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REPORT NO.: RES41092

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

HEALTH SERVICES IMPROVEMENT PROJECT

APPROVED ON MARCH 21, 2014

TO

REPUBLIC OF ZAMBIA

Public Disclosure Authorized

HEALTH, NUTRITION AND POPULATION GLOBAL PRACTICE

AFRICA REGION

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ABBREVIATIONS AND ACRONYMS

CPD	Continuous Professional Development
CERIP	Contingent Emergency Response Implementation Plan
CERC	Contingent Emergency Response Component
COVID-19	Coronavirus Disease
DRC	Democratic Republic of Congo
DLI	Disbursement-linked Indicator
DLR	Disbursement-linked Results
EBS	Event-based Surveillance
e-IDSR	Electronic Integrated Disease Surveillance and Response
EVD	Ebola Virus Disease
FETP	Field Epidemiology Training Program
GBV	Gender-based Violence
GMP	Growth Monitoring and Promotion
HRITF	Health Results Innovation Trust Fund
IBS	Indicator-based Surveillance
IDA	International Development Association
MDTF	Multi-Donor Trust Fund
MOH	Ministry of Health
MSL	Medical Stores Limited
PDO	Project Development Objective
PHC	Primary Health Care
PHEIC	Public Health Emergency of International Concern
RBF	Results-based Financing
RMNCAH-N	Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition
RF	Results Framework
SDR	Special Drawing Rights
US$/USD	United States Dollar
WHO	World Health Organization
ZHSIP	Zambia Health Services Improvement Project

BASIC DATA

Product Information

Project ID	Financing Instrument
P145335	Investment Project Financing
Original EA Category	Current EA Category
Partial Assessment (B)	Partial Assessment (B)
Approval Date	Current Closing Date
21-Mar-2014	30-Jun-2020

Organizations

Borrower	Responsible Agency
Ministry of Finance (Republic of Zambia)	Ministry of Health

Project Development Objective (PDO)

Original PDO

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health andnutrition services in project areas."

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-53940	21-Mar-2014	11-Feb-2015	31-Mar-2015	30-Jun-2020	52.00	45.11	1.93
TF-16639	11-Feb-2015	11-Feb-2015	31-Mar-2015	30-Jun-2020	15.00	12.57	2.43

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project Status

1. The Zambia Health Services Improvement Project (ZHSIP) was approved by the Board on March 21, 2014 and became effective on March 31,2015. By May 31, 2020, a total of US$57.7 million equivalent (IDA US$45.1 million equivalent; Health Results Innovation Trust Fund of US$12.6 million) has been disbursed out of a US$67 million equivalent envelope (IDA US$52 million equivalent; HRITF US$15 million), giving an overall disbursement ratio of 93% percent. With a proposed closing date of December 31, 2020, the project will be effective for a total duration of 6 years and 9 months.

2. Overall, progress has been made under the project**.** The project has made positive gains and has put in place strong platforms for health system reforms by introducing performance based financing through disbursement-linked indicators (DLIs) at the national level, as well as introducing results-based financing (RBF) at the district, health facility (hospital and health centers) and community levels. Moving forward, these platforms will support the Government of Zambia's proposed move towards output-based financing and a focus on results.

3. The project has made good progress towards the achievement of the project development objective (PDO). Three out of the five PDO-level indicators have been achieved, with two of the indicators projected to surpass their end targets by June 30, 2020. Details of the PDOs that lagging are provided below:

(i) ***Under-2-children receiving monthly growth monitoring and promotion (GMP) based on new standard guidelines[1] in project areas***: While the project has generated positive demand for GMP services through community outreach, as reflected by the increasing number of under-2 children being weighed[2], the indicator falls short of providing comprehensive GMP based on the new standard guidelines. In addition, the partial achievement of the indicator on weight alone does not respond to the achievement of DLII#9 on the number of Outreach centers in targeted provinces conducting GMP monitoring following national standards and guidelines increases. Out of 1089 health facilities in the project sites, only 33 percent (363) of health facilities were providing GMP according to the new standard guidelines and only 37 percent of under-2-children were reached in 2019 with GMP according to new standard guidelines in the project areas, an increase from 13 percent reached in 2018 following the MTR recommendations to expand and strengthen the community service delivery platform to help address the substantial systemic supply-side and demand-side challenges in nutrition including the non-adherence new standard guidelines in provision of GMP at health facility and community levels .

(ii) **"Health facilities (health post, health centers and district hospitals) with all tracer drugs, vaccines and nutritional commodities in stock nationally":** This will not be achieved mainly due to the low levels of government spending in the health sector, consequently affecting the ability to procure essential drugs and supplies. The allocation of resources has shrunk even further recently given the country's poor economic performance and the high public debt, which maybe further exacerbated by the Coronavirus disease (COVID-19) pandemic.

4. The project implementation progress is satisfactory. Under Component 1, the project has enhanced the capacities of nurses and midwives through specialized pre-service and in-service training and continuous professional development (CPD) in the following technical areas: management of Reproductive, Maternal, Neonatal, Child and Adolescent Health

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[1]The GMP measurement based on new standard guideline involves taking anthropometry measurements of weight, length/ height, and middle upper arm circumference (MUAC) of children including counselling, health education and cooking demonstrations to increase awareness about the child's growth status.
[2] The number of under-2 children weight increased from 61 percent in 2018 to 82.4 percent in 2019 in project areas.

and Nutrition (RMNCAH-N); health financing; and drugs and medical supply chain management. Specific achievements include: (i) Institutional strengthening of nine (9) training institutions (TI)[3] in five target provinces to deliver an integrated and comprehensive pre-service education package on maternal, neonatal, and child health (MNCH) and nutrition, including content on gender-based violence (GBV) to nursing students; and (ii) Strengthening training capacity at seven general hospitals (level II), with a total of 14,346 nurses and midwives trained through pre-service, in-service and CPD. In addition, the project has improved supply chain systems by supporting the finalization and approval of the National Supply Chain Strategy, that led to the establishment of: (i) Seven regional hubs for the storage and distribution of drugs; (ii) Improved secondary distribution of drugs and commodities to health facilities; and (iii) Increased the capacity of the Central Warehouse at Medical Stores Limited (MSL) by improving information systems and connectivity between the Central Warehouse and regional Hubs. Lastly, the project has improved the referral system and linkages across different levels of healthcare by: (i) Facilitating the development of a comprehensive RMNCAH-N package for the primary health care (PHC) level, the National Community Health Strategy (NCHS) 2019-2021, and other health protocols and guidelines[4]; (ii) Procurement and distribution of ambulances, motorcycle ambulances, and bicycles; (iii) Refurbishment and renovation of select outreach centers; (iv) Engagement and orientation of community chiefs on RMNCAH-N issues, including early marriage, teenage pregnancies and GBV, under the theme “Chiefs Providing Leadership for Health and Wellness, Leaving No One Behind”; and (v) Strengthening community platforms for service delivery.

5. The first project restructuring, approved on August 7, 2019, added Sub-component 1.4 with corresponding indicators to Component 1 to support scaling up of select high impact interventions in MNCH and nutrition[5] to accelerate reduction in maternal and neonatal morbidity and mortality. This addition was financed through transaction-based financing.

6. Under Component 2, the use of Results Based Financing has contributed to an upward trend in key RMNCAH-N indicators, facilitated fiscal decentralization through direct disbursement of funds from the central level to beneficiary health facilities, strengthened managerial autonomy at the PHC level, and helped reinforce referral linkages and improvements in the quality of care for MNCH services at health facilities. RBF is now being implemented in a total of 60 districts across the five target provinces, covering a total of 964 health facilities, and representing 94% of all the health posts/ health centers and 35% of all the district hospitals. In addition, about half of RBF-implementing facilities in each district have also been implementing RBF approaches at community level through the Neighborhood Health Committees (NHCs). The supply and demand side interventions that have been put in place have led to an increase in the utilization of health services, as demonstrated by an improved performance on all RBF-incentivized maternal, child health and nutrition indicators.

7. Under Component 3, the following areas were financed: (i) the development, roll out and integration of the community health management information systems (CHMIS) into the district health information systems (DHIS-2); (ii) development of an integrated human resource information system (iHMIS); (iii) evidence-based analytical studies[6] ; and

[3] Mansa School of Registered Nursing and St Pauls Enrolled Nursing Training School in Luapula province; Chilonga, Our Lady Enrolled Midwifery and Nursing School in Muchinga province; Kalene School of Nursing, Mukinge School of Nursing and Midwifery, Solwezi School of Nursing in North-Western province; Kasama School of Registered Nursing in Northern province and Lewanika Enrolled Nursing/ Midwifery School and Kaoma School of Nursing in Western province.

