OFFICIAL DOCUMENTS

CREDIT NUMBER 6230-GN
GRANT NUMBER D304-GN

Financing Agreement

(Health Service and Capacity Strengthening Project)

between

REPUBLIC OF GUINEA

and

INTERNATIONAL DEVELOPMENT ASSOCIATION
FINANCING AGREEMENT

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

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

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

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

ARTICLE II — FINANCING

2.01. The Association agrees to extend to the Recipient a grant and a credit, both deemed by the Association to be on concessional terms, as set forth or referred to in this Agreement (collectively, "Financing") in the following amounts to assist in financing the project described in Schedule I to this Agreement ("Project"):

(a) an amount equivalent to fifteen million six hundred thousand Special Drawing Rights (SDR 15,600,000) ("Grant"); and

(b) an amount equivalent to fifteen million six hundred thousand Special Drawing Rights (SDR 15,600,000) ("Credit").

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

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

2.04. The Service Charge is three-fourths of one percent (3/4 of 1%) per annum on the Withdrawn Credit Balance.

2.05. The Payment Dates are March 15 and September 15 in each year.

2.06. The principal amount of the Credit shall be repaid in accordance with the repayment schedule set forth in Schedule 3 to this Agreement.

2.07. The Payment Currency is Dollar.
ARTICLE III — PROJECT

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

ARTICLE IV — EFFECTIVENESS; TERMINATION

4.01. The Additional Conditions of Effectiveness consist of the following:

(a) The Co-financing Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.

(b) The PCU has hired adequate staff under terms of reference satisfactory to the Association to work on the day to day management of the Project, including the senior internal auditor.

(c) The PIM has been updated to reflect activities under the Project, including implementation details, and updated fiduciary procedures, in a manner satisfactory to the Association.

4.02. The Effectiveness Deadline is the date one hundred and eighty (180) days after the Signature Date.

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

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

5.02. For purposes of Section 11.01 of the General Conditions:

(a) the Recipient’s address is:

Ministry of Economy and Finance
P.O. Box 579
Conakry
Republic of Guinea; and

(b) the Recipient’s Electronic Address is:

Telex: Facsimile:
22399 MIFIGE (224) 30 45 30 48
(224) 30 42 21 02

5.03. For purposes of Section 11.01 of the General Conditions:

(a) The Association’s address is:

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

(b) the Association’s Electronic Address is:

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

REPUBLIC OF GUINEA

By

Authorized Representative
Name: Mamady Camara
Title: Minister of Economy and Finance
Date: June 27, 2018

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Authorized Representative
Name: Rachidi B. Hadji
Title: Country Manager
Date: June 27, 2018
SCHEDULE 1

Project Description

The objective of the Project is to improve the utilization of reproductive, maternal, neonatal and child health services in Target Regions.

The Project consists of the following parts:

Part 1: Strengthen the supply of basic RMNCH services in Target Regions

1.1 Increasing availability of drugs, commodities, and access to water and electricity at the district level in the Target Regions, through:

(a) provision of equipment, supplies (including insecticide-treated nets and contraception), micronutrient supplements (particularly vitamin A), and drugs to the health centers and district hospitals or equivalent, selected pursuant to criteria set forth in the PIM, to revitalize and replenish their drug revolving funds; and

(b) construction of water wells and/or towers and installation of solar panels in primary health facilities and district hospitals selected in accordance with the criteria set forth in the PIM.

1.2 Strengthening district level capacity to recruit and improve the competencies of health workers, through:

(a) strengthening the financial and technical capacity of the DPSs to fill critical health workforce gaps, supporting district authorities with local recruitment efforts and financing the contracting of health workers to fill staffing needs (technical health agents, nurses, midwives, doctors);

(b) strengthening the RMNCH competencies of health workers through, inter alia, expanding the innovative district-level training and mentoring scheme developed in the Recipient’s regions of Faranah and Labé; and

(c) providing continuous, team-based, horizontal RMNCH skills upgrading and mentoring to all district-level health workers.

