
GRANT NUMBER E292-MZ

Financing Agreement

(District and Community Health Services Revitalization Operation)

between

REPUBLIC OF MOZAMBIQUE

And

INTERNATIONAL DEVELOPMENT ASSOCIATION

GRANT NUMBER E292-MZ

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between THE REPUBLIC OF MOZAMBIQUE (“Recipient”) and INTERNATIONAL DEVELOPMENT ASSOCIATION (“Association”) for the purpose of assisting in financing the Operation described in Schedule 1 to this Agreement (“Operation”). The Recipient and the Association hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

- 1.01. The General Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.
- 1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the General Conditions or in the Appendix to this Agreement.

ARTICLE II — FINANCING

- 2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions, in an amount equivalent to Seventy-four million six-hundred thousand Special Drawing Rights (SDR 74,600,000) (“Financing”), to assist in financing the Operation described in Schedule 1 to this Agreement (“Operation”).
- 2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section IV of Schedule 2 to this Agreement. All withdrawals from the Financing Account shall be deposited by the Association into an account specified by the Recipient and acceptable to the Association.
- 2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.
- 2.04. The Payment Dates are April 15 and October 15 in each year.
- 2.05. The Payment Currency is Dollar.

ARTICLE III — OPERATION

- 3.01. The Recipient declares its commitment to the objective of the Operation. To this end, the Recipient shall carry out the Operation through MISAU jointly with SPS and DPS to carry out the Operation at the provincial level, and with SDSMCAS to carry out the Operation at the District level, all in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV —TERMINATION

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 years after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

- 5.01. The Recipient's Representative is its minister responsible for economy and finance or any successor thereof.
- 5.02. For purposes of Section 11.01 of the General Conditions: (a) the Recipient's address is:

Ministry of Economy and Finance
Praça da Marinha Popular
Av. 10 de Novembro n° 929
Maputo
Republic of Mozambique

- (b) the Recipient's Electronic Address is:

Facsimile:

+258 21313747

- 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 MOZAMBIQUE

By

Max Elias Tonela

Authorized Representative

Name: Max Elias Tonela

Title: Minister

Date: 02-Apr-2024

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Idah Z. Pswarayi-Riddihough

Authorized Representative

Name: Idah Z. Pswarayi-Riddihough

Title: Country Director for Mozambique, Madagascar, Co

Date: 29-Mar-2024

SCHEDULE 1

Operation Description

The objective of the Operation is to improve the utilization and quality of health care and nutrition services at the district and community level with a focus on vulnerable populations.

The Operation consists of the following Parts:

Part 1: The Program

Results Area 1 – Promoting Resilience, Digitalization, and Efficiency of the Health System

Carrying out a program of activities to strengthen the Recipient's health system in the following areas:

- (a) Infrastructure: Rehabilitation of district hospitals with climate-resilient features, water and sanitation infrastructure including piloting of “waterless toilets”, energy-efficient electrification, and functional internet connectivity
- (b) Digitalization: of the stock and supply of essential medicines, and of health professionals training, and expanding the use of the digital upscale application to aid service delivery and data collection by community health workers.
- (c) Laboratory diagnostics: district-level improvement of laboratory diagnostics through staff training; acquisition and maintenance of equipment; and consistent compliance with quality standards.
- (d) Decentralization, Data for Decision-making, Governance and Health Financing: widespread implementation of contracts in targeted districts, as well as a greater share of domestic financing for family planning products and on improving PFM systems.

