REPORT NO.: RES47699

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

TAJIKISTAN HEALTH SERVICES IMPROVEMENT PROJECT (HSIP)

APPROVED ON JULY 30, 2013

TO

REPUBLIC OF TAJIKISTAN

HEALTH, NUTRITION & POPULATION

EUROPE AND CENTRAL ASIA

Regional Vice President:	Anna M. Bjerde
Country Director:	Tatiana A. Proskuryakova
Regional Director:	Fadia M. Saadah
Practice Manager/Manager:	Tania Dmytraczenko
Task Team Leader(s):	Mirja Channa Sjoblom, Baktybek Zhumadil

ABBREVIATIONS AND ACRONYMS

AF1	First Additional Financing
AF2	Second Additional Financing
CPF	Country Partnership Framework
CQI	Collaborative Quality Improvement
CSCs	Citizen scorecards
DHS	Demographic and Health Survey
Gavi	The GAVI Alliance
GoT	Government of Tajikistan
HH	Health houses
HNP	Health, Nutrition, and Population
HRITF	Health Results Innovation Trust Fund
HSIP	Health Services Improvement Project
ICR	Implementation Completion and Results Report
IDA	International Development Association
IR	Intermediate Results
MIS	Management Informational System
MOHSP	Ministry of Health and Social Protection
MOF	Ministry of Finance
NDS	National Development Strategy
PBF	Performance-Based Financing
PCF	Per capita financing
PDO	Project Development Objective
PHC	Primary health care
RHCs	Rural health centers
TF	Trust Fund
TSG	Technical Support Group

BASIC DATA

Product Information

Project ID P126130	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 30-Jul-2013	Current Closing Date 30-Jun-2022

Organizations

Borrower Republic of Tajikistan	Responsible Agency Ministry of Health & Social Protection Project Coordination Group,Ministry of Health & Social Protection

Project Development Objective (PDO)

Original PDO

The Project Development Objective (PDO) is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in rural health facilities in selected districts.

Current PDO

The revised PDO is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in selected districts.

Summary Status of Financing (US$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-D5470	18-Dec-2019	16-Nov-2020	09-Feb-2021	30-Jun-2022	10.00	3.06	7.32
IDA-56660	22-Jun-2015	07-Aug-2015	04-Dec-2015	31-Dec-2019	5.50	5.57	0
IDA-D0700	22-Jun-2015	07-Aug-2015	04-Dec-2015	30-Sep-2020	4.50	4.63	0
IDA-H8790	30-Jul-2013	20-Sep-2013	11-Dec-2013	31-Dec-2019	15.00	14.09	0

TF-B2817	16-Nov-2020	16-Nov-2020	09-Feb-2021	31-Dec-2021	2.00	1.33	.67
TF-14871	20-Sep-2013	20-Sep-2013	11-Dec-2013	31-Dec-2019	4.80	4.80	0

Policy Waiver(s)

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

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

1. The SDR 10 million (US$15 million equivalent) project, with US$ 4.8 million in co-financing from the Health Results Innovation Trust Fund (HRITF), was approved by the Board on July 30, 2013 and declared effective on December 11, 2013 with an original closing date of January 31, 2019. The project has had two additional financings (AFs) and has been restructured three times. The first AF (AF1), for SDR 7.3 million (US$10 million equivalent), was approved on June 22, 2015 and financed costs associated with: (i) the financing gap arising from construction of rural health centers (RHCs); and (ii) the scaling-up of activities initiated under the original IDA grant to cover additional primary health care facilities in four districts. The first restructuring, processed concurrently with the AF1, included: (i) a minor revision of the Project Development Objective (PDO); (ii) adjustments to the project results framework; and (iii) an 11-month extension of the closing date of the original IDA Grant No. H8790-TJ, from January 31, 2019 to December 31, 2019. A second restructuring (August 2018) extended the closing date of the HRITF co-financing grant in a similar manner, from January 31, 2019 to December 31, 2019. The third restructuring (September 2019) extended the closing date of the AF1 IDA Grant No. D070-TJ by another nine months, from December 31, 2019 to September 30, 2020, to avoid a gap between the closure of the AF1 and effectiveness of the second AF (AF2) that was under preparation.[1] AF2, for SDR 7.3 million (US$10 million equivalent IDA grant co-financed by a US$2 million recipient-executed Gavi grant) was approved on December 18, 2019 and is supporting the Government's efforts to address persistent challenges in PHC, including by institutionalizing the performance-based financing (PBF) scheme piloted under the Project. Despite best efforts, there was a 1.5-month gap between the closure of AF1 and the signing of AF2, with effectiveness of AF2 declared only in February 2021, representing a 13-month delay in effectiveness, which has significantly shortened the AF2 implementation period.