[4] These include: (i) New standard guidelines on Growth Monitoring and Promotion (GMP) and protocols; (ii) Pregnancy, Child Health, Postpartum and Newborn Care: Agenda for Essential Practices in Zambia 2016; (iii) Neighborhood Health Committee Guidelines 2018; (iv) Currently revising the Antenatal Care (ANC) Guidelines for a positive pregnancy experience for pregnant women and adolescents - currently in draft; and (iv) Zambia National Maternal and Neonatal Referral Guidelines.

[5] These high impact interventions include: (i) Malaria Elimination Program through targeted indoors residual spraying (IRS), done in partnership with the Global Fund (GF) who will procure all insecticides, and the project will support operational costs; (ii) Scaling up neonatal care and cervical cancer screening at PHC level in select health facilities in the targeted provinces.

[6] These include: (i) The National Rational Drug Use study to inform policy on prescription behavior and appropriate use of drugs. The recommendations of the report will be used to revise policy documents and guidelines of medicine use; (ii) National Health Accounts (NHA) 2013-2016 survey; (iii) Support to Zambia Public Health Expenditure Review (PER); (iv) Assessment of utilization of ANC services in five provinces of Zambia; and (v) Factors affecting attendance for postnatal services in the project areas.

(iv) training for mid-level Managers in the Ministry of Health (MOH) to enhance their analytical and operational knowledge in health financing, planning and budgeting, and HR management and development.

8. Contingent Emergency Response Component (CERC) was activated on March 31, 2020 and this restructuring is a follow up to the activation of the CERC.

9. Procurement and the limited fiscal space to finance DLIs at the MOH remains a challenge, negatively affecting implementation progress. The overall implementation progress was rated moderately unsatisfactory, lowered by an unsatisfactory procurement rating due to project-related procurement challenges. For procurement, the last Implementation Status Result Report (ISR) details the inadequacies of the procurement management arrangements and the high-risk rating of the project, which is a result of: the absence of a MOH procurement specialist conversant with World Bank regulations; the lack of adherence to the procurement plan, and lack of communication with the World Bank in case of changes when implementing some procurement assignments; and the lack of an effective contract management system within the ministry. The MOH recently seconded a Procurement Specialist to the project and is closely monitoring the implementation of the overall ZHSIP procurement plan, including the procurement plan for the Contingent Emergency Response Component (CERC). For limitations on fiscal space, the use of DLIs requires the Government of Zambia to frontload DLI disbursements in a timely manner in advance. This has become increasingly difficult for the MOH to achieve DLI to facilitate the disbursement of additional funds, due to Government's limited fiscal space to frontload disbursements of agreed activities. The delays in achieving DLIs also negatively affects the implementation of the procurement plan. From the fiduciary, there are no overdue IFR under the IDA and Trust fund.

B. Rationale for Restructuring

10. The last amendment to the Financing Agreement resulted in the addition of the CERC as Component 4 to provide immediate financing for the Ebola Virus Disease (EVD) preparedness and response. On July 17, 2019, the World Health Organization (WHO) declared the EVD outbreak in the Democratic Republic of Congo (DRC) a Public Health Emergency of International Concern (PHEIC). Although major strides have been made to contain the EVD outbreak in DRC, the risk of transmission of the EVD is still a concern and the WHO has not yet lifted the PHEIC warning for EVD.

11. The first project restructuring was approved on August 7, 2019. This is the second project restructuring and is based on the Government's letter of request, received on March 16, 2020, for project restructuring and the activation of the CERC to:

- (i) Prepare for and provide an immediate and effective response to the EVD emergency;
- (ii) Extend the closing date for six (6) months (from June 30, 2020 to December 31, 2020);
- (iii) Convert three DLIs to input financing;
- (iv) Reallocate funds among components and categories;
- (v) Amend the PDO to add the CERC outcome;
- (vi) Revise the Results Framework (RF) to:
  - a. add one CERC PDO indicator;
  - b. add three CERC intermediate indicators;
  - c. drop the indicator on "health facilities with all tracer drugs, vaccines, and nutritional commodities in stock nationally," as this indicator may not be achieved due to Government inability to finance procurement of essential commodities; and
  - d. change the end-line targets of all the indicators, as the current targets are too high for the resources available to achieve them.

II. DESCRIPTION OF PROPOSED CHANGES

A. Detailed Proposed Changes

12. ***Change in Project Closing Date***: The project closing date will be extended by six months from June 30, 2020 to December 31, 2020 to allow the Government to complete project activities, including implementation of the Contingent Emergency Response Implementation Plan (CERIP). This is the second no cost extension of the closing date from June 30, 2020 to December 31, 2020 making it six years and nine months since project approval on March 21, 2014. The project extension will only be for the IDA Credit 53940, while the MDTF HRITF (TF016639) will close as scheduled on June 30, 2020. Most of the resources under the grant have been disbursed, except for US$1,203,878.76 that will be used for direct payments for procurement of ultra-sound machines and under-five cards. All funds under the grant are expected to be fully disbursed by the original planned closing date of June 30, 2020.

13. ***Changes to the PDO.*** The proposal is to change the PDO from "to improve health delivery systems and utilization of maternal, newborn and child health, and nutrition services in project areas" to the following by adding a CERC outcome: *"*to improve health delivery systems and utilization of maternal, newborn and child health, and nutrition services in project areas and to prepare for and provide an immediate and effective response to the EVD emergency."

14. ***Changes in the RF.*** The proposed revisions to the project's RF are as follows:

a. Revise the end-line targets for all indicators in the RF and to match with the new closing date, as the current targets are too high compared to the currently available resources following reallocation to the CERC. Additionally, the low levels of government spending to the health sector make it difficult to frontload the financing of activities to achieve the DLIs (see detailed changes in the RF).

b. Add one CERC PDO indicator – "*High-risk districts with strengthened surveillance for rapid detection and isolation of EVD cases (percentage)*."

c. Drop the indicator on "*health facilities (health post, health centers and district hospitals) with all tracer drugs, vaccines, and nutritional commodities in stock in project areas (percentage),*" as this indicator may not be achieved moving forward due to low levels of government spending to the health sector as stated above.

d. Add three CERC intermediate indicators. See Table 1 below.

Table 1. CERC Intermediate Indicators to be added to the RF

New Intermediate Result Indicators	Data Source
1. High-risk districts with fully functional event-based surveillance systems in place (number).	Electronic Integrated Disease Surveillance and Response (e-IDSR) - Indicator-based surveillance (IBS) and event-based surveillance (EBS)
2. Staff trained in Field Epidemiology Training Program (FETP), surveillance and response (number).	EBS System
3. Personnel (including community volunteers) trained in risk communication (number).	Training Database and Reports.

15. **Changes *in Disbursement Categories and Reallocations Among Disbursement Categories*.**

(a) ***Drop three disbursement-linked results (DLRs) and convert to input-based financing disbursed on actuals:***
   (i) DLR#4.7 - Percentage point increase from the baseline in the number of Primary health care (PHC) facilities in targeted provinces stocked with all tracer drugs by June 30, 2020 (SDR 1,250,000);
   (ii) DLR#7.7 - Percentage point increase from the baseline in the number of women registered during the first trimester of their pregnancy in targeted provinces by June 30, 2020 (SDR 385,000) and
   (iii) DLR#8.7 - Percentage point increase from the baseline in number of mothers who received post-natal care within 6 days of delivery in targeted provinces by June 30, 2020 (SDR 620,000).

(b) ***Reallocate funds among disbursement categories.*** A total of SDR 2,255,000 converted to input financing (from DLR#4.7- SDR 1,250,000; DLR#7.7- SDR 385,000; and DLR#8.7- SDR 620,000) will be reallocated from category 1 under part A of the project to category 5 under part D of the project, and SDR 0.146 million will be moved from category 4 under part C7 of the project to category 3 under part C of the project. See Table 2 below.

Table 2: Change in Expenditure Category under IDA Credit 53940

Project Category	**Original Project Category Cost (SDR million)**	**Project Category Cost August 7, 2019 Project Restructuring (SDR million)**	**Proposed Project Category Cost (SDR million)**
(1) DLI Based Financing under Part A of the Project	17.9	15.0	12.745
(2) Goods, services, Training and Operating Costs required for Sub-Projects and to be financed out of Sub-project Grants under Part B of the Project	7.9	7.9	7.9
(3) Goods, non- consulting services, consultant services, Training and Operating Costs Under Part C of the Project (except under Part C.7 of the Project)	6.8	6.8	6.946
(4) Consultants services under Part C.7 of the Projects	1.3	0.3	0.154
(5) Emergency Expenditures under Part D of the Project	0	0	2.255
(6) Goods, non-consulting services, consultant services, Training and Operating Costs under Part A of the Project	0	3.9	3.9
TOTAL AMOUNT	**33.9**	**33.9**	**33.9**

(c) Change ***in component costs and reallocation of funds***: The proposal is to reallocate a total of US$3.1 million (SDR 2,255,000) from three DLRs proposed to be dropped above, to the CERC Component 4 to support EVD preparedness and response. Due to this reallocation, the first restructuring's reallocation to Sub-component 1.4 to support high impact RMNCAH-N interventions, and in the light of the exchange rate losses that have been experienced under the project, there are inadequate financial resources to provide the required 50% allocation from IDA to match interventions under Component 2. The proposal is finance 100 percent of activities under Component 2 from HRITF resources.

