspect its facilities, operations and any records and documents relevant to the PBF Grant; and prepare and furnish to the World Bank and the Recipient all such information as either shall reasonably request relating to the PBF Subproject;

(G) permit the World Bank to make the PBF Grant Agreement and all financial statements audited pursuant to sub-paragraph (E)(2) immediately above available to the public in accordance with the World Bank’s policies on access to information;

(H) prepare and furnish to the Recipient and the World Bank all such further information as the Recipient or the World Bank shall reasonably request relating to the foregoing; and

(I) not assign, amend, abrogate or waive any provision of the PBF Grant Agreement.

C. **PBF Verification**

**PBF Verification under Part 1.1.A of the Project**

1. **Ex-ante Verification.** Prior to each quarterly payment to a PBF Health Facility under a PBF Grant, the Recipient shall ensure, in accordance with terms of reference and in a manner acceptable to the World Bank and elaborated in the PIM, that the Independent Verification Agency shall verify the quality and quantity of the PBF Subprojects delivered by the respective PBF Health Facility during the quarter for which such payment is requested.

2. **Ex-post Verification.** The Recipient shall: (i) in each Targeted County engage an independent community based organization (CBO) in accordance with terms of
reference and in a manner acceptable to the World Bank and elaborated in the PIM to conduct semi-annual ex-post verification of the delivery of PBF Subprojects by each PBF Health Facility, including through random visits to and interviews with customers of such services; and (ii) organize the independent semi-annual counterverification in all PBF Health Facilities with external universities/organizations, or other qualified organization as deemed satisfactory to the World Bank.

**PBF Verification under Part 1.2.A of the Project**

3. **Ex-ante Verification.** Prior to each quarterly payment to a PBF Health Facility, PBF NGO or PBF County under a PBF Grant, the Recipient shall ensure, in accordance with terms of reference and in a manner acceptable to the World Bank and elaborated in the PIM, that the Independent Verification Agency shall verify the quality and quantity of the PBF Subprojects delivered by the respective PBF Health Facility, PBG NGO or PBG County during the quarter for which such payment is requested.

4. **Ex-post Verification.** The Recipient shall, in each Targeted County, engage an independent community based organization (CBO) in accordance with terms of reference and in a manner acceptable to the World Bank and elaborated in the PIM to conduct semi-annual ex-post verification of the delivery of PBF Subprojects by each PBF Health Facility, PBF NGO or PBF County, including through random visits to and interviews with customers of such services.

**D. Part 1.2.B and 2 of the Project**

1. To facilitate the carrying out of Part 1.2.B of the Project, the Recipient shall, through the Ministry of Health, contract a non-governmental organization satisfactory to the World Bank to assist with managing implementation of Part 1.2.B of the Project and building capacity of relevant stakeholders, as further set forth in the PIM.

2. To facilitate the carrying out of Part 2.A and 2.B of the Project, the Recipient shall, through the Ministry of Health, enter into and maintain a memorandum of understanding (MOU) satisfactory to the World Bank with the LCPS to set out the respective functions of the LCPS and the Ministry of Health under the Project in developing, administering and implementing the GMRP under Part 2 of the Project.”

**J. Section II.F. (as re-numbered) of Schedule 2**

A new sub-paragraph 6 shall be added to Section II.F (as re-numbered pursuant to this amendment letter) of Schedule 2 to the Agreement, to read as follows:

“6. The Recipient shall, in case of any activity under the Project requiring the adoption of an ESIA and/or ESMP:

(i) proceed to have such ESIA and/or ESMP: (A) prepared and disclosed in accordance with the ESMF; (B) consulted upon adequately with people affected by the Project as per the ESMF, and submitted to the World Bank
for review and approval; and (C) thereafter adopted, prior to implementation of the activity; and

(ii) thereafter take such measures as shall be necessary or appropriate to ensure compliance with the requirements of such ESIA and/or ESMP.”

K. Section V.A.2 and Section V.B of Schedule 2

The table in Section V.A.2 of Schedule 2 to the Agreement and Section V.A.B are amended to read as follows:

<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, non-consulting services, consultants’ services, Training, Operating Costs, and PBF Grants under Part 1.A of the Project</td>
<td>5,000,000</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL AMOUNT</td>
<td>5,000,000</td>
<td></td>
</tr>
</tbody>
</table>

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
   (a) for payments made prior to the date of this Agreement; and
   (b) under Category (1), until the Independent Verification Agency, satisfactory to the World Bank, has been hired by the Recipient.