Results Area 2 - Improving Health Outcomes for Mothers and Adolescent Girls

Carrying out a program of activities to improve maternal health, pregnancy outcomes and health outcomes for adolescent girls, both from the demand and supply side:

- (a) On the demand side, provision of support for community-based health promotion and prevention activities under the new community health subsystem strategy, through (i) training and deployment of APS for improved quality of services; (ii) community consultations and dialogue related to services provided at the facility and community levels, as well as health promotion and prevention activities; and

- (iii) outreach to adolescents at all active service delivery points including in schools and communities with quality sexual and reproductive health information and services.
- (b) On the supply side, provision of support for: (i) the establishment of more balanced health teams in district hospitals and health centers with more than 10 beds for inpatient services; (ii) ensuring that more district hospitals provide Complete Emergency Obstetric and Neonatal Care services and that a greater share of health centers provide basic emergency obstetric and neonatal services, and that first level referral hospitals (district, rural and general) possess essential infrastructure and trained staff; and (iii) ensuring the availability of essential medicines and nutritional supplements for MCH.

Results Area 3 – Improving Child Health and Nutrition

Carrying out a program of activities to support the rollout of a community-based nutrition intervention package for children aged 0-2 years, including interventions to improve parenting skills focused on early stimulation and behavior change to improve infant and young child feeding practices and integration with vaccination programs, to ensure an integrated package of health, nutrition, and early childhood development interventions.

Results Area 4 – Prevention and Care for Communicable and Non-Communicable Diseases

Carrying out a program of activities aimed at: (a) reducing the burden of malaria among pregnant women, by promoting four doses of intermittent presumptive treatment of malaria during pregnancy; (b) targeting other endemic diseases, including HIV, TB, parasitic infections, and diarrheal diseases; (c) supporting child health prevention and promotion interventions including bed nets, deworming, and WASH activities; (d) prevention at the primary level, supporting screening interventions for hypertension and diabetes as well as support for government campaigns on breast, cervical and prostate cancers,, and vaccination programs targeting adolescents to help prevent NCDs; and (e) improving the capacity of district health services to address NCDs at point of entry and through a continuum of care to the highest level, as well as for follow up and monitoring cases of NCDs in their catchment area.

Part 2: The Project

Capacity building and technical assistance to support the Program, as well as the restoration of health services, emergency preparedness and response in conflict-affected districts, through:

- (a) Provision of support for the improvement of training of health professionals, technical assistance, and innovations and the digitalization agenda at the district and centralized levels including: (i) mentorship programs; (ii) strengthening PFM

systems; (iii) data for decision-making; (iv) improving district hospital administration; (v) enhanced digital capacity including technical assistance, acquisition of hardware and software, and/or development of partnerships to support: (a) improved management of medicines stocks and supply chain, (b) introduction of advanced digital learning tools for selected higher level health training institutions, (c) management of transportation from communities to health facilities for pregnant women and vulnerable patients, and (d) expansion of the existing IT application for APS; (vi) strengthening the digitalization strategy in the health sector; (vii) development of climate emergency preparedness and response plans; (viii) operational research; and (ix) program contracts in targeted districts, in connection with district plans and provincial management processes.

- (b) Restoration of health services in conflict-affected districts and improved readiness for public health emergencies, through the engagement of experienced third-party providers to deliver services at the community level, particularly in northern areas affected by conflict (especially in *Cabo Delgado*), including: (i) support to PHEOCs as part of preparedness for and response to public health emergencies; (ii) contracted delivery of essential health services to conflict-affected communities; and (iii) climate adaptive and energy efficient rehabilitation of conflict affected health facilities.

Part 3: Contingent Emergency Response

Providing immediate response to an Eligible Emergency, as needed.