Table 3: Project Costs and Financing by Component

Project Component	Original Allocation (US$ million)			August 2019 Allocation (US$ million)			Proposed Allocation (US$ million)		
	Original Component Cost	IDA Funding	HRITF Funding	Component Cost	IDA Funding	HRITF Funding	Compon ent Cost	IDA Funding	HRITF Funding
Component 1: Strengthen capacity for primary and community level MNCH and nutrition services	27.5	27.5	0	28.9	28.9	0	27.95[7]	23.20	0
Component 2: Strengthen utilization of primary and community level MNCH and nutrition services with results- based financing approaches	24	12	12	26.5	12	14.5	25.54	11.04	14.5
Component 3: Strengthen project management and policy analysis	15.5	12.5	3	11.6	11.1	0.5	10.40[8]	9.72	0.5
Component 4: Contingent Emergency Response Component (CERC)	NA	NA	NA	0	0	0	3.11	3.11	0
Total Financing	**67**	**52**	**15**	**67**	**52**	**15**	**67**	**47.07**	**15**

The Proposed total Financing from IDA is US$62.07due to exchange losses of US$4.93m as at June 9, 2020 (Exchange rate SDR1 = US$1.381130).

III. SUMMARY OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
PBCs	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Disbursement Estimates	✓	
Safeguard Policies Triggered	✓	

[7] Incudes US$4,75m exchange losses.
[8] Includes US$0.18m exchange losses.

Implementation Schedule	✓	
Environmental Analysis	✓	
Implementing Agency		✓
DDO Status		✓
Cancellations Proposed		✓
Overall Risk Rating		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓

IV. DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health andnutrition services in project areas."

Proposed New PDO

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health and nutrition services in project areas, and to prepare for and provide an immediate and effective response to the EVD emergency.

COMPONENTS

Current Component Name	Current Cost (US$M)	Action	Proposed Component Name	Proposed Cost (US$M)
Component 1: Strengthening capacity for primary and community level MNCH and nutrition services	27.50	Revised	Component 1: Strengthening capacity for primary and community level MNCH and nutrition services	27.95

Component 2: Strengthening utilization of primary and community level MNCH and nutrition services through results based financing ap proaches	24.00	Revised	Component 2: Strengthening utilization of primary and community level MNCH and nutrition services through results based financing ap proaches	25.54
Component 3: Strengthening project management and policy analysis	15.50	Revised	Component 3: Strengthening project management and policy analysis	10.40
Component 4: Contingent Emergency Response Component (CERC)	0.00	Revised	Component 4: Contingent Emergency Response Component (CERC)	3.11
TOTAL	**67.00**			**67.00**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-53940	Effective	30-Jun-2019	30-Jun-2020	31-Dec-2020	30-Apr-2021
TF-16639	Effective	30-Jun-2019	30-Jun-2020	30-Jun-2020	30-Oct-2020

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-53940-001 | Currency: XDR				
iLap Category Sequence No: 1	Current Expenditure Category: DLI BASED FINANCING Part A			
15,000,000.00	11,740,262.97	12,745,000.00	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: GD WK CON NON-C TRN OP sb prj PrB			
7,900,000.00	7,899,915.58	7,900,000.00	50.00	0
iLap Category Sequence No: 3	Current Expenditure Category: GD CON N-CON TRN OP Prt C excptC7			

6,800,000.00	6,627,762.16	6,946,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: CONSULTANTS SERVICES Part C.7			
300,000.00	126,873.91	154,000.00	40.00	40
iLap Category Sequence No: 5	Current Expenditure Category: EMERGENCY EXP PRT D			
0.00	0.00	2,255,000.00	100.00	100.00
iLap Category Sequence No: 6	Current Expenditure Category: GDS,NCS,CS,TR,OC Prt A			
3,900,000.00	461,993.76	3,900,000.00	100.00	100.00
Total **33,900,000.00**	**26,856,808.38**	**33,900,000.00**		

TF-16639-001 | Currency: USD

iLap Category Sequence No: 1	Current Expenditure Category: GD WK CON NON-C TRN OP sb prj PrB			
14,500,000.00	11,266,602.69	14,500,000.00	50.00	100
iLap Category Sequence No: 2	Current Expenditure Category: CONSULTANTS SERVICES Part C.7			
500,000.00	263,048.44	500,000.00	60.00	60.00
Total **15,000,000.00**	**11,529,651.13**	**15,000,000.00**		

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates
Yes

Year	Current	Proposed
2014	0.00	0.00
2015	2,000,000.00	2,000,000.00
2016	4,589,013.14	4,589,013.14

2017	9,889,160.87	9,889,160.87
2018	14,267,659.16	14,267,659.16
2019	13,169,069.71	5,711,739.66
2020	2,905,405.12	10,607,096.68

COMPLIANCE

Safeguard Policies

Safeguard Policies Triggered	Current	Proposed
Environmental Assessment (OP) (BP 4.01)	No	Yes
Performance Standards for Private Sector Activities OP/BP 4.03	No	No
Natural Habitats (OP) (BP 4.04)	No	No
Forests (OP) (BP 4.36)	No	No
Pest Management (OP 4.09)	No	No
Physical Cultural Resources (OP) (BP 4.11)	No	No
Indigenous Peoples (OP) (BP 4.10)	No	No
Involuntary Resettlement (OP) (BP 4.12)	No	No
Safety of Dams (OP) (BP 4.37)	No	No
Projects on International Waterways (OP) (BP 7.50)	No	No
Projects in Disputed Areas (OP) (BP 7.60)	No	No

Results framework

COUNTRY: Zambia
Health Services Improvement Project

Project Development Objectives(s)

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health andnutrition services in project areas."

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Improve health delivery systems for MNCH and nutrition services								
Deliveries by skilled health providers in the project areas (Custom) (Percentage)		27.00	48.00	52.00	54.00	57.00	75.00	80.00
Action: This indicator has been Revised								
Health facilities (health post, health centres and district hospitals) with all tracer drugs, vaccines, and nutritional commodities in stock in project areas (Custom,DLI) (Percentage)	PBC 4, 4, 6, 6	33.30	38.30	51.00	52.50	53.00		53.00
Action: This indicator has been Marked for Deletion								

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Health centres (health post, health centres and district hospitals) offering integrated management of childhood Illnesses (IMCI) based on new standard guidelines in the project areas (Custom) (Percentage)		0.00	13.00	51.00	60.00	64.00		65.00
Action: This indicator has been Revised								
Improve utilization of MNCH and nutrition services								
Under-2 children received monthly growth monitoring and promotion (GMP) based on new standard guidelines in the project areas (Custom). (Percentage)		0.00	0.00	10.00	20.00	30.00		45.00
Action: This indicator has been Revised								
Fully immunized children at 12 months of age in the project areas (Custom). (Percentage)		80.00	82.00	86.00	88.00	90.00		95.00
Action: This indicator has been Revised								

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Provide an immediate and effective response to the Ebola Virus disease (EVD) emergency *(Action: This Objective is New)*								
High risk districts with strengthened surveillance for rapid detection and isolation of EVD cases. (Percentage)		0.00	20.00	35.00				50.00
Action: This indicator is New								

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1: Strengthening capacity for primary and community level MNCH and nutrition services							
Health workers trained in MNCH and nutrition competencies in the targeted provinces (Cumulative, Custom, DLI) (Number)	PBC 2, 2	0.00	50.00	150.00	200.00	300.00	400.00
Action: This indicator has been Revised							
Regional hubs and staging posts equipped countrywide (Cumulative, Custom, DLI) (Number)	PBC 5, 5	0.00	0.00	4.00	5.00	6.00	7.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised							
Nurses and midwives trained in MNCH and nutrition competencies based on enhanced pre-service & in-service training and CPD in project areas (Cumulative, Custom, DLI) (Number)	PBC 1, 3, 3	0.00	2,000.00	8,500.00	10,000.00	12,000.00	15,000.00
Action: This indicator has been Revised							
Rural health facilities (health post, health centers and district hospitals) with at least one qualified health worker in the project areas (Custom) (Percentage)		19.00	40.00	55.00	65.00	75.00	95.00
Action: This indicator has been Revised							
Health facilities (health post, health centers and district hospitals) conducting GMP based on new standard guidelines in the project areas (Custom) (Percentage)		0.00	5.00	15.00	20.00	25.00	30.00
Action: This indicator has been Revised							

