
CREDIT NUMBER 6646-LR

Financing Agreement

(Institutional Foundations to Improve Services for Health Project)

between

REPUBLIC OF LIBERIA

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

CREDIT NUMBER 6646-LR

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF LIBERIA (“Recipient”) and 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 — CREDIT

- 2.01. The Association agrees to extend to the Recipient a credit, which is deemed as Non-concessional Financing for purposes of the General Conditions, in the amount of fifty-four million Dollars (US\$ 54,000,000) (“Credit”), to assist in financing the project described in Schedule 1 to this Agreement (“Project”).
- 2.02. The Recipient may withdraw the proceeds of the Credit in accordance with Section III of Schedule 2 to this Agreement.
- 2.03. The Front-end Fee is one quarter of one percent ($\frac{1}{4}$ of 1%) of the Credit amount.
- 2.04. The Commitment Charge is one-quarter of one percent ($\frac{1}{4}$ of 1%) per annum on the Unwithdrawn Credit Balance.
- 2.05. The Interest Charge is the Reference Rate plus the Variable Spread or such rate as may apply following a Conversion; subject to Section 3.09(e) of the General Conditions.
- 2.06. The Payment Dates are June 15 and December 15 in each year.
- 2.07. The principal amount of the Credit shall be repaid in accordance with Schedule 3 to this Agreement.

ARTICLE III — PROJECT

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

AGREED as of the Signature Date.

REPUBLIC OF LIBERIA

By



Authorized Representative

Name: Samuel D. Tweah Jr.

Title: Minister of Finance and Development Planning

14-Jun-2020

Date: _____

INTERNATIONAL DEVELOPMENT ASSOCIATION

By



Authorized Representative

Name: Khwima Nthara

Title: Country Manager

11-Jun-2020

Date: _____

SCHEDULE 1

Project Description

The objective of the Project is to improve health service delivery to women, children and adolescents in the Recipient's territory.

The Project consists of the following parts:

Part A: Improved Service Delivery

1. Designing and constructing Phase 2 of the Redemption Hospital and acquisition and installation of equipment for both Phase 1 and Phase 2 of said hospital.
2. Enhancing human resource skills of key health specialists (including nurses and midwives) through provision of training for undergraduate and post-graduate studies in selected areas, including internal medicine, surgery, obstetrics and gynecology (OBGYN), pediatrics, and anesthesia.
3. Supporting the Recipient's PBF program in the health sector through:
(a) developing and implementing a new performance-based financing (PBF) model to support costs related to the provision of maternal, adolescent, and child services at select primary health care centers, hospitals and counties; including verification of PBF related results, training, monitoring and evaluation, and financing of related operational costs; and (b) providing PBF Grants or subsidies to PBF Grant Beneficiaries for results attained as a result of implementing PBF Subprojects.
4. Supporting the national Community Health Assistant (CHA) Program in selected counties to improve the quality of antenatal and postnatal care and follow-up in the community.
5. Improving access to adolescent health care through a range of school and community-based interventions including procuring the services of a non-governmental organization to enhance community engagement and behavioral change towards teenage pregnancy and appropriate health care.
6. Ensuring basic quality of service delivery, including increasing availability of essential drugs and supplies, through the acquisition of selected drugs and supplies for saving lives of mothers and neonates.

Part B: Institutional Strengthening to Address Key Binding Constraints

Carrying out a program of activities (Eligible Expenditure Program) for institutional strengthening including:

1. Ensuring enhanced availability of reliable data to promote evidence-based decision making within the health system including through the establishment of standards and procedures for effective information flows.
2. Promoting effective supply chain management to facilitate wide distribution of drugs and medical supplies, including family planning and reproductive health commodities.
3. Facilitating the MOH to develop and implement an effective human resource strategy and performance management system to address critical inefficiencies in the current health system.
4. Supporting MOH to provide school-based interventions for improved adolescent health (with a focus on girls) including: (a) providing in-puts to the education sector and monitoring female health counsellors to enhance the sexual and reproductive health knowledge and behavior of adolescents in school; and (b) supporting girls who drop-out of school because of pregnancies.
5. Strengthening community and citizen engagement, and accountability in the provision of health services including through, *inter alia*: (a) facilitating timely access to information and capturing feedback; and (b) improving state responsiveness in addressing constraints to accessing health services.