Project Implementation Status

2. *Progress towards achievement of the PDO.* The revised PDO[2] is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in selected districts. Progress towards achievement of the PDO is rated Moderately Satisfactory given the positive progress on several technical activities and procurement processes that are contributing to the achievement of the PDO. However, prior to May 2021, both PDO and IP were rated Moderately Unsatisfactory, largely due to the delay in the signing and effectiveness of the AF2, that caused implementation delays. As such, technical activities only started in February 2021, after which

[1] The other three sources of financing—IDA Grant No. H8790-TJ, HRITF Grant No. TF014871, and IDA Credit No. 5666-TJ—closed on December 31, 2019.

[2] Revised as part of the restructuring associated with AF1 (per the preceding paragraph).

implementation has intensified. To-date, one of the three PDO indicators has been achieved (mothers receiving timely postnatal counseling), one PDO indicator has almost been achieved (average health facility quality of care score), and the third PDO indicator has been impacted by the COVID-19 pandemic and the gap between the AF1 closure and AF2 effectiveness but is on track to be achieved with the extension (mothers counseled on nutrition). Of the 11 intermediate results indicators, five have been achieved, three are on track to be achieved by the current Project closing date, and three remain achievable with the proposed extension.

3. *Implementation status*. Overall implementation progress is rated Moderately Satisfactory. The Performance-based financing scheme (PBF; Component 1) has been launched in all 16 project-supported districts. Efforts to improve quality of care (Component 2) are also advancing, including several types of training: the first round of a 6-month family medicine training program was completed with 147 graduates, and an 11-month training program in PHC management, short-term training courses for heads of RHCs, and a 2-year post-graduate training program in family medicine are all ongoing and progressing as planned. With regards to strengthening physical infrastructure, a site survey of facilities in the new districts has been conducted, facilities in need of rehabilitation work have been identified, and the rehabilitation works are starting over the next months. Procurement processes of medical equipment and office equipment have been launched and computers have already been delivered to PHC facilities. Despite progress achieved so far in project implementation, there is not enough time to complete all activities under the three Components, with the current closing date as some interventions cannot be fast-tracked to accommodate the shortened implementation period resulting from delays in effectiveness. However, with an extension of the closing date by 12 months, it is expected that the remaining activities will be completed.

4. *Commitments and disbursements.* As of December 13, 2021, US$ 33.47 million (80.73 percent) has been disbursed.[3] Commitments amount to an additional US$ 6.21 million (14.86 percent). Pending approval of the restructuring, an additional US$ 3.5 million in disbursements (IDA and Gavi) are expected in FY22.

Continued relevance of the Project

5. The Project continues to be highly relevant and fully aligned with the "National Development Strategy of the Republic of Tajikistan for the period of 2030" (NDS 2030), the recently adopted "Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030" (NHS 2030), as well as other national and sector-specific strategic and planning documents. The PDO is in line with the NDS 2030 priority on development of human capital, which calls for an effective and efficient healthcare system, where a strong and well-functioning primary health care system is essential. The Project contributes to and will support the NHS 2030's overall goal to provide every citizen of Tajikistan with accessible and quality healthcare through effective governance, sustainable financing, workforce provision and development of information technologies.