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Outreach sites in targeted provinces conducting GMP based on new standard guidelines in the project areas (Cumulative, Custom, DLI) (Number)	PBC 9, 9	0.00	100.00	300.00	500.00	800.00	1,000.00
Action: This indicator has been Revised							
Health facilities (health centers and hospitals) conducting cervical cancer screening in project areas (Custom) (Percentage)		0.00	0.00	2.00	3.00	6.00	8.00
Action: This indicator has been Revised							
Structures protected by indoor residual spraying in project areas (Custom) (Number)		1,052,313.00	1,100,000.00				1,100,000.00
Action: This indicator has been Revised							
Health care providers and tutors Trained in essential newborn care (ENC) competency-based training (Cumulative, Custom) (Number)		0.00	130.00				200.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised							
Component 2: Strengthening utilization of primary and community level MNCH and nutrition services							
Health facilities (health centers and district hospitals) implementing the RBF approach in Project areas (Cumulative, Custom) (Number)		70.00	100.00	275.00	365.00	545.00	900.00
Action: This indicator has been Revised							
Protocols and guidelines at community and primary care levels updated and disseminated (Cumulative, Custom) (Number)		0.00	1.00	3.00	4.00	5.00	6.00
Action: This indicator has been Revised							
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		1,104,718.00	1,400,000.00	1,600,000.00	2,050,000.00	2,200,000.00	3,000,000.00
Action: This indicator has been Revised							
People who have received essential health, nutrition, and population (HNP)		883,798.00	1,120,000.00	1,280,000.00	1,640,000.00	1,760,000.00	2,400,000.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
services - Female (RMS requirement) (CRI, Number)							
Number of children immunized (CRI, Number)		200,341.00	210,000.00	220,000.00	230,000.00	240,000.00	250,000.00
Action: This indicator has been Revised							
Number of women and children who have received basic nutrition services (CRI, Number)		683,030.00	1,270,000.00	1,550,000.00	1,700,000.00	2,100,000.00	2,450,000.00
Action: This indicator has been Revised							
Number of deliveries attended by skilled health personnel (CRI, Number)		221,377.00	230,000.00	250,000.00	260,000.00	270,000.00	300,000.00
Action: This indicator has been Revised							
Women attending ANC within the first three months of Pregnancy in the project areas (Custom, DLI) (Percentage)	PBC 7, 7	9.00	15.00	25.00	35.00	50.00	50.00
Action: This indicator has been Revised							
Lactating women accessing post-natal care within six days	PBC 8, 8	37.00	45.00	55.00	65.00	80.00	85.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
in the project areas (Custom, DLI) (Percentage)							
Action: This indicator has been Revised							
Neighborhood health committees (NHCs) implementing the RBF approach in the project areas (Cumulative, Custom) (Number)		0.00	400.00	900.00	1,500.00	2,500.00	3,000.00
Action: This indicator has been Revised							
Component 3: Strengthening project management and policy analysis							
Health policy analysis conducted and results disseminated nationally (Cumulative, Custom) (Number)		0.00	0.00	1.00	2.00	3.00	3.00
Action: This indicator has been Revised							
Districts with community information system integrated DHIS-2 in project areas (Cumulative, Custom) (Number)		0.00	10.00	25.00	35.00	39.00	45.00
Action: This indicator has been Revised							

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
NHCs implementing community health management information system (CHMIS) in targeted in the project areas (Cumulative, Custom) (Number)		0.00	300.00	1,000.00	1,500.00	1,800.00	2,200.00
Action: This indicator has been Revised							
Component 4: Contingent Emergency Response Component (CERC) ***(Action: This Component is New)***							
High-risk districts with fully functional event-based surveillance systems in place (Number)		10.00	15.00	20.00			40.00
Action: This indicator is New							
Staff trained in field epidemiology training program (FETP), surveillance and response (Number)		10.00	15.00	20.00			30.00
Action: This indicator is New							
Personnel (including community volunteers) trained in risk communication (Number)		40.00	70.00	100.00			150.00
Action: This indicator is New							

Performance-Based Conditions Matrix				
PBC 1	Capacity to implement comprehensive pre-service training program on MNCH-N for nurses and midwives strengthened.			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Number	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
March 31, 2016 to October 31, 2018	8,500.00		0.00	
March 31, 2015 to December 31, 2020	10,000.00		2,000,000.00	300000; 900000; 800000
PBC 2	Health workers trained in MNCH and nutrition competencies in the targeted provinces (Cumulative, Custom, DLI)			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Number	2,600,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
March 31, 2016 to October 31, 2018	150.00		0.00	
March 31, 2015 to December 31, 2020	200.00		2,600,000.00	400000; 500000; 500000; 500000; 700000
Action: This PBC has been Revised. See below.				

PBC 2	*Number of vacancies for nurses and midwifes in primary health facilities filled by newly recruited nurses and midwifes who completed the 3-month induction in-service training on MNCH and nutrition*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Intermediate Outcome	*Yes*	*Number*	*2,600,000.00*	*57.69*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*0.00*			
March 31, 2016 to October 31, 2018	*150.00*		*0.00*	
March 31, 2015 to December 31, 2020	*200.00*		*2,600,000.00*	*400000; 500000; 500000; 100000; 0*

PBC 3	Nurses and Midwives in primary health facilities in Targeted Provinces who have completed the continuing professional development (CPD) training in MNCH-N increases.			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Number	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
March 31, 2016 to October 31, 2018	4,500.00		0.00	
March 31, 2015 to December 31, 2020	6,000.00		2,000,000.00	250000;550000;400000; 400000;400000.
Action: This PBC has been Revised. See below.				

PBC 3	*Number of nurses and midwives in primary health facilities in targeted provinces who have completed the continuing professional development training in MNCH and nutrition.*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Output	*Yes*	*Number*	*2,000,000.00*	*100.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*0.00*			
March 31, 2016 to October 31, 2018	*4,500.00*		*0.00*	
March 31, 2015 to December 31, 2020	*6,000.00*		*2,000,000.00*	*250000;550000;400000; 400000;400000.*

PBC 4	Primary health facilities in Targeted Provinces stocked with all tracer drugs increases			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Percentage	2,300,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	33.30			
March 31, 2016 to October 31, 2018	51.00		0.00	
March 31, 2015 to December 31, 2020	53.00		2,300,000.00	300000;400000;400000;500000;500 000;500000;48000
Action: This PBC has been Revised. See below.				

PBC 4	*Number of primary health facilities in targeted provinces stocked with all tracer drugs*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Outcome	*Yes*	*Percentage*	*2,300,000.00*	*45.65*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*33.30*			
March 31, 2016 to October 31, 2018	*51.00*		*0.00*	
March 31, 2015 to December 31, 2020	*53.00*		*2,300,000.00*	*300000;400000;400000;500000;500000;500000;48000*
Rationale: ***DLR4.7: 1,250,000 to be reallocated to the CERC***				

PBC 5	Regional hubs and staging posts equipped countrywide (Cumulative, Custom, DLI)			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Number	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
March 31, 2016 to October 31, 2018	4.00		0.00	
March 31, 2015 to December 31, 2020	5.00		2,000,000.00	200000; 900000;900000

Action: This PBC has been Revised. See below.

PBC 5	*Number of Regional essential commodities storage and distribution hubs established*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Intermediate Outcome	*Yes*	*Number*	*2,000,000.00*	*100.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*0.00*			
March 31, 2016 to October 31, 2018	*4.00*		*0.00*	
March 31, 2015 to December 31, 2020	*5.00*		*2,000,000.00*	*200000; 900000;900000*

PBC 6	The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Percentage	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
March 31, 2016 to October 31, 2018	60.00		0.00	
March 31, 2015 to December 31, 2020	60.00		2,000,000.00	200000;300000;600000;600000;300000

Action: This PBC has been Revised. See below.

PBC 6	*The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in targeted provinces*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Outcome	*Yes*	*Percentage*	*2,000,000.00*	*10.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*0.00*			
March 31, 2016 to October 31, 2018	*60.00*		*0.00*	
March 31, 2015 to December 31, 2020	*60.00*		*2,000,000.00*	*200000;0;0;0;0*

PBC 7	Women attending ANC within the first three months of Pregnancy in the project areas (Custom, DLI)			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	1,300,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	9.00			
March 31, 2016 to October 31, 2018	25.00		0.00	
March 31, 2015 to December 31, 2020	35.00		1,300,000.00	130000;200000;350000;350000;200000;70000;18900
Action: This PBC has been Revised. See below.				