SCHEDULE 2

Operation Execution

Section I. Implementation Arrangements

A. Operation Institutions

1. **Overall Implementation.** The Recipient shall carry out the Operation through MISAU, jointly with SPS, DPS, all in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.
2. **Operation Management Unit (OMU).** The Recipient shall establish an OMU within MISAU, in a manner acceptable to the Association, and shall ensure that the Operation is implemented according to the Operation's Operational Manual (OOM), and will be responsible for the coordination, day-to-day management of the Operation activities, monitoring results, and generating performance and financial reports on Operation implementation. The OMU will be responsible for providing relevant information to the IVA for the independent verification of results and for preparing the consolidated interim financial reports and the consolidated annual financial statements, and shall be assigned with technical, social and environmental safeguards, fiduciary and other Operation related responsibilities for implementing the Operation, all with powers, functions, capacity, staffing and resources appropriate to fulfill their respective functions under the Operation.
3. **Coordination Committee.** The Recipient shall create and maintain a coordination committee chaired by the DPC of MISAU, and the DNSP as deputy coordinator and shall include representatives of MISAU's National Directorates of Public Health; Medical Services; Human Resources; Administration and Finance, the Centre for Medicines and Medical Supplies Warehouse and other partners for the purposes of providing oversight of the Operation and ensure convergence towards the Operation objectives. The Coordination Committee will meet twice per year, with the purpose of: (a) reviewing and adopting the Operation's annual work plans; (b) reviewing and adopting the Operation's evaluations; (c) reviewing and adopting the financial reports, the annual activity, budget, and procurement plans.
4. **Operation's Operational Manual (OM).** The Recipient shall not later than 45 days after the Signature Date, prepare and adopt an Operation's Operations Manual, in form and substance acceptable to the Association ("Operation's Operational Manual" or "OOM"). Except as the Association shall otherwise agree, the Recipient shall not amend or waive any provision of the OOM. In case of any conflict between the terms of the OOM and those of this Agreement, the terms of this Agreement shall prevail.

B. Fiduciary, Environmental and Social Systems

Without limitation on the provisions of Article V of the General Conditions, the Recipient shall carry out the Operation, or cause the Operation to be carried out, in accordance with the administrative, financial management, procurement and environmental and social management systems acceptable to the Association which are designed to ensure that:

- (a) the Grant proceeds are used for their intended purposes, with due attention to the principles of economy, efficiency, effectiveness, transparency, and accountability; and
- (b) the actual or potential adverse environmental and social impacts of the Operation are identified, avoided, minimized, or mitigated, as the case may be, all through an informed decision-making process.

C. Program Action Plan

The Recipient carry out and shall cause to carry out the Program Action Plan in accordance with the schedule set out in the said Program Action Plan in manner satisfactory to the Association.

D. Verification Protocols

The Recipient shall: (a) Appoint by not later than 30 days after the Signature Date and thereafter maintain, at all times during the implementation of the Program, a verification agent under terms of reference acceptable to the Association (“Independent Verification Agent or IVA”), to verify the data and other evidence supporting the achievement of DLIs/DLRs as set forth in the table in Section VI.A of this Schedule 2 to this Agreement, and recommend payments to be made, as applicable; and (b) Ensure that the IVA carry out verification and process(es) in accordance with the Verification Protocol; and submit to the Association the corresponding verification reports in a timely manner and in form and substance satisfactory to the Association.

E. Contingent Emergency Response

- 1. In order to ensure the proper implementation of contingent emergency response activities under Part 3 of the Project (“Contingent Emergency Response Part”), the Recipient shall ensure that:
 - (a) a manual (“CERC Manual”) is prepared and adopted in form and substance acceptable to the Association, which shall set forth detailed implementation arrangements for the Contingent Emergency Response Part, including: (i) any structures or institutional arrangements for coordinating and implementing the Contingent Emergency Response Part; (ii) specific activities which may be included in the Contingent Emergency

Response Part, Eligible Expenditures required therefor (“Emergency Expenditures”), and any procedures for such inclusion; (iii) financial management arrangements for the Contingent Emergency Response Part; (iv) procurement methods and procedures for the Contingent Emergency Response Part; (v) documentation required for withdrawals of Financing amounts to finance Emergency Expenditures; (vi) a description of the environmental and social assessment and management arrangements for the Contingent Emergency Response Part; and (vii) a template Emergency Action Plan;