1.3 Strengthening the District Health Directorates’ capacity to supervise and monitor RMNCH service delivery, through:

(a) strengthening the capacity of DPSs to regularly and effectively supervise health posts, health centers and district hospitals; and
Part 2: Strengthen the demand for basic RMNCH services in Target Regions

2.1 Implementing an innovative district level fee financing scheme to mitigate out of pocket expenses for the indigent poor, through:

(a) carrying out of an indigent safety net program focused on a community driven process, and consisting of, *inter alia*: (i) the identification and verification of Eligible Beneficiaries through a community survey and proxy mean test survey; (ii) the development of an electronic database on the Eligible Beneficiaries; and (iii) the provision to all Eligible Beneficiaries with indigent health cards, to access RMNCH services free of charge at primary level;

(b) financing the reimbursement of Health Services rendered to Eligible Beneficiaries under the indigent safety net program.

2.2 Supporting the District Health Directorates' recruitment, training, supervision, and mentoring of Community Health Workers for outreach and basic RMNCH service delivery, through:

(a) Developing and implementing a community health plan for recruiting CHWs to generate demand for and delivery of basic RMNCH services; and

(b) financing CHWs' salaries, training (including training of trainers), and continuous mentoring and supervision.

Part 3: Strengthen the MoH's health financing capacity to guide sector reform and long-term transformation

3.1 Enhancing the quality of RMNCH services and the quantity of RMNCH service recipients in Selected Districts, through:

(a) implementation of results-based financing model at Selected Health Facilities, through the financing of Performance Payments under Performance Contracts.

3.2 Strengthening the capacity of the MoH in health financing, and development of long-term reform strategies, through:
training of MoH staff to use new health financing and related budgeting, planning, and monitoring tools; and

supporting BSD with recruitment of health financing staff, and BSD and the MoH's division of financial affairs (Division des Affaires Financieres) with the carrying out of studies related to health financing, health service delivery strategies, and quality of healthcare.

Part 4: Strengthen Project management, implementation, and donor coordination capacity.

(a) support Project management and related monitoring and evaluation activities; and

(b) support the integration of the PCU into a broader multi-project/multi-donor coordination unit headed by the MoH.
SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. The Recipient shall carry out the Project through its Ministry of Health, in a manner and with terms of reference satisfactory to the Association.

2. Project Coordination Unit

(a) The Recipient shall maintain the PCU throughout Project implementation under terms of reference and with resources satisfactory to the Association, including qualified and experienced staff in adequate numbers to be responsible for Project coordination and management.

(b) The Recipient shall take all action required on its behalf to ensure that, no later than three months after the Effective Date, the PCU is decentralized in the Target Regions with at least one manager specialized in public health, one accountant, and one monitoring and evaluation specialist in each office.

(c) The PCU shall be responsible for, inter alia: (i) management and coordination of Project activities; (ii) ensuring appropriate fiduciary controls and financial management of the Project; (iii) monitoring and evaluation of the Project and the preparation of reports thereon; (iv) acting as payer for the Performance Contracts; and (v) preparing consolidated Annual Work Plans & Budgets.

(d) The PCU shall be headed by a project coordinator and shall report directly to the Secretary General of the Ministry of Health or an advisor to the Recipient's Minister of Health, as agreed with the Association.

3. Steering Committee

(a) The Steering Committee shall be responsible for providing strategic direction and monitoring the overall progress of the Project and approving the Annual Work Plans & Budgets and the annual and quarterly Project Reports.

(b) The Steering Committee shall be chaired by the Secretary General of the Ministry of Health or an advisor to the Recipient's Minister of Health, as agreed with the Association, and shall include a representative of the
Recipient's Ministry of Economy and Finance, and Ministry of Planning and International Cooperation, all the MoH Department Directors, as well as representatives from donor agencies.