PBC 7	*Number of women registered during the first trimester of their pregnancy in targeted provinces*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Intermediate Outcome	*Yes*	*Percentage*	*1,300,000.00*	*70.38*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*9.00*			
March 31, 2016 to October 31, 2018	*25.00*		*0.00*	
March 31, 2015 to December 31, 2020	*35.00*		*1,300,000.00*	*130000;200000;227500;87500;200000;70000*
Rationale: ***DLR 7.7: 385,000 to be reallocated to the CERC***				

PBC 8	Lactating women accessing post-natal care within six days in the project areas (Custom, DLI)			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Percentage	2,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	37.00			
March 31, 2016 to October 31, 2018	55.00		0.00	

March 31, 2015 to December 31, 2020	65.00		2,000,000.00	200000; 400000;500000;500000;300000;100000;32000
Action: This PBC has been Revised. See below.				

PBC 8	*Number of mothers who delivered at health facilities in targeted provinces and who received post-natal care*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Intermediate Outcome	*Yes*	*Percentage*	*2,000,000.00*	*69.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*37.00*			
March 31, 2016 to October 31, 2018	*55.00*		*0.00*	
March 31, 2015 to December 31, 2020	*65.00*		*2,000,000.00*	*200000;400000; 500000;125000;75000;80000*
Rationale: ***DLR 8.7: 620,000 to be reallocated to the CERC***				

PBC 9	Outreach sites in targeted provinces conducting GMP based on new standard guidelines in the project areas (Cumulative, Custom, DLI)			
Type of PBC	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Number	1,700,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	0.00		
March 31, 2016 to October 31, 2018	300.00	0.00	
March 31, 2015 to December 31, 2020	500.00	1,700,000.00	200000;350000;400000;400000;250000;100000;48000
Action: This PBC has been Revised. See below.			

PBC 9	*Number of Outreach Sites in targeted provinces conducting GMP based on new standard guidelines in the project areas*			
Type of PBC	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Output	*Yes*	*Number*	*1,700,000.00*	*47.79*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*0.00*			
March 31, 2016 to October 31, 2018	*300.00*		*0.00*	
March 31, 2015 to December 31, 2020	*500.00*		*1,700,000.00*	*200000;350000;100000;100000;62500;0;48000*

Verification Protocol Table: Performance-Based Conditions	
PBC 1	Capacity to implement comprehensive pre-service training program on MNCH-N for nurses and midwives strengthened.
Description	**DLI #1: Capacity to implement comprehensive pre-service training program on MNCH and nutrition for nurses and midwives strengthened** **DLR#1.1:** An updated pre-service training curriculum on MNCH and nutrition for the training of nurses and midwives has been adopted in FY 2014 and all Targeted Training Institutions have prepared their capacity building plans- **Protocol:** (a)

	Evidence of adoption of the updated pre-service training curriculum means that it will be approved officially by the GNC Board. The approved curriculum will be made available to the Bank for vetting by the MoH with official minutes of the meeting of the GNC Board at which it was approved. (b) The Targeted Training Institutions will have presented to the MoH, their capacity building plans and the plans have been approved by the Permanent Secretary, MoH. The plans must identify "capacity gaps" that are to be addressed in order for the institutions to deliver the new curriculum particularly in MNCH and nutrition, with an indication of how these gaps will be addressed. The plans will be made available to the Bank for vetting by the MoH. Each of the 2 components comprise 50% of the value of the DLI. **DLR#1.2:** At least four (4) of the Targeted Training Institutions have addressed the capacity gaps identified in their respective Capacity Building Plans in FY 2015- **Protocol**: At least 4 of the Targeted Training Institutions have taken concrete actions to address the gaps identified in their capacity building plans. These actions include: (i) Funds for the 4 training institutions have been disbursed and at least 50 percent of the funds have been spent on identified areas in the capacity building plans, (ii) 4 training institution have been oriented on the new curriculum by GNC, (iii) The new curriculum is being delivered by four training institutions. The external verification firm will be responsible for gathering evidence while the MoH will deliver this evidence to the World Bank in a timely manner. **DLR#1.3:** All Targeted Training Institutions have addressed the capacity gaps identified in their respective Capacity Building Plans in FY 2016- **Protocol**: The same DLI protocol in 1.2 above will be applied to all of the training institutes enumerated in 1.1. Of special importance is evidence that the new curriculum is being delivered satisfactorily by all the institutes. The external verification firm will be responsible for gathering evidence while the MoH will deliver this evidence to the World Bank in a timely manner.
Data source/ Agency	Nurse and Midwifery Training Institutions Country wide/Integrated human resource information system (iHRIS)
Verification Entity	M&E Department in MoH and the Independent verification Agency
Procedure	Administer check list to the Nurse Midwifery Training Institutions and generates data from the integrated human resource information system (iHRIS)

PBC 2	Health workers trained in MNCH and nutrition competencies in the targeted provinces (Cumulative, Custom, DLI)
Description	Number of health workers trained in MNCH and nutrition competencies in the targeted provinces.

Data source/ Agency	Training Institutions, Level-II Hospitals and Integrated Human Resource Information System (iHRIS)
Verification Entity	M&E Department in MoH and the independent verification Agency
Procedure	Administer checklist to the training institutions and Level-II Hospitals Generate data from the iHRIS

PBC 2	Number of vacancies for nurses and midwifes in primary health facilities filled by newly recruited nurses and midwifes who completed the 3-month induction in-service training on MNCH and nutrition
Description	**DLI #2**: The number of vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition increases. **DLR#2.1**: Consolidated staffing profiles for nurses and midwifes in primary health facilities in Targeted Provinces prepared in FY 2014 and training modules for the three (3) months induction in-service training on MNCH and nutrition for newly recruited nurses and midwifes developed. **Protocol:** (a) Staffing profiles for all health centers and health posts in targeted provinces will be presented as evidence. It will include the name and location of the health center/health post and the composition of all health professionals by name and title/grade. The staffing profiles will be dated no earlier than 31st December 2013. The profiles will also include the official the GRZ staff establishment by title, grade and number of staff that adheres to the GRZ staff establishment for the facility so that over-/under-staffing is readily apparent. These will be official Government profiles provided by the sanctioned HR system and vetted and approved by the Permanent Secretary MCDMCH. This information will be provided by PS-MCDMCH to the World Bank as evidence of compliance; (b) A three months in-service training course for new nurses and midwives will be developed by a joint team from MCDMCH and MOH and approved by PS - MCDMCH. The composition of the three months training course will include modules in MNCH and nutrition. The total time to be spent in this training should include theory and practical. The MCDMCH will be responsible for gathering and providing the requisite evidence to the World Bank. The value of the DLI will be divided such that 50% is paid for the profiles and 50% for the modules. **DLR#2.2**: At least 10% of the number vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition in FY 2016. P**rotocol**: At least 10% of the vacancies for nurses and midwives identified in December 2013 in each targeted province will be filled as of 31st December 2015. To be satisfied, each province will need to meet the 10% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. Data verifying the existing and filled vacancies will be taken from the staff returns for the year 2015 as of 31st

	December 2015. In order to be counted as a 'filled vacancy' each of the new recruits must have completed the 3month training course. For those hired less than 3 months prior to the close of the 12month period it must be shown that they have begun the training module. The external verification firm will be responsible for gathering and vetting the requisite evidence, while the MCDMCH will provide this evidence to the World Bank in a satisfactory format. **DLR#2.3**: At least 20% of the number vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition in FY 2017 .P**rotocol**: At least 20% of vacancies for nurses and midwives identified in December 2013 in each targeted province will be filled as of 31st December 2016. The protocol for statistical verification of recruits in the 12month period will be the same as in 2.2 above. **DLR#2.4**: At least 30% of the number vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition in FY 2018. P**rotocol**: At least 30% of vacancies for nurses and midwives identified in December 2013 in each targeted province will be filled as of 31st December 2017. The protocol for statistical verification of recruits in the 12month period will be the same as in 2.2 above. **DLR#2.5**: At least 40% of the number vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition in FY 2019. P**rotocol**: At least 40% of vacancies for nurses and midwives identified in December 2013 in each targeted province will be filled as of 31st December 2018. The protocol for statistical verification of recruits in the 12month period will be the same as in 2.2 above.
Data source/ Agency	Training Institutions, Level-II Hospitals and Integrated Human Resource Information System (iHRIS)
Verification Entity	M&E Department in MoH and the independent verification Agency
Procedure	Administer checklist to the training institutions and Level-II Hospitals Generate data from the iHRIS

PBC 3	Nurses and Midwives in primary health facilities in Targeted Provinces who have completed the continuing professional development (CPD) training in MNCH-N increases.
Description	**DLI # 3: The number of nurses and midwives in primary health facilities in Targeted Provinces who have completed the continuing professional development training in MNCH and nutrition increases**