Part C: Project Management

Strengthening the capacity of the Project Implementation Unit (PIU) for Project management and implementation, and monitoring and evaluation, including employment of contractual specialists, all through the provision of technical advisory services, Training, Operating Costs, and the acquisition of goods.

Part D: Contingency Emergency Response Component

Providing immediate response to an Eligible Crisis or Emergency as needed.

SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. Ministry of Health:

- (a) The Recipient shall: (i) carry out the Project through the Ministry of Health (MOH); and (ii) ensure that, all throughout the implementation of the Project, the MOH has resources and personnel required to enable it to perform its functions under the Project.
- (b) The MOH shall be responsible for: (i) approving the Project Implementation Manual, Annual Work Plan and Budget, Procurement Plan and other Project budgets; and (ii) reporting the Project implementation status to the Ministry of Finance and Development Planning (MFDP).

2. Project Implementation Unit (PIU):

- (a) Without limitation upon the provisions of paragraph (1) immediately above, the Recipient shall maintain, at all times during the implementation of the Project, a Project Implementation Unit (PIU) within MOH, with functions, composition and resources, satisfactory to the Association, including a Project Manager, an accountant/financial management officer, a procurement specialist, an environmental specialist, a social development specialist, and an evaluation and monitoring officer all with experience, qualifications and terms of reference, satisfactory to the Association.
- (b) The PIU shall be responsible for the overall Project planning, oversight, coordination and management, including the development of work plans and budgets, procurement planning, and monitoring and evaluation.

3. Project Financial Management Unit (PFMU):

- (a) Without limitation upon the provisions of the paragraphs directly above, the Recipient shall:
 - (i) maintain, at all times during the implementation of the Project, the Project Financial Management Unit (PFMU) within the MFDP, with a composition, mandate and resources satisfactory to the Association; and

- (ii) no later than six (6) months after the Effectiveness Date:
 - (A) update the current accounting manual; (B) customize the existing accounting software to include an account for the Project; and (C) recruit external auditors for the Project, all in a manner satisfactory to the Association.
- (b) The Project Financial Management Unit shall in coordination with the accountant/financial management officer within the PIU, be responsible for, *inter alia*: (i) the day-to-day financial management, including disbursement and accounting aspects of the project; (ii) financial reporting; (iii) preparing the quarterly interim financial reports to be submitted to the Association forty-five (45) days after the end of each fiscal calendar quarter; and (iv) laying down internal control procedures and processes to ensure that transactions are approved by appropriate personnel.

4. Performance-Based Financing Unit (PBF Unit)

- (a) The Recipient shall maintain, throughout the implementation of the Project, a PBF Unit within the MOH, with staffing, functions and resources satisfactory to the Association.
- (b) Without limitation to the provisions of paragraph 1 of this Part A, the PBF Unit shall be the technical focal point for the management, implementation, and monitoring of Part A.3. of the Project, including developing PBF management tools, providing relevant technical assistance and stakeholder consultations, and facilitating PBF trainings, orientations and seminars/workshops.

B. Implementation Arrangements

1. Project Implementation Manual

- (a) The Recipient shall carry out the Project in accordance with the provisions of the Project Implementation Manual, containing, *inter alia*, detailed arrangements and procedures for: (i) coordination and day-to-day execution of the Project; (ii) Project budgeting, disbursement and financial management; (iii) procurement; (iv) environmental and social safeguard guidelines; (v) monitoring, evaluation, reporting and communication; (vi) Verification Protocols for DLIs; (vii) terms of reference for Independent Verification Agency; (viii) PBF implementation mechanisms including criteria for selection of PBF Verification Agent and PBF Grant Beneficiaries, procedure for approval and payment of PBF Grants to PBF Grant Beneficiaries, and verification of PBF results under Part A.3(b) of the Project; and (ix) such other administrative, financial, technical and organizational arrangements and procedures as shall be required for the

Project.

- (b) The Recipient shall not amend, abrogate, waive or fail to enforce any provision of the Project Implementation Manual without the prior written agreement of the Association, provided, however, that in case of any conflict between the arrangements and procedures set out in said manual, the provisions of this Agreement shall prevail.