4. Implementation of Part 3.1(a) of the Project

(a) Without limitation to the provisions set forth in paragraph 1 of this Section, and for purposes of implementing Part 3.1(a) of the Project, the Recipient, through MoH, shall enter into an annual agreement with each Selected Health Facility, in terms and conditions satisfactory to the Association (a "Performance Contract"), setting forth, *inter alia*:

(i) the obligation of the MoH to transfer the pertinent Performance Payments to the relevant Selected Health Facility on the basis of the formula set forth in the RBF Manual to finance the delivery of RMNCH services;

(ii) the obligation of the Selected Health Facility to: (A) provide RMNCH services and meet a number of Performance Indicators specified or referred to in the relevant Performance Contract; (B) keep records of RMNCH services provided and progress reports on Performance Indicators; and (C) comply with the provisions of the Project Implementation Manual and the Anti-Corruption Guidelines;

(iii) the amount of GNF to be transferred by MoH to the relevant Selected Health Facility per RMNCH service recipient;

(iv) the Performance Indicators, the corresponding Performance Goals, and the mechanism to adjust annually the Performance Indicators and Performance Goals.

(b) The Recipient shall cause MoH to exercise its rights and carry out its obligations under each Performance Contract in such manner as to protect the interests of the Recipient and the Association and to accomplish the purposes of the Financing.

(c) Except as the Recipient and the Association may otherwise agree in writing, the Recipient shall not abrogate, amend, suspend, terminate, waive or otherwise fail to enforce any Performance Contract or any provision thereof.

(d) In case of any conflict between the terms of the Performance Contract and those of this Agreement, the terms of this Agreement shall prevail.
B. Safeguards

1. Works under Part 1.1 of the Project

Prior to the award of each contract for works to be undertaken under Part 1.1(b) of the Project, the Recipient, through the PCU, shall: (i) submit to the Association for its review and approval the appropriate site-specific ESIA and/or ESMP, as the case may be, in accordance with the provisions of the ESMF and in form and substance satisfactory to the Association; (ii) carry out consultations as determined by the ESMF and disclose the site-specific ESIA and/or ESMP, as the case may be, so approved by the Association; and (iii) thereafter, ensure that the relevant mitigation and monitoring provisions of the ESIA and/or ESMP, as the case may be, are appropriately included in the works contract to be concluded for the site, and that they are implemented in the carrying out of the Part 1.1 of the Project.

2. Compliance with, and Monitoring of, Safeguard Instruments

(a) The Recipient, through the PCU, shall follow and apply at all times in the implementation of the Project the provisions of the Environmental and Social Management Framework and the Medical Waste Management Action Plan and of the applicable Environmental and Social Impact Assessment and Environmental and Social Management Plan, as the case may be, all in a timely manner and ensuring that: (i) mitigation and monitoring measures acceptable to the Association are implemented with due diligence and employing appropriate environmental expertise and in accordance with international good practice and standards consistent with those of any international treaties to which the Recipient is a party; and (ii) adequate information on the implementation of such measures is appropriately included in the Project Reports referred to below in Section II.A of this Schedule 2, giving details of: (A) measures taken in furtherance of the ESMF, MWMAP, ESIA and/or ESMP, as the case may be; (B) conditions, if any, which interfere or threaten to interfere with the smooth implementation of the ESMF, MWMAP, ESIA and/or ESMP, as the case may be; and (C) remedial measures taken or required to be taken to address such conditions.

(b) The Recipient shall promptly take all remedial measures referred to in the preceding subparagraph (a)(ii)(C) of this Section I.B.2. as shall have been agreed by the Association.
C. Project Implementation Manual

1. The Recipient shall:

(a) take all action required to carry out the Project in accordance with the provisions and requirements set forth or referred to in the Project Implementation Manual ("PIM"), which shall include, *inter alia*:

(i) the detailed description of Project implementation activities, their sequencing, timetable, benchmarks and the institutional arrangements of the Project;

(ii) the Project administrative, accounting, auditing, reporting, financial (including cash flow aspects in relation thereto), procurement and disbursement procedures (including all pertinent standard documents and model contracts in relation thereto);

(iii) the criteria for identification and selection of Eligible Beneficiaries for Part 2.1 of the Project;

(iv) the indicators to evaluate the performance of the Project; and

(v) a RBF procedures manual (the "RBF Manual") which shall set forth the implementation arrangements for the carrying out of Part 3.1(a) of the Project and include, *inter alia*: (A) the criteria, costing mechanism, detailed rules and procedures for transfers of the Performance Payments under Performance Contracts; (B) details of the contents and procedures for the carrying out of all financial, technical, and independent verification audits; (C) a detailed description of all the RMNCH services to be provided under the Performance Contracts; (D) the list of Performance Indicators and Performance Goals to evaluate the performance of the Selected Health Facilities under the Performance Contracts; (E) criteria for performance payments to CHWs participating under Part 3.1(a) of the Project; (F) the list of Selected Health Facilities that will participate in Part 3.1(a) of the Project; and (G) the model form for Performance Contract;