	DLR# 3.1: Training modules for the continuing professional development training in MNCH and nutrition developed in FY 2015. **Protocol-** "Developed" training modules means that the required knowledge and skills to provide quality MNCH and nutrition services have been identified, and modules prepared to address the identified gaps. These modules will be developed jointly by MoH and MCDMCH, and signed off by the PS-MCDMCH. The modules should outline the training methodologies (including e-learning, lectures through workshops and short courses, and study tours/exchange programmes etc), and implementation process through the Provincial Medical Office. Through the external verification firm, information will be gathered and provided to the MCDMCH who will be responsible for providing the requisite evidence to the World Bank in a satisfactory format. **DLR# 3.2:** At least 10% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the continuing professional development training in MNCH and nutrition in FY 2016 **Protocol -** By 31st December 2015, at least 10% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. If a module is begun at the end of the year but not completed before the end of the 12 month period, the trainee will be counted but the Government must show that the course was completed in a timely manner in the subsequent year. To be satisfied, each province will need to meet the 10% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. For the year under review, data verifying the number of nurses and midwives will be taken from the staff returns, and for the CPD training from Provincial Medical Offices in each of the targeted province. Through the external verification firm, information will be gathered and provided to the MCDMCH who will be responsible for providing the requisite evidence to the World Bank in a satisfactory format. **DLR# 3.3:** At least 20% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the continuing professional development training in MNCH and nutrition in FY 2017. **Protocol-** By 31st December 2016, at least 20% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above. **DLR# 3.4:** At least 30% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the continuing professional development training in MNCH and nutrition in FY 2018. **Protocol -** By 31st December 2017, at least 30% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above. **DLR# 3.5:** At least 40% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the continuing professional development training in MNCH and nutrition in FY 2019. **Protocol-** By 31st December 2018, at least 40% of the number of nurses and midwives in each of the targeted provinces has completed at least one of

	the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above.
Data source/ Agency	Integrated Human Resource Information System (iHRIS); Nurse Training Institutions; Level 2&3 Hospitals
Verification Entity	M&E Department in MoH/ Independent Verification Agency
Procedure	Administer checklist to Training Institutions and generate data from the Integrated Human Resource Information System (iHRIS)

PBC 3	Number of nurses and midwives in primary health facilities in targeted provinces who have completed the continuing professional development training in MNCH and nutrition.
Description	**DLI # 3: The number of nurses and midwives in primary health facilities in Targeted Provinces who have completed the continuing professional development training in MNCH and nutrition increases** **DLR# 3.1**: Training modules for the Continuous Professional Development Training in MNCH and nutrition developed in FY 2015. **Protocol-** "Developed" training modules means that the required knowledge and skills to provide quality MNCH and nutrition services have been identified, and modules prepared to address the identified gaps. These modules will be developed jointly by MoH and MCDMCH and signed off by the PS-MCDMCH. The modules should outline the training methodologies (including e-learning, lectures through workshops and short courses, and study tours/exchange programmes etc), and implementation process through the Provincial Medical Office. Through the external verification firm, information will be gathered and provided to the MCDMCH who will be responsible for providing the requisite evidence to the World Bank in a satisfactory format. **DLR# 3.2**: At least 10% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the Continuous Professional Development Training in MNCH and nutrition in FY 2016**. Protocol -** By 31st December 2015, at least 10% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. If a module is begun at the end of the year but not completed before the end of the 12 month period, the trainee will be counted but the Government must show that the course was completed in a timely manner in the subsequent year. To be satisfied, each province will need to meet the 10% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. For the year under review, data verifying the number of nurses and midwives will be taken from the staff returns, and for the CPD training from Provincial Medical Offices in each of the targeted province. Through the external verification firm, information will be gathered and

	provided to the MCDMCH who will be responsible for providing the requisite evidence to the World Bank in a satisfactory format. **DLR# 3.3**: At least 20% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the continuing professional development training in MNCH and nutrition in FY 2017. **Protocol-** By 31st December 2016, at least 20% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above. **DLR# 3.4**: At least 30% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the Continuous Professional Development Training in MNCH and nutrition in FY 2018. **Protocol -** By 31st December 2017, at least 30% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above. **DLR# 3.5**: At least 40% of the number of nurses and midwives in primary health facilities in Targeted Provinces have completed the Continuous Professional Development Training in MNCH and nutrition in FY 2019. **Protocol-** By 31st December 2018, at least 40% of the number of nurses and midwives in each of the targeted provinces has completed at least one of the CPD training modules. The protocol for statistical verification of CPD training in the 12-month period will be the same as in 3.2 above.
Data source/ Agency	Integrated Human Resource Information System (iHRIS); Nurse Training Institutions; Level 2&3 Hospitals
Verification Entity	M&E Department in MoH/ Independent Verification Agency
Procedure	Administer checklist to Training Institutions and generate data from the Integrated Human Resource Information System (iHRIS)
PBC 4	Primary health facilities in Targeted Provinces stocked with all tracer drugs increases
Description	**DLI #4: The number of primary health facilities in Targeted Provinces stocked with all tracer drugs increases** **DLR#4.1:** A national supply chain strategy adopted in FY 2014. **Protocol:** A supply chain strategy developed by December 2014 and signed by Permanent Secretary MoH. The Strategy developed with wider consultation of stakeholders. Once adopted by the Government, the Strategy to posted on the MOH website and disseminated.

	DLR#4.2: A baseline survey carried out to establish the number of primary health facilities in the Targeted Provinces with all tracer drugs in FY 2015. **Protocol:** A baseline health facility survey will be carried out by MoH/MSL in the targeted provinces to establish the availability of tracer drugs. The tracer drugs will include Oxytocin, Iron Folic Acid tablets, Sulfadoxine-Pyrimethamine (for IPT), Vitamin A, Oral Rehydration Salt, Pentavalent vaccine and Depo-Provera/Norplant. The MoH will develop a proposal and concept note outlining the methodology, resources to be used, and time frame. The independent external verification firm will be responsible for gathering and substantiation of evidence that this DLI has been met. The PS-MoH shall submit to the World Bank, a final report with results and recommendations from the study and final verdict on the attainment of this DLI as provided by the independent external verification firm. **DLR#4.3:** The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 5% from the Baseline in FY 2016. **Protocol:** A 5% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2015 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. To be satisfied, each province will need to meet the 5% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. Through the external verification firm, information will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR#4.4:** The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 10% from the Baseline in FY 2017. **Protocol:** A 10% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2016 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12-month period will be the same as in 4.3 above. **DLR#4.5:** The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 15% from the Baseline in FY 2018. **Protocol:** A 15% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2017 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12- month period will be the same as in 4.3 above. **DLR#4.6:** The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 20% from the Baseline in FY 2019. **Protocol:** A 20% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2018 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12-month period will be the same as in 4.3 above.

Data source/ Agency	District Health Management Team (DHMT) Records
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Health Facility Survey

PBC 4	Number of primary health facilities in targeted provinces stocked with all tracer drugs
Description	**DLI #4: The number of primary health facilities in Targeted Provinces stocked with all tracer drugs increases** **DLR#4.1**: A national supply chain strategy adopted in FY 2014. **Protocol:** A supply chain strategy developed by December 2014 and signed by Permanent Secretary MoH. The Strategy developed with wider consultation of stakeholders. Once adopted by the Government, the Strategy to posted on the MOH website and disseminated. **DLR#4.2**: A baseline survey carried out to establish the number of primary health facilities in the Targeted Provinces with all tracer drugs in FY 2015. **Protocol:** A baseline health facility survey will be carried out by MoH/MSL in the targeted provinces to establish the availability of tracer drugs. The tracer drugs will include Oxytocin, Iron Folic Acid tablets, Sulfadoxine-Pyrimethamine (for IPT), Vitamin A, Oral Rehydration Salt, Pentavalent vaccine and Depo-Provera/Norplant. The MoH will develop a proposal and concept note outlining the methodology, resources to be used, and time frame. The independent external verification firm will be responsible for gathering and substantiation of evidence that this DLI has been met. The PS-MoH shall submit to the World Bank, a final report with results and recommendations from the study and final verdict on the attainment of this DLI as provided by the independent external verification firm. **DLR#4.3**: The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 5% from the Baseline in FY 2016. **Protocol:** A 5% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2015 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. To be satisfied, each province will need to meet the 5% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. Through the external verification firm, information will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR#4.4**: The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 10% from the Baseline in FY 2017. **Protocol:** A 10% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2016 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12-month period will be the same as in 4.3 above.

