H.E. Hadizatou Rosine Coulibaly Sori
Minister of Economy Finance and Development
Ministry of Economy, Finance and Development
Ouagadougou, Burkina Faso

Re: Grant D354-BF (BF-Health Services Reinforcement Project)
Additional Instructions: Disbursement and Financial Information Letter.

Excellency,

I refer to the Financing Agreement between Burkina Faso (the “Borrower”) and the International Development Association (the “Association”) for the above-referenced Project. The General Conditions, as defined in the Financing Agreement, provide that the Recipient may from time to time request withdrawals of Grant amounts from the Grant Account in accordance with the Disbursement and Financial Information Letter, and such additional instructions as the Association may specify from time to time by notice to the Recipient. The General Conditions also provide that the Disbursement and Financial Information Letter may set out Project specific financial reporting requirements. This letter constitutes such Disbursement and Financial Information Letter (“DFIL”), and may be revised from time to time.

I. Disbursement Arrangements, Withdrawal of Grant Funds, and Reporting of Uses of Grant Funds.


(i) Disbursement Arrangements

• General Provisions (Schedule 1). The table in Schedule 1 sets out the disbursement methods which may be used by the Borrower, information on registration of authorized signatures, processing of withdrawal applications (including minimum value of applications and processing of advances), instructions on supporting documentation, and frequency of reporting on the Designated Account.

(ii) Electronic Delivery. Section 11.01 (c) of the General Conditions.

The Association may permit the Recipient to electronically deliver applications (with supporting documents) through the Association’s web-based portal (https://clientconnection.worldbank.org) “Client Connection”. This option may be effected if the officials designated in writing by the Recipient who are authorized to sign and deliver Applications have registered as users of “Client Connection”. The designated officials may deliver Applications electronically by completing the Form 2380, which is accessible through “Client Connection”. By signing the Authorized Signatory Letter, the Recipient confirms that it is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Association by electronic means. The Recipient may continue to exercise the option of preparing and delivering Applications in paper form. The Association reserves the right and may, in its sole discretion, temporarily or permanently disallow the electronic delivery of Applications by...
the Recipient. By designating officials to use SIDC and by choosing to deliver the Applications electronically, the Recipient confirms through the authorized signatory letter its agreement to: (a) abide by the Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting Documentation, available in the Association’s public website at https://worldbank.org and “Client Connection”; and (b) to cause such official to abide by those terms and conditions.

II. Financial Reports and Audits.

(i) Financial Reports. The Recipient must prepare and furnish to the Association not later than forty-five (45) days after the end of each calendar quarter, interim unaudited financial reports (“IFR”) for the Project covering the quarter.

(ii) Audits. Each audit of the Financial Statements must cover the period of one fiscal year of the Borrower, commencing with the fiscal year in which the first withdrawal was made. The audited Financial Statements for each such period must be furnished to the Association not later than six (6) months after the end of such period.

III. Other Information.

For additional information on disbursement arrangements, please refer to the Loan Handbook available on the Association’s website (http://www.worldbank.org/) and “Client Connection”. The Association recommends that you register as a user of “Client Connection”. From this website you will be able to prepare and deliver Applications, monitor the near real-time status of the [Grant] [Credit], and retrieve related policy, financial, and procurement information. For more information about the website and registration arrangements, please contact the Association by email at clientconnection@worldbank.org.

If you have any queries in relation to the above, please contact Issa Thiam, Finance Officer at ithiam@worldbank.org, with copy to Felix Lawson, Finance Analyst at llawsonl@worldbank.org using the above reference.

Yours sincerely,

Hafez M. H. Ghanem
Vice President Africa Region (AFRVP)
World Bank Group

Attachments
1. Form of the Authorized Signatory Letter
2. Statement of Expenditure (SOE)
3. Customized of Statement of Expenditure

With copies:
The Minister of Health: Professor Nicolas Meda: Ministère de la Santé Building Lamizana, 03 BP 7009 Ouagadougou 03. Phone +226 25326340
The Minister of Economy, Finance and Development: Mrs Hadizatou Rosine Coulibaly Sori: 395, Avenue du 11 Décembre, Ministère de l’Économie, des Finances et du Développement, 03 BP 7050 Ouagadougou 03, BURKINA FASO, phone : +226 25 33 30 95, Email : cab_mef@yahoo.fr,
## Schedule 1: Disbursement Provisions

<table>
<thead>
<tr>
<th>Grant Number</th>
<th>D354-BF</th>
<th>Country</th>
<th>Burkina Faso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrower</td>
<td></td>
<td>Burkina Faso</td>
<td></td>
</tr>
<tr>
<td>Name of the Project</td>
<td>Health Services Reinforcement Project</td>
<td></td>
<td></td>
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</table>

### Closing Date
Section [III.B.2.] of Schedule [2] to the Loan Agreement.

<table>
<thead>
<tr>
<th>Disbursement Deadline Date</th>
<th>Four months after the closing date.</th>
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</table>

### Disbursement Methods

<table>
<thead>
<tr>
<th>Methods</th>
<th>Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Payment</td>
<td>Copy of records</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Statement of Expenditure (SOE) in the format provided in Attachment 2 of the DFIL</td>
</tr>
<tr>
<td>Designated Account</td>
<td>Statement of Expenditure and Customized Statement of Expenditures in the format provided in Attachment 2 and 3 of the DFIL</td>
</tr>
<tr>
<td>Special Commitments</td>
<td>Copy of Letter of Credit</td>
</tr>
</tbody>
</table>

### Financial Institution

<table>
<thead>
<tr>
<th>Type</th>
<th>Segregated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>BCEAO - BF</td>
</tr>
<tr>
<td>Currency</td>
<td>FCFA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of Reporting</th>
<th>Monthly</th>
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</thead>
</table>

### Special Commitments

The minimum value of applications for Reimbursement, Direct Payment and Special Commitment is ten percent of the Designated Account Ceiling.