(b) submit recommendations to the Association for its consideration for changes and further updates of the Project Implementation Manual as they may become necessary or advisable during Project implementation in order to achieve the objective of the Project; and

(c) not assign, amend, abrogate or waive the Project Implementation Manual or any of its provisions without the prior approval of the Association.
2. Notwithstanding the foregoing, if any of the provisions of the Project Implementation Manual is inconsistent with the provisions of this Agreement, the provisions of this Agreement shall prevail and govern.

D. Annual Work Plan and Budget (AWP&B)

The Recipient, through the PCU, shall:

(a) prepare a draft AWP&B for each Fiscal Year, setting forth, inter alia: (i) a detailed description of planned Project activities for the following Fiscal Year; (ii) the sources and uses of funds therefor; and (iii) responsibility for execution of said Project activities, budgets, start and completion date, outputs, and monitoring indicators to track progress of each activity;

(b) on or about March 1 of each Fiscal Year and after considering the comments provided by the Steering Committee, furnish to the Association for its comments and approval, the draft AWP&B and, promptly thereafter, finalize the AWP&B, taking into account the Association’s views and recommendations thereon; and

(c) adopt and sign the final version of the AWP&B in the form approved by the Association not later than March 31 of such Fiscal Year.

E. Training

For the purposes of the Training to be provided under the Project and to be delivered through study tours, workshops and conferences, the Recipient shall:

(a) furnish to the Association for its approval, as part of the AWP&B, a training program including an explanation of how such Training is consistent and conducive to the objective of the Project and whether it offers the best price/quality ratio, as well as the schedule for its implementation;

(b) select the trainees in accordance with a transparent process and criteria satisfactory to the Association; and

(c) furnish to the Association a report of such scope and detail as the Association shall reasonably request, on the results of each Training and the benefits to be derived therefrom.
Section II. Project Monitoring, Reporting and Evaluation

A. Project Reports

The Recipient shall furnish to the Association each Project Report not later than 90 days after the end of each calendar year, covering the calendar year.

B. Mid-Term Review

The Recipient, through the PCU, shall:

(a) prepare, under terms of reference satisfactory to the Association, and furnish to the Association, by the date thirty (30) months after the Effective Date, a report integrating the results of the monitoring and evaluation activities and setting out the measures recommended to ensure the efficient carrying out of the Project and the achievement of the objective thereof during the period following such date; and

(b) review with the Association the report referred to in the preceding paragraph (a), on or about one (1) month after delivery of said report, or on such later date as the Association shall request, and, promptly thereafter, take all measures required to ensure the efficient completion of the Project and the achievement of the objective thereof, based on the conclusions and recommendations of the said report and the Association’s views on the matter.

C. Review and Verification of Performance-Based Financing Model

1. Technical Review

The Recipient shall carry out quarterly technical reviews in accordance with the procedures and terms of reference set out in the RBF Manual, to run concurrently with the implementation of the relevant activities under Part 3.1(a) of the Project, to monitor the Selected Health Facilities’ compliance with the obligations set forth in the Performance Contracts, and furnish a consolidated report to the Association, not later than three months after the expiration of the relevant Performance Contract.

2. Independent Verification

(a) The Recipient shall, no later than twelve (12) months after the Effective Date, hire an agency satisfactory to the Association under terms of reference satisfactory to the Association, set out in the Project Implementation Manual, for the independent verification of qualitative
and quantitative results of the RMNCH service delivery under Part 3.1(a) of the Project and the carrying out of an independent verification.