2. The Closing Date is May 30, 2020.”

K. Appendix

The Appendix to the Agreement shall be amended by adding and/or amending the following definitions (and re-numbering existing definitions accordingly):

“3. “CHTs” means county health teams, a sub-administrative and programmatic branch of the MOH, responsible for overseeing the provisions of health services in the respective county and as legally represented by a county health officer.

“4. “CHW Costs” means reasonable expenditures for community health workers involved in carrying out the CHW program under the Project, directly related to Project activities, and including a monthly stipend, transportation costs and accommodation costs, all based on periodic budgets agreed with the World Bank.”
"6. "Environmental and Social Impact Assessment" or "ESIA" means, with respect to each activity under the Project pursuant to which the ESMF requires an environmental and social impact assessment, such assessment carried out pursuant to Section I.G.6 of Schedule 2 to this Agreement, in accordance with the ESMF; and "ESIAs" means more than one ESIA."

"8. "Environmental Management Plan" or "EMP" means a document prepared and disclosed by the Recipient in accordance with the Environmental and Social Management Framework that details: (i) the measures to be taken during the implementation and operation of the Project to eliminate or offset adverse environmental impacts, or to reduce them to acceptable levels; and (ii) the actions needed to implement these measures; as such Plan may be amended from time to time by the Recipient, with prior written approval of the World Bank."

"9. "Faculty Costs" means the Recipient’s recurrent expenditures and costs for the recruitment and employment of medical faculty under Part 2A of the Project, based on periodic budgets agreed with the World Bank and following procedures and processes satisfactory to the World Bank, as further set forth in the PIM (but excluding regular salaries of officials of the Recipient’s civil service)."

"13. "Health Care Waste Management Plan" means the Recipient’s plan for the management of medical waste under the Project, dated November 2012, as updated on October 26, 2015, defining the set of mitigation, enhancement, monitoring and institutional measures to be taken during implementation of the Project to eliminate any adverse environmental impacts of medical waste, offset them, reduce them to acceptable levels, and including an annex on the World Health Organization’s guidelines on the handling of Ebola, as such plan may be amended by the Recipient from time to time, with the prior written approval of the World Bank."

"15. "Independent Verification Agency" means independent verification agency, to be hired and maintained pursuant to Section I.F.1 of Schedule 2 to this Agreement."

"16. "LCPS" or "Liberia College of Physicians and Surgeons" means the Liberia College of Physicians and Surgeons established by the Recipient pursuant to the “Act to Establish A Liberia College of Physicians and Surgeons”, approved December 17, 2012, tasked with developing and implementing the GMRP, as further elaborated in the Project Implementation Manual."

"17. "M&E Investment Plan" means the Recipient’s monitoring and evaluation specific investment plan: “Liberia Proposal-Performance Results with Improved Monitoring and Evaluation (PRIME).”

"18. "MFDP" or “Ministry of Finance and Development Planning" means the Recipient ministry responsible for finance, or any successor thereto.

"19. "MoH" or “Ministry of Health” means the Recipient’s ministry responsible for health, or any successor thereto.

"20. "Operating Costs" means the reasonable costs directly related to the Project, based on periodic budgets agreed with the World Bank, for the incremental expenses incurred by MoH at central and local levels on account of Project implementation, consisting of: vehicle operation and maintenance (including fuel), communication and insurance costs
(including internet connectivity and services), 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 regular salaries of officials of the Recipient's civil service).”

“21. “PBF CHT” means a CHT in a Targeted County, selected to receive a PBF Grant under Part 1.1.A of the Project, in accordance with the eligibility criteria and processes set out in the Project Implementation Manual.”

“22. “PBF Grant” means a grant made or proposed to be made to a PBF Grant Recipient out of, inter alia, the proceeds of the Grant to assist in financing the carrying out of PBF Subprojects.”

“23. “PBF Grant Agreement” means an agreement to be concluded between the Recipient and a PBF Grant Recipient in accordance with the provisions of Section II B.2. of Schedule 2 to this Agreement.”

“24. “PBF Grant Recipient” means a PBF Health Facility, PBF NGO, and PBF CHT.”

“25. “PBF Health Facility” means: (i) a secondary hospital within the jurisdiction of the Targeted Counties, selected to receive a PBF Grant under Part 1.1.A of the Project, in accordance with the eligibility criteria set out in the Project Implementation Manual; or (ii) a primary hospital or health facility within the jurisdiction of the Targeted Counties, selected to receive a PBF Grant under Part 1.2.A of the Project, in accordance with the eligibility criteria set out in the Project Implementation Manual.”