- (b) the Emergency Action Plan is prepared and adopted in form and substance acceptable to the Association;
 - (c) the Emergency Response Part is carried out in accordance with the CERC Manual and the Emergency Action Plan; provided, however, that in the event of any inconsistency between the provisions of the CERC Manual or the Emergency Action Plan and this Agreement, the provisions of this Agreement shall prevail; and
 - (d) neither the CERC Manual or the Emergency Action Plan is amended, suspended, abrogated, repealed or waived without the prior written approval by the Association.
2. The Recipient shall ensure that the structures and arrangements referred to in the CERC Manual are maintained throughout the implementation of the Contingent Emergency Response Part, with adequate staff and resources satisfactory to Association.
3. The Recipient shall ensure that:
- (a) the environmental and social instruments required for the Contingent Emergency Response Part are prepared, disclosed and adopted in accordance with the CERC Manual and the Environmental and Social Commitment Plan (“ESCP”), and in form and substance acceptable to the Association; and
 - (b) the Contingent Emergency Response Part is carried out in accordance with the environmental and social instruments in a manner acceptable to the Association.
4. Activities under the Contingency Emergency Response Part shall be undertaken only after an Eligible Crisis or Emergency has occurred.

F. Annual Work Plans & Budgets for the Project

1. The Recipient shall, by no later than November 30 of each year during the implementation of the Project, prepare and furnish to the Association an annual work plan and budget containing all activities proposed to be included in the Project during the following Fiscal Year, and the proposed financing plan for the expenditures required thereunder, indicating the amounts and source of financing (“Annual Work Plan & Budget”), all in accordance with the Operation’s Operational Manual, each said Annual Work Plan & Budget of such scope and detail as the Association shall reasonably request.
2. The Recipient shall afford the Association a reasonable opportunity to exchange views with the Recipient on each such Annual Work Plan & Budget, and, thereafter, ensure that the Project is implemented with due diligence during said following Fiscal Year in accordance with said Annual Work Plan & Budget.
3. The Recipient shall not make or allow to be made any change to the approved Annual Work Plan & Budget, once approved, without the Association’s prior written approval.

G. Environmental and Social Standards for the Project

1. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Association.
2. Without limitation upon paragraph 1 above, the Recipient shall ensure that the Project is implemented in accordance with the ESCP, in a manner acceptable to the Association. To this end, the Recipient shall ensure that:
 - (a) the measures and actions specified in the ESCP are implemented with due diligence and efficiency, as provided in the ESCP;
 - (b) sufficient funds are available to cover the costs of implementing the ESCP;
 - (c) policies and procedures are maintained, and qualified and experienced staff in adequate numbers are retained to implement the ESCP, as provided in the ESCP; and
 - (d) the ESCP, or any provision thereof, is not amended, repealed, suspended or waived, except as the Association shall otherwise agree in writing, as specified in the ESCP, and ensure that the revised ESCP is disclosed promptly thereafter.

3. In case of any inconsistencies between the ESCP and the provisions of this Agreement, the provisions of this Agreement shall prevail.
4. The Recipient shall ensure that:
 - (a) all measures necessary are taken to collect, compile, and furnish to the Association through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Association, information on the status of compliance with the ESCP and the environmental and social instruments referred to therein, all such reports in form and substance acceptable to the Association, setting out, *inter alia*: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions; and
 - (b) the Association is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, in accordance with the ESCP, the environmental and social instruments referenced therein and the Environmental and Social Standards.
5. The Recipient shall establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Association.

Section II. Excluded Activities from the Program

The Recipient shall ensure that the Program excludes any activities which:

1. in the opinion of the Association, are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people; or
2. involve the procurement of: (a) works, estimated to cost \$75,000,000 equivalent or more per contract; (b) goods, estimated to cost \$50,000,000 equivalent or more per contract; (c) non-consulting services, estimated to cost \$50,000,000 equivalent or more per contract; or (d) consulting services, estimated to cost \$20,000,000 equivalent or more per contract.