(b) The results of the independent verification shall be included in a report (the "Independent Verification Report") prepared by the agency referred to in Section II.C.2(a) of Schedule 2 to this Agreement, in accordance with standards acceptable to the Association, including:

(i) verification that: (A) the technical reviews carried out by the Recipient and submitted to the Association, referred to in Section II.C.1 of Schedule 2 to this Agreement, reflect reliable and accurate results; (B) the Performance Payments transferred under the Performance Contracts have been used for the purposes intended; and (C) the Selected Health Facilities have achieved at least the minimum number of Performance Goals under the respective Performance Contract; and

(ii) confirmation that the flow of funds in respect of the pertinent Performance Payments made by the Recipient to the Selected Health Facilities is in compliance with the relevant provisions of the RBF Manual.

(c) The Recipient shall furnish to the Association the Independent Verification Reports on an annual basis.

Section III. Withdrawal of the Proceeds of the Financing

A. General

Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Recipient may withdraw the proceeds of the Financing to finance Eligible Expenditures in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table:
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of the Credit Allocated (expressed in SDR)</th>
<th>Amount of the Grant Allocated (expressed in SDR)</th>
<th>Percentage of Expenditures to be Financed (inclusive of Taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Goods, works, non-consulting services, and consulting services, and Incremental Operating Costs for Parts 1.1; 1.3; 2.2; 3.2; and 4 of the Project</td>
<td>3,900,000</td>
<td>3,900,000</td>
<td>25% from the Credit and 25% from the Grant until the Closing Date of the Co-Financing GFF Agreement and 50% from the Credit and 50% from the Grant thereafter</td>
</tr>
<tr>
<td>(2) Goods, works, non-consulting services, and consulting services, Health Services, for Parts 1.2, and 2.1 of the Project</td>
<td>3,900,000</td>
<td>3,900,000</td>
<td>50% from the Credit and 50% from the Grant</td>
</tr>
<tr>
<td>(3) Performance Payments under Part 3.1(a) of the Project</td>
<td>7,800,000</td>
<td>7,800,000</td>
<td>50% from the Credit and 50% from the Grant</td>
</tr>
<tr>
<td>TOTAL AMOUNT</td>
<td>15,600,000</td>
<td>15,600,000</td>
<td></td>
</tr>
</tbody>
</table>

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A above, no withdrawal shall be made:
   (a) for payments made prior to the Signature Date; or
   (b) under Category 3 for Eligible Expenditures in respect of Part 3.1(a) of the Project, unless and until, prior to each withdrawal, the agency referred to in Section II.C.2(a) of Schedule 2 to this Agreement has been hired.

2. The Closing Date is June 27, 2023.
Section IV. Other Undertakings

The Recipient shall ensure that health workers hired under Part 1.2(a) of the Project for the public sector shall have job descriptions, employment conditions and salaries closely aligned to those of their civil service counterparts. Moreover, the Recipient will ensure a gradual shift of said health workers to the government budget upon Project closing in a manner satisfactory to the Association.
SCHEDULE 3

Repayment Schedule

<table>
<thead>
<tr>
<th>Date Payment Due</th>
<th>Principal Amount of the Credit repayable (expressed as a percentage)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>On each March 15 and September 15, commencing September 15, 2024 to and including March 15, 2056</td>
<td>1.5625%</td>
</tr>
</tbody>
</table>

* The percentages represent the percentage of the principal amount of the Credit to be repaid, except as the Association may otherwise specify pursuant to Section 3.05 (b) of the General Conditions.
APPENDIX

Section I. Definitions

1. "Annual Work Plan and Budget" or "AWP&B" means, the annual work plan and budget to be prepared on an annual basis by the Recipient for the carrying out of the Project.

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

3. "Bureau de Strategie et Development" and "BSD" means the division within the MoH (as hereinafter defined) responsible for tasks related to planning and budgeting within the health sector at the central level and whose main functions include: (i) to study and define the elements of national health strategy (Politique Sanitaire National) in relation to the technical services of the MoH, (ii) to coordinate and monitor the various health interventions in accordance with national health development plan (Plan National de Development Sanitaire); and (iii) to produce, store, and disseminate health information.

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


7. "Co-financing" means, for purposes of paragraph 14 of the Appendix to the General Conditions, an amount not to exceed ten million United States Dollars ($10,000,000) to be provided by the Co-financier to assist in financing the Project.