2. Annual Work Plan and Budget

- (a) The Recipient shall prepare and furnish to the Association not later than April 30 of each Fiscal Year during the implementation of the Project, a work plan and budget containing all activities proposed to be included in the Project during the following Fiscal Year, and a proposed financing plan for expenditures required for such activities, setting forth the proposed amounts and sources of financing.
- (b) The Recipient shall afford the Association a reasonable opportunity to exchange views with the Recipient on each such proposed work plan and budget and thereafter ensure that the Project is implemented with due diligence during the said following Fiscal Year in accordance with such work plan and budget as shall have been approved by the Association (“Annual Work Plan and Budget”).
- (c) The Recipient shall not make or allow to be made any material change to the approved Annual Work Plan and Budget without prior approval in writing by the Association.

C. Environmental and Social Standards

- 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 Environmental and Social Commitment Plan (“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, and 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.
- 6. The Recipient shall ensure that all bidding documents and contracts for civil works under the Project include the obligation of contractors and subcontractors and supervising entities to: (a) comply with the relevant aspects of ESCP and the environmental and social instruments referred to therein; and (b) adopt and enforce codes of conduct that should be provided to and signed by all workers, detailing measures to address environmental, social, health and safety risks, and the risks of sexual exploitation and abuse, sexual harassment and violence against children, all as applicable to such civil works commissioned or carried out pursuant to said contracts.

D. DLI Monitoring and Reporting

The Recipient shall: (a) recruit an Independent Verification Agency (IVA) in accordance with the PIM; and (b) ensure that prior to each payment under Part B of the Project, the IVA:

- (i) carries out in accordance with the Verification Protocol, an assessment to determine the extent to which the Disbursement Linked Indicator (“DLI”) in respect of which payment is requested has been achieved;
- (ii) furnishes said assessment to the Association for review;
- (iii) verifies the proper fulfillment of DLIs as set forth in the Annex to Schedule 2 of this Agreement; and
- (iv) where applicable, reports on structural challenges preventing the DLIs from being met.

E. PBF Implementation

1. PBF Subprojects

- (a) **Eligibility.** To facilitate the carrying out of PBF activities under Part A.3.(b) of the Project (“PBF Subprojects”), the Recipient shall make PBF Grants to select primary health care centers, hospitals and counties (“PBF Grant Beneficiaries”), in accordance with eligibility criteria and procedures set in the PIM.
- (b) **PBF Grant Agreement.** The Recipient shall make a PBF Grant under a PBF Grant Agreement with the respective PBF Grant Beneficiary on terms and conditions approved by the Association, which shall include the following:
 - (i) the performance indicators (on quality and quantity of services) to be delivered by the PBF Grant Beneficiary;
 - (ii) the arrangements for verification of the performance indicators delivered by the PBF Grant Beneficiary;
 - (iii) the maximum amounts payable against the performance indicators specified in the PBF Grant Agreement, the periodicity of payments, the conditions for payments and the methodology for determining the amount of payments during each payment period;
 - (iv) the PBF Grant shall be made on a non-reimbursable grant basis;

- (v) the Recipient shall obtain rights adequate to protect its interests and those of the Association, including the right to suspend or terminate the right of the PBF Grant Beneficiary to use the proceeds of the PBF Grant, or obtain a refund of all or any part of the amount of the PBF Grant then withdrawn, upon the PBF Grant Beneficiary's failure to perform any of its obligations under the PBF Grant Agreement; and
- (vi) the Recipient shall require each PBF Grant Beneficiary to:
 - (A) carry out its PBF Subproject with due diligence and efficiency and in accordance with sound public health, environmental and social and administrative standards and practices acceptable to the Association, including provisions of the anti-corruption guidelines;
 - (B) provide promptly, as needed, the resources required for the purpose;
 - (C) procure the goods and services required for the PBF Subproject and to be financed out of the proceeds of the PBF Grant in accordance with the Procurement Regulations;
 - (D) maintain policies and procedures adequate to enable it to monitor and evaluate in accordance with indicators acceptable to the Association, the progress of the PBF Subproject and the achievement of its objectives;
 - (E) (1) maintain a financial management system and prepare financial statements in accordance with consistently applied accounting standards acceptable to the Association, both in a manner adequate to reflect its operations, resources and expenditures related to the PBF Subproject; and (2) at the Association's and the Recipient's request, have such financial statements audited by independent auditors acceptable to the Association, in accordance with consistently applied auditing standards acceptable to the Association, and promptly furnish the statements as so audited to the Association and the Recipient;
 - (F) enable the Association and/or the Recipient to inspect its facilities, operations and any records and documents

relevant to the PBF Grant; and prepare and furnish to the Association and the Recipient all such information as either shall reasonably request relating to the PBF Subproject;

- (G) permit the Association to make the PBF Grant Agreement and all financial statements audited pursuant to subparagraph (E)(2) immediately above available to the public in accordance with the Association's policies on access to information;
- (H) prepare and furnish to the Recipient and the Association all such further information as the Recipient or the Association shall reasonably request relating to the foregoing; and
- (I) not assign, amend, abrogate or waive any provision of the PBF Grant Agreement.