“26. “PBF NGOs” means a non-governmental organization involved in the provision of healthcare services, selected to receive a PBF Grant under Part 1.1.A of the Project in accordance with the eligibility criteria and processes set out in the Project Implementation Manual.”

“27. “PBF Subproject” means a package of health services to be delivered by a PBF Grant Recipient as defined in the Project Implementation Manual with focus on maternal and child health services and infectious disease delivered through, inter alia, visits, consultations, tests, treatments, general surgeries, vaccinations and deliveries.”

“29. “PBF” or “Performance Based Financing” means a financing mechanism under which PBF Grant Recipient is paid a PBF Grant for delivering a PBF Subproject that meets performance indicators set out in a PBF Grant Agreement.”

“30. “Priority Investment Plans” means investment plans prepared by nursing and midwifery institutions for the purpose of receiving support under Part 2.C of the Project, satisfactory to the World Bank.”

“32. “Project Implementation Manual” or “PIM” means the manual for the implementation of the Project dated April 15, 2013, adopted by the Recipient in accordance with the provision of Section II. A. of Schedule 2 to this Agreement containing detailed procedures and arrangements for the Project including with respect to: (a) administrative matters; (b) procurement; (c) financial management; (d) monitoring and evaluation, (e) indicators required to monitor and evaluate the progress of the Project; and (f) implementation
arrangements and responsibilities, to ensure proper implementation of the Project and coordination among the various stakeholders, as updated, and as such manual may be further amended from time to time with prior approval of the World Bank.”

“33. “Project Implementation Unit” or “PIU” means the project implementation unit established by the Recipient within the MoH, referred to in Section I.B.1 of Schedule 2 to this Agreement.”

“34. “Project Technical Committee” means the committee referred to in Section I.A.1 of Schedule 2 to this Agreement.”

“35. “RMNCAH” means reproductive, maternal, newborn, child and adolescent health.”

“38. “TA Agency” means an independent technical assistance agency, to be hired and maintained pursuant to Section I.E.1 of Schedule 2 to this Agreement.”

“39. “Targeted County” means one of the Recipient’s following Counties: (i) for the purposes of Part 1.1.A of the Project: Montserrado, Bong, Lofa, Nimba, Maryland, Sinoe; and (ii) for purposes of Part 1.2.A of the Project: Bomi, Gbarpolu, G. Cape Mount, River Cess and Sinoe, (or such other counties as may be mutually agreed between the World Bank and the Recipient); and “Targeted Counties” means, collectively, all said counties.”

“40. “Training” means the reasonable costs for the training and workshops included in the Project, based on periodic budgets agreed with the World Bank, including tuition, travel and subsistence costs for training and workshop participants, costs associated with securing the services of trainers and workshop speakers, rental of training and workshop facilities, preparation and reproduction of training and workshop materials, and other costs directly related to training course and workshop preparation and implementation (but excluding goods and consulting services).”

I. Appendix

The following definition shall be deleted: The definition of “HSSP Coordination Office”.

M. References

All references to (a) the “Ministry of Health and Social Welfare” or “MOHSW” shall be replaced with references to “Ministry of Health” or “MOH”; and (b) the “Ministry of Finance” or “MOF” shall be replaced with references to “MFDP” or “Ministry of Finance and Development Planning”.

3. The capitalized terms used in this letter (“Amendment Letter”) and not defined herein have the meaning ascribed to them in the Agreement.

4. Please confirm your agreement with the foregoing amendment by signing and dating this Amendment Letter in the spaces provided below. Henceforward, all other provisions of the Agreement not hereby amended shall remain in full force and effect. This Amendment Letter shall be executed in two counterparts, each of which shall be an original.
5. The provisions set forth in this Amendment Letter shall become effective as of the date of countersignature upon receipt by the World Bank of the countersigned original of this Amendment Letter.

Very truly yours,
INTERNATIONAL DEVELOPMENT ASSOCIATION

[Signature]

Larisa Leshchenko
Country Manager for Liberia
Africa Region

CONFIRMED:

REPUBLIC OF LIBERIA

By: [Signature]

Name: [Signature]

Date: 3-22-17
ANNEX TO AMENDMENT LETTER

The Project consists of the following parts:

Part 1: Support to Quality Service Delivery Systems

Part 1.1 Quality Improvement of Hospitals

A. Performance-based Financing (PBF)

Provision of PBF Grants to PBF Health Facilities to carry out PBF Subprojects at selected secondary-level facilities in Targeted Counties, with focus on maternal and child health, infectious disease and general surgery.