8. "Co-financing Agreement" means the grant agreement to be entered into between the Recipient and the International Bank for Reconstruction and Development and the International Development Association, acting as administrator of the Multi-Donor Trust Fund for the Global Financing Facility (GFF) in Support of Every Woman Every Child (TF070955), providing for the Co-financing.
9. "Community Health Workers" or "CHWs" means persons meeting the capacity requirements for fostering the wellbeing of the local population, as set forth in the MoH's National Community Health Policy dated December 2016.

10. "District Health Directorate" or "DPS" means any Direction Préfectorale de la Santé, the Recipient's health directorates at the prefectural level, or operating under the Ministry of Health, pursuant to the Recipient's Decree D/2016/137/PRG/SGG, dated April 20, 2016.

11. "District Health Information System" or "DHIS-2" means the Recipient's information system especially designed to assist in the management and planning of health programs, operated by MoH.

12. "Eligible Beneficiaries" means indigent families and individuals in the Target Regions identified through demand-side community mechanism and according to criteria acceptable to the Association and elaborated in the PIM, particularly pregnant women and children under five years of age.

13. "Environmental and Social Impact Assessment" or "ESIA" means a site-specific report, to be prepared by the Recipient in accordance with the parameters laid down in the ESMF (as hereinafter defined) and acceptable to the Association, identifying and assessing the potential environmental and social impacts of the activities to be undertaken under the Project, evaluating alternatives, and designing appropriate mitigation, management, and monitoring measures.

14. "Environmental and Social Management Framework" or "ESMF" means the environmental and social management framework adopted by the Recipient on September 20, 2016, and disclosed in country on September 21, 2016, and in the Association's website on September 20, 2016, which: (i) sets forth the standards, methods and procedures specifying how activities under the Project whose location, number and scale are presently unknown shall systematically address environmental and social issues in the screening and categorization, siting, design, implementation and monitoring phases during Project implementation; (ii) systematizes the environmental and social impact assessments, be they limited impact assessments or full impact assessments, required for such activities before Project execution; (iii) stipulates the procedures to be used for the preparation and approval of: (A) a site-specific Environmental and Social Impact Assessment and (B) a site-specific Environmental and Social Management Plan (as hereinafter defined) for any site where there exists environmental and social issues of a type and scale sufficient to trigger safeguard concerns; and (iv) a Dam Safety Plan to address the safety of a dam on which a Subproject (as hereinafter defined) may rely upon.

15. "Environmental and Social Management Plan" or "ESMP" means a site-specific environmental and social management plan to be prepared by the Recipient in
accordance with the parameters laid down in the ESMF and acceptable to the Association, setting forth a set of mitigation, monitoring, and institutional measures to be taken during the implementation and operation of the activities under the Project to eliminate adverse environmental and social impacts, offset them, or reduce them to acceptable levels, and including the actions needed to implement these measures.

16. "Fiscal Year" means a fiscal year of the Recipient, beginning on January 1 and ending on December 31.

17. "General Conditions" means the "International Development Association General Conditions for IDA Financing, Investment Project Financing", dated July 14, 2017, with the modifications set forth in Section II of this Appendix.

18. "Guinea Franc" or "GNF" means the lawful currency of the Recipient.

19. "Health Facilities" means a primary level public healthcare service provider (such as birth attendance, pre/postnatal care visits, family planning, growth monitoring and promotion, immunization of children, nutrition counseling, micronutrient supplementation, etc.).

20. "Health Management Information System" or "HMIS" means a data collection system of the Recipient designed to support planning, management, and decision-making in health facilities and organizations including community level, health post, health center, and district hospital.

21. "Health Services" means the expenditures incurred by the Recipient to finance the reimbursement to Health Facilities for RMNCH services rendered to Eligible Beneficiaries under Part 2.1 of the Project, and which Health Services are hereby deemed an Eligible Expenditure for purposes of Section 2.05 of the General Conditions.

22. "Incremental Operating Costs" means the reasonable expenditures incurred for the implementation of the Project on account of communications, translations, office supplies, advertisements, photocopying, mail, and travel expenses, and which are hereby deemed an Eligible Expenditure for purposes of Section 2.05 of the General Conditions. Such costs will be financed out of the Financing proceeds pursuant to an annual budget approved by the Association, and according to procedures acceptable to the Association. Incremental Operating Costs will not include salaries of officials of the Recipient's civil service.