6. The Project is closely aligned with the 2018 Tajikistan Systematic Country Diagnostic and the Country Partnership Framework (CPF) for FY2019-23. AF2 is included in the CPF (135875-TJ) and is consistent with the objectives of Pillar 1 (Human Capital and Resilience) of improving nutrition, hygiene, and reducing the under-five mortality

[3] Disbursements account for exchange rate fluctuations between SDR and USD and are as follows, by financing source: (i) IDA-H8790: US$ 14.09 million equivalent disbursed (100 percent); (ii) IDA-D0700: US$ 4.63 million equivalent disbursed (100 percent); (iii) IDA-56660: US$ 5.57 million equivalent disbursed (100 percent); (iv) TF-14871: US$ 4.8 million disbursed (100 percent); (v) IDA-D5470: US$ 3.06 million equivalent disbursed (30.6 percent); and (vi) TF-B2817: US$ 1.33 million disbursed (66.66 percent).

rate, which is still high. It directly contributes to the second objective of the CPF, Enhancing Health Services, and two of the CPF's indicators under this objective: (i) percentage of children aged 12–24 months in project districts who receive all basic vaccinations; and (ii) children under five years in project districts with height and weight measured in previous six months. In the context of the COVID-19 pandemic, the Project's relevance has increased as many COVID-19 cases have been managed through home-based care, provided by PHC facilities. Furthermore, the project helps ensure access to quality basic health services at the primary health care level and contributes to strengthening primary health care, also essential for the national COVID-19 response, including the COVID-19 vaccination program.

Rationale for restructuring

7. The Government of Tajikistan (GoT), through the letter # 5/5-19/615 from the Ministry of Finance (MOF) dated July 7, 2021, requested a 12-month extension of the closing date and a reallocation of the funds among withdrawal categories to rebalance financing for the AF2 grant. More specifically, the MOF requested to (i) adjust downward the amount of financing allocated to PBF scheme in line with actual needs of the streamlined version of the scheme; and (ii) increase the share of Project proceeds allocated to rehabilitation of rural health facilities and supervision of rural health centers.

8. Given the delays in project implementation caused by the 13-month delay in effectiveness of AF2, there is a need to extend the closing date to provide the necessary time to complete activities that were technically designed to be implemented within 30 months. For the same reasons, a twelve-month extension of the closing date of grant TF0B2817,[4] from December 31, 2021 to December 31, 2022, is also needed and has been approved by Gavi, the donor of this Trust Fund. The Project extension will also allow for smooth transition of activities to the new health project that is currently under preparation with expected delivery in FY2023. The following activities were planned under AF2 and will be completed during the extension: (a) minor repair works and provision of essential medical equipment in 38 PHC facilities; (b) completion of all trainings activities; (c) completion of household/community engagement activities; and (d) institutionalization of the PBF scheme.

9. To make the PBF scheme more sustainable, the Project has been supporting a streamlined PBF scheme for PHC services with smaller incentive payments. The streamlined PBF scheme includes fewer indicators (seven in total) that generate quantity payments and is being implemented in all 16 project districts. Incentive payments associated with each of these seven indicators have been reduced to more sustainable levels in the streamlined scheme to pave the way for strategic purchasing of PHC with future government funding. Because of the drop in the number of indicators that generate payments, as well as the lower amount of payment per indicator, optimistic projections based on the first round of verification data with the new streamlined PBF program show that the total amount allocated to this category in the budget will not be disbursed by June 30, 2022, even if it is assumed that all facilities achieve all performance targets. Thus, the estimated amount for this category was overestimated in the original budget and there is a total estimated amount of US$550,000 in savings *in Component 1: PBF (Category 1)*.