2. PBF Verification

The Recipient shall:

- (a) recruit a PBF Verification Agent in accordance with the eligibility criteria set out in the PIM; and
- (b) ensure that prior to payment of PBF Grants to PBF Grant Beneficiaries under Part A.3(b) of the Project, the PBF Verification Agent verifies the quality and quantity of PBF Subprojects delivered by each PBF Grant Beneficiary, in accordance with the terms of reference and in a manner acceptable to the Association and elaborated in the PIM.

F. Contingency Emergency Response under Part D of the Project

1. To ensure the proper implementation of Part D of the Project ("Contingent Emergency Response Component") ("CERC Part"), the Recipient shall:

- (a) prepare and furnish to the Association for its review and approval, an operations manual which shall set forth detailed implementation arrangements for the CERC Part, including: (i) designation of, terms of reference for and resources to be allocated to, the entity to be responsible for coordinating and implementing the CERC Part ("Coordinating Authority"); (ii) specific activities which may be included in the CERC Part, Eligible Expenditures required therefor ("Emergency Expenditures"), and any procedures for such inclusion; (iii) financial management arrangements for the CERC Part; (iv) procurement methods

and procedures for Emergency Expenditures to be financed under the CERC Part; (v) documentation required for withdrawals of Emergency Expenditures; (vi) environmental and social safeguard management frameworks for the CERC Part, consistent with the Association's policies on the matter; and (vii) any other arrangements necessary to ensure proper coordination and implementation of the CERC Part;

- (b) afford the Association a reasonable opportunity to review said proposed operations manual;
 - (c) promptly adopt such operations manual for the CERC Part as shall have been approved by the Association ("CERC Operations Manual");
 - (d) ensure that the CERC Part is carried out in accordance with the CERC Operations Manual; provided, however, that in the event of any inconsistency between the provisions of the CERC Operations Manual and this Agreement, the provisions of this Agreement shall prevail; and
 - (e) not amend, suspend, abrogate, repeal or waive any provision of the CERC Operations Manual without prior approval by the Association.
2. The Recipient shall, throughout the implementation of the CERC Part, maintain the Coordinating Authority, with adequate staff and resources satisfactory to the Association.
3. The Recipient shall undertake no activities under the CERC Part (and no activities shall be included in the CERC Part) unless and until the following conditions have been met in respect of said activities:
- (a) the Recipient has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Association a request to include said activities in the CERC Part in order to respond to said Eligible Crisis or Emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and
 - (b) the Recipient has prepared and disclosed all safeguards instruments required for said activities, in accordance with the CERC Operations Manual, the Association has approved all such instruments, and the Recipient has implemented any actions which are required to be taken under said instruments.
4. Emergency Expenditures required for the CERC Part of the Project shall be procured in accordance with the procurement methods and procedures set forth in the CERC Operations Manual.

Section II. Project Monitoring, Reporting and Evaluation

The Recipient shall furnish to the Association each Project Report not later than one month after the end of each calendar semester, covering the calendar semester.

Section III. Withdrawal of the Proceeds of the Credit

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 Credit to: (a) finance Eligible Expenditures; and (b) pay: (i) the Front-end Fee; and (ii) each Interest Rate Cap or Interest Rate Collar premium in the amount allocated and, if applicable, up to the percentage set forth against each Category in the following table:

Category	Amount of the Credit Allocated (expressed in USD)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, works, non-consulting services, consulting services, Operating Costs and Training under Parts A (except under Part A.3(b)) of the Project	44,865,000	100%
(2) PBF Grants under Part A.3(b) of the Project	2,000,000	100%
(3) Eligible Expenditure Program (EEP) under Part B of the Project	6,000,000	100% of each DLI Amount set out in the Annex to Schedule 2 (or such lesser percentage as represents the total Eligible Expenditures paid by the Recipient under the Eligible Expenditure Program as of the date of withdrawal).
(4) Goods, works, non-consulting services, consulting services, Operating Costs and Training under Part C of the Project	1,000,000	100%
(5) Emergency Expenditures under Part D of the Project	0	n/a
(6) Front-end Fee	135,000	Amount payable pursuant to Section 2.03 of this Agreement in accordance with Section 3.08 (b) of the General Conditions
(7) Interest Rate Cap or Interest Rate Collar premium	0	Amount due pursuant to Section 4.06 (c) of the General Conditions
TOTAL AMOUNT	54,000,000	