Section III. Operation Monitoring, Reporting and Evaluation

Program Reports. The Recipient shall furnish to the Association each Program Report not later than 45 days after the end of each calendar semester, covering the calendar semester.

Section IV. Withdrawal of the Proceeds of the Financing

A. General

1. 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: (a) Program Expenditures (inclusive of Taxes), on the basis of the results (“Disbursement Linked Results” or “DLRs”) achieved by the Recipient and any of the Implementing Agencies, as measured against specific indicators (“Disbursement Linked Indicators” or “DLIs”); and (b) the Project’s Eligible Expenditures (inclusive of taxes); all as set forth in the table in paragraph 2 of this Part A.
2. The following table specifies each category of withdrawal of the proceeds of the Financing (including the Disbursement Linked Indicators as applicable) (“Category”), the Disbursement Linked Results for each Category (as applicable), and the allocation of the amounts of the Financing to each Category:

Category (Including Disbursement Linked Indicator as applicable)	Disbursement Linked Result (as applicable)	Amount of the Financing Allocated (Expressed in SDR)
(1) DLI #1 Number of district hospitals in target districts rehabilitated with climate resilient and energy efficient infrastructure and functional internet connectivity	DLR#1.1 Number of district hospitals rehabilitated	8,877,400
	DLR#1.2 Number of district hospitals with functioning internet connectivity	
(2) DLI #2 Number of DHs and Type I Health Centers with quality assurance teams in place and implementing at least one scorecard-based performance assessment per year	DLR#2.1 Number of DH QA teams which have performed a scorecard-based performance assessment	7,833,000
	DLR #2.2 Number of Type I Health Center QA teams that performed a scorecard-based performance assessment	
(3) DLI #3 Increased sustainability, availability, and use		

of quality family planning products and services	DLR #3.1 Percentage of public sector FP commodity needs that are met from on-budget sources	6,266,400
	DLR#3.2 Percentage of health facilities in target districts with availability of three or more contraceptive methods	
(4) DLI #4 Number of APS trained and working at community level, who report their activities to the health facility to which they are assigned in accordance with existing protocols	DLR#4.1 Number of APS trained and deployed to community level who report their activities to the health facility to which they are assigned in accordance with existing protocols	6,658,050
	DLR#4.2 Percentage of APS that are female	
	DLR#4.3 Percentage of APS who received their subsidy on time	
(5) DLI #5 Number of active service delivery points providing quality SRH information and services to adolescents in target districts	DLR#5.1 Number of secondary and technical schools offering quality SRH information and services to their adolescent pupils	7,441,350
	DLR#5.2 Number of community sites offering quality SRH information and services to adolescents	
(6) DLI #6 Number of DH with a functioning surgical unit with a core team of health professionals	DLR#6 Number of District Hospitals with a functioning surgical unit with a core team of health professionals	7,833,000
(7) DLI #7 Percentage of children aged 0-24 months receiving a Nutrition Intervention Packages in target districts	DLR#7 Percentage of children aged 0-24 months receiving a Nutrition Intervention Package in target districts	7,310,800
(8) Goods, non-consulting services, Consultant Services, Operating Costs and Training under the Project.	22,380,000	85,7%
(9) Emergency Expenditures	0	100%
TOTAL	74,600,000	

B. Withdrawal Conditions for the Program; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made for any DLR under Categories (1) through (7), until and unless the Recipient has furnished evidence satisfactory to the Association that said DLR has been achieved.
2. The Recipient may withdraw: (i) an amount not to exceed SDR 13,055,000 as an advance; provided, however, that if the DLRs in the opinion of the Association, are not achieved (or only partially achieved) by the Closing Date, the Recipient shall refund such advance (or portion of such advance as determined by the Association) to the Association promptly upon notice thereof by the Association. Except as otherwise agreed with the Recipient, the Association shall cancel the amount so refunded. Any further withdrawals requested as an advance under any Category shall be permitted only on such terms and conditions as the Association shall specify by notice to the Recipient.
3. Notwithstanding the provisions of Part B.1(b) of this Section, if the DLRs under Categories (1) to (7) have not been achieved, the Association may, by notice to the Recipient: (a) authorize the withdrawal of such lesser amount of the unwithdrawn proceeds of the Financing then allocated to said Category which, in the opinion of the Association, corresponds to the extent of achievement of said DLR, said lesser amount to be calculated in accordance with the formula set out in the subcategories set forth in the table above; (b) reallocate all or a portion of the proceeds of the Financing then allocated to said DLR to any other DLR ; and/or (c) cancel all or a portion of the proceeds of the Financing then allocated to said DLR.