### Authorized Signatures

Applications for this Financing will be signed by the official(s) authorized to sign Applications as indicated in your letter of May 2, 2017 and signed by H.E. Hadizatou Rosine Coulibaly Sori, Ministre de l’Economie, des Finances et du Développement.

### Applications

Please provide completed and signed (a) applications for withdrawal, together with supporting documents, and (b) applications for special commitments, together with a copy of the commercial bank letter of credit, to the address indicated below:
The World Bank, Loan Department
Delta Center, 13th Floor, Menegai Road, Upper Hill
Nairobi, Kenya
Attention: Loan Operations & Trust Funds Unit
**Sections and subsections relate to the “Disbursement Guidelines for Investment Project Financing”, dated February 2017**
[Attachment 1 – Form of Authorized Signatory Letter]

[Letterhead]
Ministry of Finance
[Street address]
[City] [Country]

The World Bank
1818 H Street, N.W.
Washington, D.C. 20433
United States of America

Attention: Mr. Laporte

Re: Grant ___-___ (BF-Health Services Reinforcement Project)

I refer to the Financing Agreement ("Agreement") Agreement between Burkina Faso (the "Recipient") and the International Development Association (the "Association"), dated ______, providing the above Grant. For the purposes of Section 2.02 of the General Conditions as defined in the Agreement, any [one] of the persons whose authenticated specimen signatures appear below is authorized on behalf of the Borrower to sign applications for withdrawal [and applications for a special commitment] under this Loan.

For the purpose of delivering Applications to the Bank, [each] of the persons whose authenticated specimen signatures appears below is authorized on behalf of the Borrower, acting [individually] [jointly], to deliver Applications, and evidence in support thereof on the terms and conditions specified by the Bank.

[This confirms that the Borrower is authorizing such persons to accept Secure Identification Credentials (SIDC) and to deliver the Applications and supporting documents to the Bank by electronic means. In full recognition that the Bank shall rely upon such]

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1 Instruction to the Borrower: Stipulate if more than one person needs to sign Applications, and how many or which positions, and if any thresholds apply. Please delete this footnote in final letter that is sent to the Bank.

2 Instruction to the Borrower: Stipulate if more than one person needs to jointly sign Applications, if so, please indicate the actual number. Please delete this footnote in final letter that is sent to the Bank.

3 Instruction to the Borrower: Use this bracket if any one of the authorized persons may sign; if this is not applicable, please delete. Please delete this footnote in final letter that is sent to the Bank.

4 Instruction to the Borrower: Use this bracket only if several individuals must jointly sign each Application; if this is not applicable, please delete. Please delete this footnote in final letter that is sent to the Bank.

5 Instruction to the Borrower: Add this paragraph if the Borrower wishes to authorize the listed persons to accept Secure Identification Credentials and to deliver Applications by electronic means; if this is not applicable, please delete the paragraph. Please delete this footnote in final letter that is sent to the Bank.
representations and warranties, including without limitation, the representations and warranties contained in the Terms and Conditions of Use of Secure Identification Credentials in connection with Use of Electronic Means to Process Applications and Supporting Documentation ("Terms and Conditions of Use of SIDC"), the Borrower represents and warrants to the Bank that it will cause such persons to abide by those terms and conditions.

This Authorization replaces and supersedes any Authorization currently in the Bank records with respect to this Agreement.

[Name], [position] Specimen Signature: ________________

[Name], [position] Specimen Signature: ________________

[Name], [position] Specimen Signature: ________________

Yours truly,

/ signed /

[Position]
Attachment 2 - Statement of Expenditures

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Description of Expenditure</th>
<th>Contract Price (Expressed in Project Currancy)</th>
<th>Contract Price and Amount (US$)</th>
<th>Contract Base, Amount (US$)</th>
<th>Total Amount (US$)</th>
<th>Exchange Rate</th>
<th>Amount Financed by the Bank (US$)</th>
<th>Eligible Amount (US$)</th>
<th>Date of Disbursement from the Designated Account</th>
<th>Date of Inclusion from the Designated Account</th>
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</table>

Supporting documents for this SOD are referenced at:

Project Name

* Separate form should be used for each category.*
### The World Bank
**APPLICATION FOR WITHDRAWAL**
**CUSTOMIZED STATEMENT OF EXPENDITURES**6 (SOE)

<table>
<thead>
<tr>
<th>Category No.</th>
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<tbody>
<tr>
<td>1 3 4 5 6 7 8 9 10 11</td>
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</table>

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Name and Address of Payment Agency</th>
<th>References of Eligible Beneficiary</th>
<th>Amount per Beneficiary</th>
<th>Total Amount Paid</th>
<th>Elig. %</th>
<th>Amount Eligible for Financing</th>
<th>Amount Paid From Designated Account (if any)</th>
<th>Date of Payment</th>
<th>Remarks</th>
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**TOTAL**

**Certification**
The Recipient hereby certifies that the Beneficiaries paid were selected in line with the Procedures and Eligibility Criteria specified in the in Section I.C.1 of Schedule 2 to the Agreement.

Name and Title of Authorized Representative

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6 Supporting documents for this SOE retained at: (insert location)