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; and
 - (b) under Category (2) unless and until Recipient has furnished evidence satisfactory to the Association that: (i) a PBF Verification Agent with qualifications and experience and under terms of reference satisfactory to the Association has been recruited; and (ii) the appropriate mechanisms for verification of PBF related results have been established in accordance with the PIM.
2. No withdrawal shall be made under Category (3) for EEP unless and until the Recipient has furnished evidence satisfactory to the Association that: (a) an IVA with qualifications and experience and under terms of reference satisfactory to the Association has been recruited; (b) payments for certified EEPs have been made in compliance with the procedures set forth in the Verification Protocol; and (c) the DLIs for which payment is requested have been met and verified in accordance with the Verification Protocol;
3. Notwithstanding the provision of paragraph 2 of this Part B, if the Association shall determine based on the evidence provided by the Recipient under paragraph 2.(c) of this Part B, that any DLIs have not been achieved or have been partially achieved by the end of the year during which such DLIs were scheduled to be met in accordance with the Annex to Schedule 2 of this Agreement, the Association may in its sole discretion, by notice to the Recipient:
 - (a) withhold in whole or in part the amount of the Credit allocated to such DLIs;
 - (b) disburse in whole or in part the amount of the Credit allocated to such DLIs at any later time when such DLIs are met; and/or
 - (c) reallocate in whole or in part any amount of the Credit allocated to such DLIs to other Categories.
4. Notwithstanding the foregoing, if the Association determines, at any time, that any portion of the amounts disbursed by the Recipient under Category (3) was made for expenditures that are not eligible under EEP or not in compliance with the provisions of paragraphs 2(c) of this Part B, the Recipient shall promptly refund any such amount to the Association as the Association shall specify by notice to the Recipient.
5. No withdrawal shall be made under Category (5), for Emergency Expenditures, unless and until the Association is satisfied, and notified the Recipient of its

satisfaction, that all of the following conditions have been met in respect of said activities:

- (a) the Recipient has determined that an Eligible Crisis or Emergency has occurred, has furnished to the Association a request to include said activities in the CERC Part in order to respond to said Eligible Crisis or Emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof;
- (b) the Recipient has prepared and disclosed all safeguards instruments required for said activities, and the Recipient has implemented any actions which are required to be taken under said instruments, all in accordance with the provisions of Section I.F of Schedule 2 to this Agreement;
- (c) the Recipient's Coordinating Authority has adequate staff and resources, in accordance with the provisions of Section I.F of this Schedule 2 to this Agreement, for the purposes of said activities; and
- (d) the Recipient has adopted a CERC Operations Manual in form, substance and manner acceptable to the Association and the provisions of the CERC Operations Manual remain or have been updated in accordance with the provisions of Section I.F of this Schedule 2 so as to be appropriate for the inclusion and implementation of said activities under the CERC Part.

6. The Closing Date is August 31, 2026.

**ANNEX TO SCHEDULE 2
Disbursement Linked Indicators (DLIs)**

	DLI Baseline	Disbursement Linked Results						Total DLI Amount in USD
		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	
		DLI 1: Key RMNCAH Data regularly available and used for evidence-based follow-up at the national level and county level	0	1.0 (a) MOH technical group assigned to collate, analyze and synthesize data; and provide quarterly reports based on approved list of key national and county level health system and RMNCAH indicators	1.1 (a) Quarterly analytic reports summarizing national & county trends of key indicators.	1.2 (a) Quarterly analytic reports summarizing national & county trends of key indicators.	1.3 (a) Quarterly analytic reports summarizing national & county trends of key indicators.	
25,000	25,000			25,000	50,000	50,000	75,000	250,000
1.0 (b) Established Country Mechanism to Analyze and Review Key Data monthly, and report actions taken.	1.1 (b) Quarterly Country Platform Meetings held to discuss key indicator report and decisions made with minutes available.			1.2 (b) Quarterly Country Platform meetings held to discuss key indicator report and decisions made with minutes available.	1.3 (b) Quarterly Country Platform meetings held to discuss key indicator report and decisions made with minutes available.	1.4 (b) Quarterly Country Platform meetings held to discuss key indicator report and decisions made with minutes available.	1.5 (b) Quarterly Country Platform meetings held to discuss key indicator report and decisions made with minutes available.	
		25,000	25,000	25,000	50,000	50,000	75,000	250,000