C. Withdrawal Conditions for the Project

Notwithstanding the provisions of Part A above, no withdrawal shall be made for (i) payments made prior to the Signature Date; and (ii) for Emergency Expenditures under Category (9), unless and until all of the following conditions have been met in respect of said expenditures: (i) the Recipient has determined that an Eligible Crisis or Emergency has occurred, and has furnished to the Association a request to withdraw Financing amounts under Category (9); and the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and (ii) the Recipient has adopted the CERC Manual and Emergency Action Plan, in form and substance acceptable to the Association.

D. Withdrawal Period for the Operation

The Closing Date is December 31, 2028.

APPENDIX

Definitions

1. “Anti-Corruption Guidelines” means, for purposes of paragraph 5 of the Appendix to the General Conditions, the Association’s “Guidelines on Preventing and Combating Fraud and Corruption in Program-for-Results Financing,” dated February 1, 2012, and revised July 10, 2015.
2. “APS” means *Agentes polivalentes de saude*, community health workers, formerly known as APE.
3. “Category” means a category set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
4. “CERC Manual” means the manual referred to in Section I.E.1(a) of Schedule 2 to this Agreement, as such manual may be updated from time to time with the agreement of the Association, and which is an integral part of the Operation’s Operational Manual.
5. “Contingent Emergency Response Part” means any activity or activities to be carried out under Part 3 of the Operation to respond to an Eligible Crisis or Emergency.
6. “DH” means district hospitals located in the Recipient’s territory.
7. “Disbursement Linked Indicator” or “DLI” means in respect of a given Category, the indicator related to said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
8. “Disbursement Linked Result” or “DLR” means in respect of a given Category, the result under said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement, on the basis of the achievement of which, the amount of the Financing allocated to said result may be withdrawn in accordance with the provisions of said Section IV.
9. “DNSP” means the Recipient’s National Directorate of Public Health.
10. “DPC” means the Recipient’s Directorate of Planning and Cooperation.
11. “DPS” means the Recipient’s provincial directorates of Health.
12. “Eligible Crisis or Emergency” means an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster.

13. “Emergency Action Plan” means the plan referred to in Section I.E.1(b) detailing the activities, budget, implementation plan, and monitoring and evaluation arrangements, to respond to the Eligible Crisis or Emergency.
14. “Emergency Expenditures” means any of the eligible expenditures set forth in the CERC Manual referred to in Section I.E.1(a) of Schedule 2 to this Agreement and required for the Contingent Emergency Response Part.
15. “Environmental and Social Commitment Plan” or “ESCP” means the environmental and social commitment plan for the Project, dated November 30, 2023, as the same may be amended from time to time in accordance with the provisions thereof, which sets out the material measures and actions that the Recipient shall carry out or cause to be carried out to address the potential environmental and social risks and impacts of the Project, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any environmental and social instruments to be prepared thereunder.
16. “Environmental and Social Standards” or “ESSs” means, collectively: (i) “Environmental and Social Standard 1: Assessment and Management of Environmental and Social Risks and Impacts”; (ii) “Environmental and Social Standard 2: Labor and Working Conditions”; (iii) “Environmental and Social Standard 3: Resource Efficiency and Pollution Prevention and Management”; (iv) “Environmental and Social Standard 4: Community Health and Safety”; (v) “Environmental and Social Standard 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”; (vi) “Environmental and Social Standard 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources”; (vii) “Environmental and Social Standard 7: Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities”; (viii) “Environmental and Social Standard 8: Cultural Heritage”; (ix) “Environmental and Social Standard 9: Financial Intermediaries”; (x) “Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure”; effective on October 1, 2018, as published by the Association.
17. “FP” means family planning.
18. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Program-for-Results Financing”, dated December 14, 2018 (Last revised on July 15, 2023).
19. “Health Center” means health infrastructure for the provision of primary health care services (basic clinical and preventive services) with or without in-patient services and/or maternity services.