10. These savings will be used for *Component 1: PBF* (Category 2) and *Subcomponent 2.2: Physical Infrastructure Improvement* (Category 3). Regarding reallocation to *Component 1 PBF (Category 2),* there is a need to strengthen supervision of PBF facilities by District Health Teams in the six districts where the PBF was recently launched. Quarterly supervision visits are critical for the functioning of the PBF scheme to support PHC providers in

[4] Funded from the Integrating Donor Funded Health Programs Multi-Donor Trust Fund

achieving performance results, carry out supervision controls, and approve action plans prepared by RHCs/HHs, as per the PBF Manual. Some supervision vehicles were provided in the 10 districts (for 20 out of 37 newly constructed RHCs) supported by the Project, but vehicles were omitted in the budget for six districts that are implementing PBF, and therefore supervision visits have not taken place in these six districts. The reallocation from PBF payments (Category 1) will be used to procure vehicles to strengthen supervision in the six districts, with the aim to improve RHCs/HHs performance under the PBF scheme. All other costs for supervision, including fuel, staff etc., are already accounted for in the government budget. Regarding the reallocation to *Subcomponent 2.2: Physical Infrastructure Improvement* (Category 3), the Ministry of Health and Social Protection (MoHSP) Department of Capital Construction, with support from technical experts in the MoHSP Technical Support Group (TSG), has surveyed RHCs supported by the Project that participate in the PBF scheme. The survey shows that the estimated cost for repairing the RHCs that meet the criteria for selection for rehabilitation works, was substantially higher than the estimated cost ($5,000-$7,000) that the original budget was based on. Thus, the estimated budget for this sub-component was underestimated. Given this, a cost ceiling of US$30,000 per facility has been set and an estimated 40 facilities have been selected for rehabilitation works. To meet the PDO, and to ensure that primary care facilities are appropriately supervised in the six PBF districts and provided with minor rehabilitation to ensure basic functionality, vaccine effectiveness and capacity to fulfill PBF requirements, it is critical to reallocate between disbursement categories. Financing will increase for *Component 1 PBF (Category 2)* and *Subcomponent 2.2 Physical Infrastructure Improvement (Category 3)* with the savings under *Component 1 PBF (Category 1).*

II. DESCRIPTION OF PROPOSED CHANGES

11. This restructuring seeks to: (i) extend the closing date of the project; (ii) reallocate between disbursement categories; (iii) change the components and costs; (iv) adjust the implementation schedule; (v) update disbursement estimates; and (vi) revise the results framework to align it with the revised closing date. The proposed changes will facilitate full achievement of the PDO and adjust existing activities to improve the sustainability of outcomes.

12. **Closing Date.** To compensate for the delays incurred at the signing and effectiveness stages of AF2 and provide the necessary time for completion of all activities needed to achieve the PDO, a twelve-month closing date extension of the IDA Grant No. D547-TJ, from June 30, 2022 to June 30, 2023, and a twelve-month Closing Date extension of the Grant No. TF0B2817 funded from the Integrating Donor Funded Health Programs Multi-Donor Trust Fund, from December 31, 2021 to December 31, 2022, are proposed. This would be the third extension of the closing date, which would result in the total project duration of 9 years and 11 months.

13. **Reallocation between disbursement categories.** This restructuring will reallocate SDR 393,279 (US$550,000 equivalent) of IDA Grant (No. D547-TJ from *Component 1 PBF (Category 1)* to *Component 1 PBF (Category 2)* and to Subcomponent *2.2 Physical Infrastructure Improvement (Category 3)*, as outlined in Table 1 below. Allocation of the Gavi co-financing (TF0B2817) remains unchanged.

Table 1: Original and Revised Allocations by Disbursement Categories for IDA Grant (D547-TJ

Category	Original Amount of the Financing Allocated (SDR)	Revised Amount of the Financing Allocated (SDR)	Change in Allocation
(1) PBF Scheme under Component 1 (a) of the Project	1,700,000	1,306,721	(393,279)

(2) Goods, works (other than for Component 2.2 (iii) of the Project, non-consulting services, consulting services, PBF Scheme Costs under Component 1 (b) of the Project, Training and Incremental Operating Costs	5,000,000	5,117,269	117,269
(3) Works under Component 2.2 (iii) of the Project	600,000	876,010	276,010
Total amount	**7,300,000**	**7,300,000**	**-**

Note: The US$2 million of Gavi co-financing is not reallocated between disbursement categories and therefore not included in the table.