23. "Independent Verification Report" means the report referred to in Section II.C.2(b) of Schedule 2 to this Agreement.
24. "Medical Waste Management Action Plans" or "MWMAPs" means, respectively, the plans for the Kankan and Kindia regions of the Recipient, prepared, consulted upon and disclosed in-country by the Recipient on January 15, 2018, and on the Association's website on January 16, 2018, identifying and assessing the potential impacts from medical waste of the activities to be undertaken under the Project, evaluating the alternatives therefor, and designing a set of guidelines to properly handle medical waste from collection, transportation, storage and disposal, and appropriate mitigation, management, and monitoring measures to be followed when implementing such guidelines.

25. "Ministry of Health" and "MoH" means the Recipient's ministry in charge of health, or any successor thereto.

26. "Performance Contract" means a performance contract to be entered into between the Recipient and a Selected Health Facility for services to be provided and paid for on the basis of predefined indicators.

27. "Performance Goals" means specific goals for the achievement of Performance Indicators, agreed from time to time between the MoH and the relevant Selected District under a Performance Contract, as listed and updated, as appropriate from time to time, in the Project Implementation Manual.

28. "Performance Indicators" means a list of indicators for Part 3.1(a) of the Project selected from the list of indicators set forth in the Project Implementation Manual, which shall be included in each Performance Contract.

29. "Performance Payments" means, regarding the Performance Contracts, the payments by the MoH to a Selected Health Facility calculated pursuant to a formula set forth in the RBF Manual, to cover reasonable costs of goods, small works, consulting services, incentive payments to CHWs, according to performance metrics also specified in the RBF Manual, Training, Incremental Operating Costs and recurrent costs required for the delivery of RMNCH services, as such amounts are agreed upon between the Recipient and the Association, and which are hereby deemed an Eligible Expenditure for purposes of Section 2.05 of the General Conditions.

30. "Project Coordination Unit" and "PCU" means the Project Coordination Unit established and operating under the Financing Agreement between the Recipient and the Association dated June 26, 2015, for the IDA-financed Primary Health Services Improvements Project (Credit No. 5657-GN and Grant No. D069-GN).

31. "Project Implementation Manual" or "PIM" means the manual referred to in Section I.C. of Schedule 2 to this Agreement.

33. “RBF Manual” means the manual referred to in Section I.C.1(v) of Schedule 2 to this Agreement.

34. “Results-Based Financing” and “RBF” means the program to be carried out by the Recipient under Part 3.1(a) of the Project in accordance with the provisions and which rewards the delivery of RMNCH services with financial incentives to be paid out of the proceeds of the Financing upon the verification that the agreed-upon result has actually been delivered.

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

36. “Selected District” means a district in a Target Region which has been selected to participate in the Project according to criteria and mechanisms acceptable to the Association, set forth in the PIM.

37. “Selected Health Facilities” means a primary level public healthcare service provider (such as birth attendance, pre/postnatal care visits, family planning, growth monitoring and promotion, immunization of children, nutrition counseling, micronutrient supplementation, etc.) located within a Selected District, satisfying the criteria set forth in the Project Implementation Manual for participation in Part 3.1(a) of the Project.

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

39. “Steering Committee” means the committee established and operating under the Financing Agreement between the Recipient and the Association dated June 26, 2015, for the IDA-financed Primary Health Services Improvements Project (Credit No. 5657-GN and Grant No. D069-GN).

40. “Target Regions” means the Kankan and Kindia regions of the Recipient, or any other region within the Recipient’s territory which has been selected to participate in the Project according to criteria and mechanisms acceptable to the Association and specified in the PIM.

Section II. Modifications to the General Conditions

The General Conditions are hereby modified as follows:

"13. "Co-financier" means the financier, including the Bank and/or the Association acting as administrator of funds provided by the financier, referred to in Section 8.02 (h) providing the Co-financing. If the Financing Agreement specifies more than one such financier, "Co-financier" refers separately to each of such financiers."