			1.1 (c) At least ten monthly county health team meetings (per year per county) held to discuss key indicator report and minutes available.	1.2 (c) At least ten monthly county health team meetings (per year per county) held to discuss key indicator report and minutes available.	1.3 (c) At least ten monthly county health team meetings (per year per county) held to discuss key indicator report and minutes available.	1.4 (c) At least ten monthly county health team meetings (per year per county) held to discuss key indicator report and minutes available.	1.5 (c) At least ten monthly county health team meetings (per year per county) held to discuss key indicator report and minutes available.	
			25,000	25,000	50,000	50,000	100,000	250,000
			1.1 (d) Complete and timely monthly reports available from 25 Identified Hospitals/Health Centers providing caesarian section services	1.2 (d) Complete and timely monthly reports available from 25 Identified Hospitals/Health Centers providing caesarian section services	1.3(d) Complete and timely monthly reports available from 25 Identified Hospitals/Health Centers providing caesarian section services	1.4 (d) Complete and timely monthly reports available from 25 Identified Hospitals/Health Centers providing caesarian section services	1.5(d) Complete and timely monthly reports available from 25 Identified Hospitals/Health Centers providing caesarian section services	
			Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$ 2000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$2000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$4000 per hospital/health facility</i>	
			25,000	25,000	50,000	50,000	100,000	250,000
Total Amount for DLI 1		50,000	100,000	100,000	200,000	200,000	350,000	1,000,000

DLI 2: Contribute to a reduced stock-outs of Essential Package of Drugs evidenced by a Functional Supply Chain	0	2.0 (a) Develop and agree on annual distribution plans using consumption data reported from health facilities through the eLMIS	2.1 (a) County level allocation, distribution and consumption quarterly reports available for Montserrat County (distribution plans to be based on consumption and disease burden).	2.2 (a) County level allocation, distribution and consumption reports available for 7 additional counties	2.3 (a) County level allocation, distribution and consumption reports available for all 15 counties.	2.4 (a) County level allocation, distribution and consumption reports available for all 15 counties.	2.5 (a) County level allocation, distribution and consumption reports available for all 15 counties.	
				Disbursement rule: <i>Based on unit cost of US\$3000 per county</i>	Disbursement rule: <i>Based on unit cost of US\$3000 per county</i>	Disbursement rule: <i>Based on unit cost of US\$3000 per county</i>	Disbursement rule: <i>Based on unit cost of US\$3000 per county</i>	
		9,000	15,000	21,000	45,000	45,000	45,000	180,000
		2.0 (b) Implement Last Mile Delivery to improve access and maximize quality of care in Montserrat, Margibi Counties and to 36 high volume hospitals. Implement distribution from Central Medical Store (CMS) to the	2.1 (b) Variance between CMS allocated quantity and quantity received by county depot is not more than 15%. Two months after distribution of medications submit quarterly report.	2.2 (b) Variance between CMS allocated quantity and quantity received by county depot is not more than 15%. Two months after distribution of medications submit quarterly report	2.3 (b) Variance between CMS allocated quantity and quantity received by county depot is not more than 15%. Two months after distribution of medications submit quarterly report	2.4 (b) Variance between CMS allocated quantity, quantity received by county depot and quantity received by health facilities in county is not more than 15%. Two months after distribution of medications	2.5 (b) Variance between CMS allocated quantity, quantity received by county depot and quantity received by health facilities in county is not more than 15%.	

	county depots in the remaining 13 counties				submit quarterly report	Two months after distribution of medications submit quarterly report	
	20,000	20,000	20,000	20,000	30,000	30,000	140,000
		2.1 (c) Availability of essential medicine/supplies in 361 Identified Hospitals/Health Centers providing caesarian section.	2.2 (c) Availability of essential medicine/supplies in 36 Identified Hospitals/Health Centers providing caesarian section.	2.3 (c) Availability of essential medicine/supplies in 36 Identified Hospitals/Health Centers providing caesarian section.	2.4(c) Availability of essential medicine/supplies in 36 Identified Hospitals/Health Centers providing caesarian section.	2.5(c) Availability of essential medicine/supplies in 36 Identified Hospitals/Health Centers providing caesarian section.	
		Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health facility</i>	
		36,000	36,000	36,000	36,000	36,000	180,000
Total Amount for DLI 2	29,000	71,000	77,000	101,000	111,000	111,000	500,000