14. **Changes to the components and costs:** Some additional adjustments will also be made to the costs of activities under *Component 1 PBF* and *Component 2 Primary Health Care Strengthening* (within Category 2) through updates to the procurement plan. These proposed reallocations will not affect the allocations under the Gavi co-financing amount and will enable full utilization of the total financing. Detailed information on components and costs is outlined in Table 2.

Table 2: Changes to Components and Costs for IDA Grant (IDA D5470) and Gavi Grant (TF0B2817)

	Original Financing (USD)		Revised Financing (USD)		Change in Allocation
Component Name	**IDA**	**Gavi**	**IDA**	**Gavi**	
Component 1. Performance-Based Financing	4,370,000	1,505,000	3,984,000	1,505,000	(386,000)
Component 2. Primary Health Care Strengthening	3,680,000	495,000	4,066,000	495,000	386,000
Component 3. Project Management, Coordination, and Monitoring & Evaluation	1,950,000	0	1,950,000	0	0
Total amount	**10,000,000**	**2,000,000**	**10,000,000**	**2,000,000**	

Note: The US$2 million of Gavi co-financing is not reallocated between project components.

15. **Implementation Schedule.** The implementation schedule has been revised to be consistent with the proposed twelve-month closing date extension of the IDA Grant D-547-TJ.

16. **Disbursement estimates.** Disbursement estimates and timeframe have been revised to update projections based on the proposed closing date extension and expected implementation pace of the ongoing and remaining activities.

17. **Results Framework.** Only minor changes proposed to be made to the Results Framework, consisting of adjustments to intermediate and end-target dates of most PDO-level and Intermediate Result indicators with both types of adjustments aimed at aligning the Results Framework with the proposed closing date extension.

18. **Social and Environmental Safeguards.** The proposed restructuring does not change the project's environmental and social risk classification and it does not trigger the application of any new policies or exceptions to any Bank safeguard policies. Physical works to be supported by the project are limited to installation of solar panels/heaters at RHCs within the existing footprint of these facilities and minor rehabilitation of selected primary care facilities in new project districts.

19. **Financial Management and Procurement arrangements.** There will be no changes in Financial Management and Procurement arrangements. Financial Management arrangements, including accounting and reporting arrangements, internal control procedures, planning and budgeting, external audits, funds flow, organization and staffing arrangements will remain as specified in the original project design. Financial Management performance

assessed as satisfactory and there are no overdue audits or interim (unaudited) financial reports under the project. To strengthen project implementation, mitigation measures have been established and will be closely monitored to ensure that the residual FM risk remains moderate, including: (i) formal internal control framework is described in the project's Operations Manual; (ii) flow of funds mechanism via a commercial bank acceptable to the Bank; (iii) project financial statements to be audited by independent auditors and on terms of reference acceptable to the Bank; and (iv) regular FM implementation support and supervision. Procurement performance is rated as Satisfactory per most recent ISR and procurements are generally progressing according to plans and is being implemented through the Bank's STEP system. Procurement staff at the PIU has undergone several procurement trainings and their capacities are considered sufficient to handle project procurement.

20. **Project Risks.** The overall risk to achievement of the PDO is Moderate, as implementation is progressing. Macroeconomic risk is rated Substantial, as the overall macroeconomic situation of Tajikistan has improved. Following the substantial slowdown in 2020, the economy has rebounded, and the gross domestic product (GDP) grew at 8.7 percent in the first half of 2021, driven by increases in precious metal prices, and also in private investment and consumption. Nevertheless, the recovery remains fragile and dependent on the regional and local epidemiological situation and the rollout of the national vaccination program not only in Tajikistan, but also in other countries in the region. The inflation rate declined from the peak registered in March 2021, but rising demand on fuel and bottleneck in global supply chains are exerting an upward pressure on import prices. The macroeconomic situation presents potential risks as high inflation rate could pose risks to procurement carried out in local currency. Consequently, the residual macroeconomic risk remains Substantial. The technical design risk is Moderate, given that the TSG is gaining more experience and operational engagement is increasing. All other risks (Political and Governance, Sector Strategies, Institutional Capacity for Implementation, Fiduciary, Environment and Social and Stakeholders) are rated as Moderate.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursement Estimates	✓	
Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Cancellations Proposed		✓