	DLR#4.5: The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 15% from the Baseline in FY 2018. **Protocol:** A 15% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2017 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12- month period will be the same as in 4.3 above. **DLR#4.6:** The number of primary health facilities in Targeted Provinces project area stocked with all tracer drugs increases by 20% from the Baseline in FY 2019. **Protocol:** A 20% increase the number of primary health facilities with all tracer drugs achieved by 31st December 2018 in each of the targeted provinces as identified from the baseline survey results in 4.2 above. The protocol for statistical verification of increases in the tracer drugs stock in the 12-month period will be the same as in 4.3 above.
Data source/ Agency	District Health Management Team (DHMT) Records
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Health Facility Survey

PBC 5	Regional hubs and staging posts equipped countrywide (Cumulative, Custom, DLI)
Description	Number regional hubs and staging posts equipped in target areas.
Data source/ Agency	Medical Stores Limited Records
Verification Entity	M&E Department in MoH/Independent Verification Agency
Procedure	Administer Checklist to Medical Stores Limited (MSL)

PBC 5	Number of Regional essential commodities storage and distribution hubs established
Description	**DLI #5: Regional essential commodities storage and distribution hubs established in Targeted Provinces** **DLR#5.1**: The regional essential commodities storage and distribution hub for Western Province established at Mongu in FY 2014. **Protocol:** “Established” means that by the end of 2014 there is a hub already functioning for at least one month, with

	infrastructure, management information system, transport, staffing, adequate essential drugs stock levels; and essential drugs being delivered to primary health facilities in its region. The M)H in collaboration with Medical Stores Limited and other key stakeholders will conduct a verification mission to gather evidence on the attainment of this DLI. A standard checklist (Annex 12) will be used during the verification process. This checklist will include key evaluation questions on progress made in the areas of infrastructure, transport, staffing, availability of essential drugs, and extent to which drugs are being delivered to the primary health facilities. Based on the findings of the verification mission, the MOH will produce and submit to the World Bank, a report with evidence on the level of accomplishment. **DLR#5.2**: The regional essential commodities storage and distribution hub for the North-Western Province established at Kitwe in FY 2015. **Protocol:** By the end of 31st December 2015, the regional essential commodities storage and distribution hub for the North-Western Province will be established in Kitwe. The protocol outlined in 5.1 above will apply. Through the external verification firm, information will be gathered and provided to the MOH who will be responsible for providing the requisite evidence to the World Bank. **DLR#5.3**: The regional essential commodities storage and distribution hub for the Northern Province established at Kasama in FY 2016. **Protocol:** By the end of 31st December 2016, the regional essential commodities storage and distribution hub for the Northern Province will be established in Kasama. The protocol outlined in 5.1 above will apply. Through the external verification firm, information will be gathered and provided to the MOH who will be responsible for providing the requisite evidence to the World Bank.
Data source/ Agency	Medical Stores Limited Records
Verification Entity	M&E Department in MoH/Independent Verification Agency
Procedure	Administer Checklist to Medical Stores Limited (MSL)

PBC 6	The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces
Description	**DLI #6: The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces** **DLR# 6.1:** MOH adopts an implementation plan for the national supply chain strategy in FY 2014. **Protocol:** “Adopts” means that the plan is officially approved by PS-MOH and circulated for use by all stakeholders in the health sector. The implementation plan should be aligned to the national supply chain strategy with clear objectives and targets, timelines,

	financial and other resourcing needs, gaps and how these will be addressed. The MoH will post the final implementation plan on the MoH website, and shall submit to the World Bank, a copy of this plan. **DLR# 6.2:** The eZICS is piloted in selected Districts and upgraded on the basis of the results of the pilots in FY 2015. **Protocol:** “Piloted” means that eZICS is implemented in Mkushi and Kafui districts by 31st December 2015 and used by individuals trained for this purpose for a period deemed sufficient to evaluate the success of eZICS and identify problems that need to be rectified for a successful roll out and implementation of the program. A report covering each of the pilots will be prepared indicating problems and successes, and remedial measures. Compliance will require that the Government demonstrate that it has corrected important problems and is ready for roll-out. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.3:** The eZICS is implemented in Western and North Western Provinces in FY 2016. **Protocol:** By 31st December 2016, the eZICS is implemented in Western and North Western Provinces, for at least one quarter. “…implemented” means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.4:** The eZICS is implemented in Muchinga and Northern Provinces in FY 2017. **Protocol:** By 31st December 2017, eZICS is implemented in Muchinga and Northern Provinces for at least one quarter. “…implemented” means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.5:** The eZICS is implemented in Luapula Province in FY 2018. **Protocol:**By 31st December 2018, eZICS is implemented in Luapula Province for at least one quarter. “…implemented” means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank.
Data source/ Agency	DHMT/MSL records
Verification Entity	M&E Department in MoH

Procedure	Administer Checlist to DHMTs and MSL.
PBC 6	The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in targeted provinces
Description	**DLI #6: The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces** **DLR# 6.1:** MOH adopts an implementation plan for the national supply chain strategy in FY 2014. **Protocol:** "Adopts" means that the plan is officially approved by PS-MOH and circulated for use by all stakeholders in the health sector. The implementation plan should be aligned to the national supply chain strategy with clear objectives and targets, timelines, financial and other resourcing needs, gaps and how these will be addressed. The MoH will post the final implementation plan on the MoH website, and shall submit to the World Bank, a copy of this plan. **DLR# 6.2:** The eZICS is piloted in selected Districts and upgraded on the basis of the results of the pilots in FY 2015. **Protocol:** "Piloted" means that eZICS is implemented in Mkushi and Kafui districts by 31st December 2015 and used by individuals trained for this purpose for a period deemed sufficient to evaluate the success of eZICS and identify problems that need to be rectified for a successful roll out and implementation of the program. A report covering each of the pilots will be prepared indicating problems and successes, and remedial measures. Compliance will require that the Government demonstrate that it has corrected important problems and is ready for roll-out. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.3:** The eZICS is implemented in Western and North Western Provinces in FY 2016. **Protocol:** By 31st December 2016, the eZICS is implemented in Western and North Western Provinces, for at least one quarter. "…implemented" means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.4:** The eZICS is implemented in Muchinga and Northern Provinces in FY 2017. **Protocol:** By 31st December 2017, eZICS is implemented in Muchinga and Northern Provinces for at least one quarter. "…implemented" means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank. **DLR# 6.5:** The eZICS is implemented in Luapula Province in FY 2018. **Protocol:**By 31st December 2018, eZICS is implemented in Luapula Province for at least one quarter. "…implemented" means that members of staff are adequately trained, software and hardware procured, system set up, and results being generated. Through the external verification

	firm, evidence on the implementation of the eZICS will be gathered and provided to the MoH who will be responsible for providing the requisite evidence to the World Bank.
Data source/ Agency	DHMT/MSL records
Verification Entity	M&E Department in MoH
Procedure	Administer Checlist to DHMTs and MSL.

PBC 7	Women attending ANC within the first three months of Pregnancy in the project areas (Custom, DLI)
Description	Numerator: Number of women attending ANC within the first three months of Pregnancy in the project areas multiply by 100 Denominator: Total number expected pregnancies in project areas
Data source/ Agency	DHIS-2
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Generate data from the Health Management Information System

PBC 7	Number of women registered during the first trimester of their pregnancy in targeted provinces
Description	**DLI #7: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases** **DLR#7.1**: An updated community health workers strategy adopted and disseminated in FY 2014. **Protocol:** The community health strategy will contain time-bound objectives, coverage and other targets governing resourcing and staffing at community level, community service delivery modes, and links to health facilities. The strategy should cover all the structures and cadres operating at community level in all the three (3) functions namely: (i) Community development, (ii) Social Welfare, and (iii) Health. "Adopted" means that the plan is discussed by all stakeholders, and officially approved by PS-MCDMCH. "Disseminated" means that the approved plan has been formally circulated for use by all stakeholders in the health sector. The MCDMCH will submit the final community health strategy to the World Bank. **DLR#7.2**: Guidelines for the delivery of community based MNCH and nutrition services adopted in FY 2015. **Protocol:** (a) By 31st December 2015, guidelines for the delivery of community based MNCH and nutrition services will be adopted.