B. Management and Capacity Building

Provision of technical assistance to carry out activities aimed at building institutional capacity necessary to successfully manage the Project activities, including:

(a) capacity building of key stakeholders, as needed, in areas such as quality improvement, business plan development and implementation, reporting and results-monitoring and hospital management;

(b) development of quality and quantity verifications systems;

(c) technical assistance and Operating Costs support to the PIU for the procurement, financial management and supervision of the Project; and

(d) carrying out knowledge sharing and dissemination workshops for the management of PBF Health Facilities on results achieved, implementation challenges and possible solutions.

Part 1.2 Strengthening Primary and Community-based Health Services to Improve Coverage of RMNCAH Services

A. Performance-based Financing (PBF)

Provision of PBF Grants to PBF CHTs, PBF NGOs or PBF Health Facilities to carry out PBF Subprojects for primary service delivery with a focus on RMNCAH services, and support for capacity building and technical assistance to CHTs.

B. Community Health Worker (CHW) Program

Implementation of a CHW Program for providing a comprehensive package of preventive, promotive and curative service at the household level, carried out by community health workers, including, inter alia, household visits, referral of cases to health facilities and follow-up, community death recording, community disease surveillance and control, home-based health services including family planning, antenatal care (such as distribution of misoprostol, pre-natal vitamins, insecticide treated nets, malaria treatment), postnatal care (such as preventive misoprostol, vitamin A administration), neonatal care, vaccination drop-out tracing, first aid and basic life-saving skills, integrated community case
management, health and hygiene promotion and environmental sanitation, and including financing of CHW Costs.

C. Adolescent Health Activities

Carrying out of demand-driven adolescent health activities in selected counties such as school health programs, peer-to-peer education through community pregnancy prevention advocacy groups, and establishment of girls clubs in communities.

Part 2: Support to Strengthening Fit-for-Purpose Health Workforce

A. Support to the Graduate Medical Residency Program (GRMP)

Carrying out activities aimed at designing and implementing a progressive and nationally accredited graduate residency program for residents selected from the existing pool of medical school graduates based on standardized criteria in the areas of obstetrics, general surgery, pediatrics and internal medicine. Such activities include:

(a) recruitment of specialized teaching faculty in the areas of pediatrics, obstetrics, internal medicine and general surgery;

(b) provision of training and accommodation to residents at targeted semi-urban and semi-rural health facilities;

(c) placement of medical and teaching staff at selected teaching hospitals;

(d) recruitment of staff for management of transport and logistics coordination for faculties and residents, and reasonable transportation costs of faculties and residents;

(e) renovation of existing accommodation spaces in existing facilities and funding of reasonable accommodation costs for medical/teaching staff, faculties and residents; and

(f) financing of Faculty Costs.

B. In-service Training Programs to Mid-Level Health Cadres

Provision of specialized training in obstetrics, pediatrics, general surgery and internal medicine to mid-level health cadres, such as, midwives, nurses and physician assistants in PBF Health Facilities and their satellite health centers.

Part 3: Project Management

Provision of operational support to assist the MoH in carrying out the overall coordination, management, monitoring and audit of the Project.
Part 4: Support to Strengthening Critical Services and Support Systems

Part 4.1 Ebola Viral Disease (EVD) Response Support

Providing support for the Recipient’s emergency response to the Ebola crisis, including:
(a) coordination, financing and logistics; (b) epidemiology, surveillance and diagnostics;
(c) case management, infection prevention, control and psychosocial support; (d) social
mobilization/communication; (e) acquisition of required equipment and supplies; (f) hiring
of international medical doctors and medical workers; and (g) support to the functioning
of the overall health system.

Part 4.2 Strengthening Support Functions

A. Governance and Monitoring and Evaluation of the RMNCAH IC

Strengthening the country platform needed to ensure the implementation and monitoring
of the RMNCAH IC, including providing technical support to the Health Services
Department, the Department of Policy and Planning and the relevant technical working
groups as needed, and data collection, analysis and evaluation, both on an ongoing basis,
and at specific milestones during project implementation.

B. Civil Registration and Vital Statistics

Providing support for the operationalization of the MoH’s civil registration and vital
statistics system including:(i) birth registration services improvement; (ii) death
registration services improvement; (iii) expanding the coverage of the birth and death
registration system; (iv) Civil Registration Information System improvement; (v) technical
assistance for strengthening policy related to death and birth registration awareness
campaigns, and advocacy; and (vi) support for national coordination and Project
management, including staffing, monitoring and supervision (including transport and
accommodation costs, per diems, motorcycles for community services and Operating
Costs).