Disbursements Arrangements		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US$M)	Action	Proposed Component Name	Proposed Cost (US$M)
Component 1: Performance-Based Financing	19.83	Revised	Component 1: Performance-Based Financing	19.44
Component 2: Primary Health Care Strengthening	18.48	Revised	Component 2: Primary Health Care Strengthening	18.87
Component 3: Project Management, Coordination, and Monitoring & Evaluation	6.76		Component 3: Project Management, Coordination, and Monitoring & Evaluation	6.76
TOTAL	**45.07**			**45.07**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-56660	Closed	31-Dec-2019	23-Jul-2020		
IDA-D0700	Closed	31-Dec-2019	30-Sep-2020, 08-Feb-2021		
IDA-D5470	Effective	30-Jun-2022		30-Jun-2023	30-Oct-2023
IDA-H8790	Closed	31-Jan-2019	31-Dec-2019, 23-Jul-2020		
TF-14871	Closed	31-Jan-2019	31-Dec-2019, 23-Jul-2020		
TF-B2817	Effective	31-Dec-2021		31-Dec-2022	30-Apr-2023

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-D5470-001 | Currency: XDR				
iLap Category Sequence No: 1	Current Expenditure Category: PBF Scheme under Component 1(a)			
1,700,000.00	0.00	1,306,721.49	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: G,W,NonCS,CS,PBF costs 1b,TR,IOC			
5,000,000.00	1,187,113.55	5,117,268.50	100.00	100.00
iLap Category Sequence No: 3	Current Expenditure Category: W under Comp 2.2 (iii)			
600,000.00	0.00	876,010.01	100.00	100.00
Total **7,300,000.00**	**1,187,113.55**	**7,300,000.00**		
TF-B2817-001 | Currency: USD				
iLap Category Sequence No: 1	Current Expenditure Category: PBF Scheme under Component 1(a)			

	960,000.00	505,775.07	960,000.00	100.00	100.00
iLap Category Sequence No: 2		Current Expenditure Category: PBFcos1b;G,CS,TR-C1dii+iv,C2.2ii+iv			
	1,040,000.00	516,820.86	1,040,000.00	100.00	100.00
Total	**2,000,000.00**	**1,022,595.93**	**2,000,000.00**		

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates
Yes

Year	Current	Proposed
2014	1,350,000.00	1,000,000.00
2015	2,573,514.15	2,400,000.00
2016	4,136,661.54	3,400,000.00
2017	4,784,218.19	3,800,000.00
2018	5,874,279.55	5,000,000.00
2019	7,189,546.89	6,000,000.00
2020	3,173,063.63	2,800,000.00
2021	6,359,358.02	1,200,000.00
2022	6,359,358.03	5,195,116.00

Results framework

COUNTRY: Tajikistan
Tajikistan Health Services Improvement Project (HSIP)

Project Development Objectives(s)

The revised PDO is to contribute to the improvement of the coverage and quality of basic primary health care (PHC) services in selected districts.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Coverage of basic Primary Health Care (PHC) services in selected districts						
Mothers receiving timely postnatal counselling in existing districts (Percentage)		90.00	92.00	93.00	94.00	95.00
Action: This indicator has been Revised	***Rationale:*** ***Adjustments to results indicators (intermediate and end-target values) are made to align the Results Framework with the proposed closing date extension.***					
Mothers receiving timely postnatal counselling in new districts (Percentage)		60.00	90.00	91.00	92.00	93.00
Action: This indicator has been Revised	***Rationale:*** ***Adjustments to results indicators (intermediate and end-target values) are made to align the Results Framework with the proposed closing date extension.***					
Number of mothers counselled on nutrition (Number)		182,452.00	213,911.00	266,419.00	281,319.00	290,512.00