20. “Health Facilities” means all health infrastructure, public and private where health care is provided to users and encompasses health posts, health centers, district, rural, general, provincial, central and specialized hospitals. Other health facilities include training institutions, support services, medicines warehouses, and other similar support services.
21. “HIV” means Human Immunodeficiency Virus.
22. “Implementing Agencies” means the Recipient’s collectively MISAU, SPS, DPS and SDSMCAS.
23. “Implementing Agencies Legislation” means collectively, the laws, any implementation decree, resolutions and/or decisions of the Recipient that have been adopted and approved for the purposes of creating, registering, and making the Implementing Agencies operational.
24. “Independent Verification Agency” or “IVA” means an agency acceptable to the Association, in charge of verifying the achievement of the DLI/DLRs, as referred to in Section I.D of Schedule 2 to this Agreement.
25. “MCH” means maternal and child health.
26. “MISAU” means the Recipient’s ministry of health.
27. “NCD” means non-communicable diseases.
28. “Operation’s Operational Manual” or “OOM” means the Borrower’s manual for the Operation referred to in Section I.A.4 of Schedule 2 to this Agreement, which shall contain, *inter alia*: (i) administrative, and monitoring and evaluation procedures; (ii) environmental and social management systems and complaints and grievance redress mechanism; (iii) the Program Action Plan; (iv) details, required results and arrangements for verification of achievement of the DLRs (including the Verification Protocol); and (v) Program Report and Project Report templates; as the same may be amended from time to time with the Bank’s prior written consent.
29. “PBC” means performance-based contract.
30. “PFM” means public financial management.
31. “PHEOC” means Public Health Emergency Operations Center.
32. “OMU” means the Operation management unit referred to in Section I.A.2 of Schedule 2 to this Agreement.

33. “Procurement Regulations” means, for purposes of paragraph 87 of the Appendix to the Project General Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated September 2023.
34. “Program Action Plan” means the Recipient’s plan referred to in Section I.E of Schedule 2 to this Agreement, as may be amended from time to time with the agreement of the Association.
35. “QA” means quality assurance.
36. “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.
37. “SPS” means the Recipient’s provincial health services.
38. SDSMCAS means Recipient’s district health, and women, children, and social action services.
39. “SRH” means sexual and reproductive health.
40. “Target Districts” means the Recipient’s districts that fulfill the selection criteria set forth in the POM.
41. “TB” means tuberculosis.
42. “Type I Health Center” means the largest health centers in the Recipient’s rural areas.
43. “Verification Agent” means either the Recipient’s agency assigned to carry out the verification as specified in the POM, or a consultant or consultants hired to carry out the functions indicated in Section I.D of Schedule 2 of this Agreement.
44. “Verification Protocol” means the protocol referred to in Section I.D of Schedule 2 to this Agreement and included in the POM, for purposes of: (i) defining the DLI/DLRs terms and requirements; (ii) listing the documentary evidence to be provided in support thereof; and (iii) providing the verification procedures and responsibilities to certify compliance with/achievement of each DLI/DLR, as such verification protocol may be revised, updated or supplemented from time to time with the mutual agreement of the Recipient and the Association.
45. “WASH” means water, sanitation, and hygiene.