	"…adopted" means that the guidelines are developed in consultation with all stakeholders, and officially approved by the PS-MCDMCH. These guidelines should be aligned to the national community health strategy with clear objectives and targets. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank(a) By 31st December 2015, guidelines for the delivery of community-based MNCH and nutrition services will be adopted. "…adopted" means that the guidelines are developed in consultation with all stakeholders, and officially approved by the PS-MCDMCH. These guidelines should be aligned to the national community health strategy with clear objectives and targets. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank. **DLR#7.3**: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases by 5% in FY 2016. **Protocol:** To facilitate the process of generating data for 7.3-7.6, MCDMCH in collaboration with MoH will collect data on the number of women registered during the first trimester of their pregnancy in all the targeted Provinces as at 31st December 2014 through a desk review of HMIS data or a health facility survey. By 31st December 2015, the number of women registered during the first trimester of their pregnancy in each of the targeted Provinces increases by 5% over the provincial baseline of December 2014. To be satisfied, each province will need to meet the 5% standard. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank. **DLR#7.4**: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases by 10% in FY 2017. **Protocol:** By 31st December 2016, the number of women registered during the first trimester of their pregnancy in all each of the targeted Provinces increases by 10% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 7.3 above. **DLR#7.5**: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases by 15% in FY 2018. **Protocol:** By 31st December 2017, the number of women registered during the first trimester of their pregnancy in all each of the targeted Provinces increases by 15% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12 month period will be the same as in 7.3 above **DLR#7.6**: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases by 20% in FY 2019. **Protocol:** By 31st December 2018, the number of women registered during the first trimester of their pregnancy in all each of the targeted Provinces increases by 20% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12 month period will be the same as in 7.3 above

	DLR 7.7: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases by 1 percentage point. **Protocol:** 18,900 SDR for every 1 percentage point increase from the baseline in the number of women registered during the first trimester of their pregnancy in targeted provinces by June 30, 2020.
Data source/ Agency	District Health Management Information System -2 (DHIS-2)
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Generate data from the Health Management Information System

PBC 8	Lactating women accessing post-natal care within six days in the project areas (Custom, DLI)
Description	Numerator: Number of lactating women accessing post-natal care within six days in the project areas multiply by 100 Denominator: Total number of institutional deliveries at health facilities in project areas
Data source/ Agency	DHIS-2
Verification Entity	M&E Department in MoH/ Independent Verification Agency
Procedure	Generate data from the Health Management Information System

PBC 8	Number of mothers who delivered at health facilities in targeted provinces and who received post-natal care
Description	**DLI #8: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases** **DLR#8.1**: The list of CHWs, Neighborhood Health Committees and Outreach Centers updated in FY 2014. **Protocol:** For targeted provinces an updated list of all CHWs, Neighborhood Health Committees and Outreach Centers will be generated as at 31st December 2013. The MCDMCH will develop detailed data collection tools that will be used to this information at each Health Centre and/or Health Post in all the districts in the five (5) targeted provinces. This will include information on

	the catchment population for the health centre/health post; number of households; number of outreach posts, zones and distances to health centre; types and numbers of community organizations attached to each health centre; membership to the community level organizations; number of CHWs; number of hours, on average, the CHW spend in communities per week etc. The PS-MCDMCH will provide the updated list to the Bank. **DLR#8.2**: The Recipient acquires adequate numbers of ambulances and motorcycles for facilitating patient referrals in targeted Provinces in FY 2015. **Protocol:** Each province will acquire a number of ambulances and motorcycles adequate for facilitating patient referrals. The number and distribution of this equipment will be predetermined in a report/document agreed by the Bank and Government by October 2015. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank. **DLR#8.3**: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases by 5% in FY 2016. **Protocol:** To facilitate the process of generating data for 8.3-8.6, MCDMCH in collaboration with MOH will collect data on the number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care as at 31st December 2014 through a desk review of HMIS data or a health facility survey. By 31st December 2015, the number of mothers who delivered at health facilities and who received post-natal care in each of the targeted Provinces increases by 5% over the provincial baseline of December 2014. "Post-natal care" is defined as the number of Post-natal care (visits) at 6 days. The number of mothers delivering will have increased by 5% in each province. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. "Post-natal care" that is begun at the end of the period but not completed will be counted as completed for purposes of disbursement but in the subsequent period authorities will need to indicate that it was completed on a case by case basis. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank. **DLR#8.4**: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases by 7% in FY 2017. **Protocol:** By 31st December 2016, the number of mothers who delivered at health facilities and who received post-natal care in each of the targeted Provinces increases by 7% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 8.3 above. **DLR#8.5**: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases by 10 % in FY 2018. Protocol: By 31st December 2017, the number of mothers who delivered at health facilities and who received post-natal care in each of the targeted Provinces increases by 10% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 8.3 above. **DLR#8.6**: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases by 15 % in FY 2019. **Protocol:** By 31st December 2018, the number of mothers who delivered at health facilities

	and who received post-natal care in each of the targeted Provinces increases by 15% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 8.3 above. **DLR 8.7:** The number of mothers who received post-natal care within 6 days of delivery in targeted provinces by 1 percentage point. **Protocol:** 32,000 SDR for every 1 percentage point increase from the baseline in the number of mothers who received post-natal care within 6 days of delivery in targeted provinces by June 30, 2020
Data source/ Agency	District Health Management Information System-2 (DHIS-2)
Verification Entity	M&E Department in MoH/ Independent Verification Agency
Procedure	Generate data from the Health Management Information System

PBC 9	Outreach sites in targeted provinces conducting GMP based on new standard guidelines in the project areas (Cumulative, Custom, DLI)
Description	Outreach sites in targeted provinces conducting GMP based on new standard guidelines in the project areas.
Data source/ Agency	**District Health Management Team (DHMT) Records**
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Administer Checklist to DHMTs

PBC 9	Number of Outreach Sites in targeted provinces conducting GMP based on new standard guidelines in the project areas
Description	**DLI #9: The number of Outreach Centers in Targeted Provinces conducting GMP monitoring following national standards and guidelines increases** **DLR# 9.1**: Guidelines for conducting GMP monitoring adopted in FY 2014. **Protocol:** The guidelines for conducting GMP monitoring will contain clear objectives and targets, and service delivery modes and linkages at both health facility and community levels. The guidelines should be developed through a consultative process with all stakeholders and must cover all the key areas outlined in the national nutrition policy, the National Food and Nutrition Strategic Plan, as well as the “Scaling Up Nutrition” (SUN) first 1,000 days programme. “Adopted” means that the Guidelines are officially approved by

	the PS-MCDMCH. The approved Guidelines should also have been formally circulated for use by all stakeholders in the health sector. The MCDMCH will submit the final document to the World Bank. **DLR# 9.2**: Checklists and protocols for the supervision of GMP monitoring at different service delivery levels adopted in FY 2015. **Protocol:** By 31st December 2015, checklists and protocols for the supervision of GMP monitoring at different service delivery levels will have been adopted. "…adopted" means that the checklists and protocols for the supervision of GMP monitoring are developed in consultation with all stakeholders, and officially approved by the PS-MCDMCH. These checklists and protocols should be aligned to the Guidelines for conducting GMP monitoring. Through the external verification firm, evidence will be gathered to ascertain the level of accomplishment while the PS-MCDMCH will submit the evidence to the World Bank. **D.LR# 9.3**: The number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines increases by 10% in FY 2016. **Protocol:** To facilitate the process of generating data for 9.3-9.6, MCDMCH in collaboration with MOH will collect data on the number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines as at 31st December 2014 through a desk review or a health facility survey. By 31st December 2015, the number of numbers of Outreach Centers conducting GMP monitoring following national standards and guidelines in each of the targeted Provinces increases by 10% over the provincial baseline of December 2014 in each province. Payment of Bank funds for this sub-component will be pro-rated according to provinces meeting this standard. Through the external verification firm, evidence will be gathered while the PS-MCDMCH will be responsible for submitting evidence to the World Bank. **DLR# 9.4**: The number of Outreach Centers in Targeted Provinces conducting GMP monitoring following national standards and guidelines increases by 20% in FY 2017. **Protocol:** By 31st December 2016, the number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines increases 20% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 9.3 above. **DLR# 9.5**: The number of Outreach Centers in Targeted Provinces conducting GMP monitoring following national standards and guidelines increases by 30% in FY 2018. **Protocol:** By 31st December 2017, the number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines increases 30% over the provincial baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 9.3 above **DLR# 9.6**: The number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines increases by 40% in FY 2019. **Protocol:** By 31st December 2018, the number of Outreach Centers in targeted Provinces conducting GMP monitoring following national standards and guidelines increases 40% over the provincial

	baseline of December 2014. The protocol for statistical verification of this DLI in the 12month period will be the same as in 9.3 above. **DLR# 9.7**: One percentage increase of Outreach Centers in targeted provinces conducting GMP following the revised national GMP standards and guidelines in calendar year 2019. **Protocol**: 48,000 SDR for every 1 percentage point increase of Outreach Centers in targeted provinces conducting GMP following the revised national GMP standards and guidelines by June 30, 2020.
Data source/ Agency	**District Health Management Team (DHMT) Records**
Verification Entity	M&E Department in MoH and Independent Verification Agency
Procedure	Administer Checklist to DHMTs