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Action: This indicator has been Revised	***Rationale:*** ***Adjustments to results indicators (intermediate and end-target values) are made to align the Results Framework with the proposed closing date extension.***					
Quality of basic Primary Health Care (PHC) services in selected districts						
Average Health Facility Quality of Care Score in existing project districts (Text)		60% (average among participating districts, RHCs) 50.6% (average among participating districts, HHs)	80% (average among participating districts, RHCs),80% (average among participating districts, HHs)	83% (average among participating districts, RHCs),73% (average among participating districts, HHs)	85% (average among participating districts, RHCs), 84% (average among participating districts, HHs)	88% (average among participating districts, RHCs), 86% (average among participating districts, HHs)
Action: This indicator has been Revised						
Average Health Facility Quality of Care Score in new project districts (Text)		Rural health center 55 percent Health House 50 percent	Rural health center 60 percent Health House 55 percent	Rural health center 63 percent Health House 55 percent	Rural health center 63 percent Health House 55 percent	Rural health center 65 percent Health House 55 percent
Action: This indicator has been Revised						

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Component 1: Performance Based Financing						
Number of eligible health facilities in which PBF is initiated (Number)		449.00	720.00	720.00		720.00

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Action: This indicator has been Revised						
Percentage of Primary Health Care facilities eligible for PBF payments who received timely PBF payments in the preceding quarter (Percentage)		100.00	100.00	100.00		100.00
Action: This indicator has been Revised						
Number of independent verification visits completed per schedule (Number)		10.00	11.00	12.00		14.00
Action: This indicator has been Revised						
Percentage of hypertension patient charts with treatment according to protocol in existing districts (Text)		80.00	97.00	97.00	97.00	98.00
Action: This indicator has been Revised						
Percentage of hypertension patient charts with treatment according to protocol in new districts (Text)		20.00	88.00	88.00		89.00
Action: This indicator has been Revised						
Number of citizen scorecard exercises/sessions conducted in the project districts. (Number)		288.00	288.00	522.00	816.00	816.00

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Action: This indicator has been Revised						
Average proportion of women attending citizen scorecard exercises (Percentage)		0.00	10.00	20.00	23.00	25.00
Action: This indicator has been Revised						
Percentage of PHC facilities that act on community action plans (Percentage)		0.00	5.00	15.00	18.00	20.00
Action: This indicator has been Revised						
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		1,102,806.00	1,506,237.00	2,037,047.00	2,083,056.00	2,230,685.00
Action: This indicator has been Revised						
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		1,166,908.00	1,268,382.00	1,337,508.00	1,343,508.00	1,364,483.00
Action: This indicator has been Revised						
Number of children immunized (CRI, Number)		163,699.00	207,636.00	254,255.00	262,256.00	271,695.00

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Action: This indicator has been Revised						
Number of women and children who have received basic nutrition services (CRI, Number)		939,107.00	1,276,601.00	1,720,792.00	1,750,800.00	1,878,990.00
Action: This indicator has been Revised						
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	22,000.00	62,000.00	70,000.00	80,000.00
Action: This indicator has been Revised						
Percentage of PBF facilities completing household engagement exercise (Percentage)		0.00	30.00	35.00	40.00	45.00
Action: This indicator has been Revised						
Component 2: Primary Health Care Strengthening						
Health personnel receiving training (Number)		10,289.00	12,800.00	13,000.00	13,500.00	13,700.00
Action: This indicator has been Revised						
Health facilities rehabilitated and/or equipped (Number)		403.00	403.00	419.00		425.00
Action: This indicator has been Revised						

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Component 3: Project Management, Coordination, and Monitoring & Evaluation						
Number of new project districts in which PBF MIS is operational (Number)		0.00	6.00	6.00	6.00	6.00
Action: This indicator has been Revised						