DLI 3: Functional HR system in place at MOH, counties, hospitals and facilities	0	3.0 (a) HR Policy formally approved by MOH for implementation, communicated to all MOH employees.	3.1 (a) HR database operational including information on recruitment, transfers, and disciplinary action taken.	3.2 (a) Annual reports available from HR database on recruitment, transfers, and disciplinary action taken in year 1	3.3 (a) Annual reports available from HR database reporting recruitment, transfers, and disciplinary action taken in year 2.	3.4 (a) Annual reports available from HR database reporting recruitment, transfers, and disciplinary action taken in Year 3.	3.5 (a) Annual reports available from HR database reporting recruitment, transfers, and disciplinary action taken in Year 4	
		50,000	50,000	50,000	50,000	100,000	100,000	400,000
		3.0 (b) Standardized HR management systems in place including (i) clear job descriptions for all cadres both administrative and professional within the health sector approved by MoH; and (ii) staffing norms agreed and approved for different facility types, administrative levels (including CHTs) and catchment populations based on an Efficiency Analysis and key factors including population, disease profile, health outcomes.	3.1 (b) MOH conducts quarterly integrated supportive supervision missions to 15 counties with report on actions taken available.	3.2 (b) MOH conducts quarterly integrated supportive supervision missions to 15 counties with report on actions taken available.	3.3 (b) MOH conducts quarterly integrated supportive supervision missions to 15 counties with report on actions taken available.	3.4 (b) MOH conducts quarterly integrated supportive supervision missions to 15 counties with report on actions taken available.	3.5 (b) MOH conducts quarterly integrated supportive supervision missions to 15 counties with report on actions taken available.	

		Disbursement rule: <i>Based on unit cost of US\$5000 per county</i>	Disbursement rule: <i>Based on unit cost of US\$5000 per county.</i>	Disbursement rule: <i>Based on unit cost of US\$5000 per county</i>	Disbursement rule: <i>Based on unit cost of US\$6000 per county.</i>	Disbursement rule: <i>Based on unit cost of US\$6000 per county.</i>	
		45,000	75,000	75,000	75,000	90,000	90,000
	3.0 (c) MOH conducts needs analysis and finalizes, deployment packages and appropriate staffing plans to provide basic maternal and childcare services for hard-to-reach /rural areas	3.1 (c) Minimum staff complement (OBGYN, Pediatrics, Registered Nurse) available in 25 identified hospitals/Health Centers providing caesarian section	3.2 (c) Minimum staff complement (OBGYN, Pediatrics, Registered Nurse) available in 25 identified hospitals/Health Centers providing caesarian section	3.3 (c) Minimum staff complement (OBGYN, Pediatrics, Registered Nurse) available in 25 identified hospitals/Health Centers providing caesarian section	3.4 (c) Minimum staff complement (OBGYN, Pediatrics, Registered Nurse) available in 25 identified hospitals/Health Centers providing caesarian section	3.5 (c) Minimum staff complement (OBGYN, Pediatrics, Registered Nurse) available in 25 identified hospitals/Health Centers providing caesarian section	
	Disbursement rule: <i>This DLR can be carried over and disbursed whenever it is achieved during the life of the Project</i>	Disbursement rule: <i>Based on unit cost of US\$ 2500 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$ 4000 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$ 4000 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$ 4000 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$ 4000 per hospital/health center</i>	
		47,500	62,500	100,000	100,000	100,000	100,000
		3.1 (c) identified Public Primary Health Facilities providing institutional deliveries with	3.2 (c) identified Public Primary Health Facilities providing institutional deliveries with	3.3(c) identified Public Primary Health Facilities providing institutional deliveries with any two of the	3.4 (c) 70% of identified Public Primary Health Facilities providing institutional deliveries with	3.5(c) 80% of identified Public Primary Health Facilities providing institutional deliveries with	
							450,000

			any two of the skilled health professionals (Medical doctor, PA, Registered nurse and Midwife)	any two of the skilled health professionals (Medical doctor, PA, Registered nurse and Midwife)	skilled health professionals (Medical doctor, PA, Registered nurse and Midwife).	any two of the skilled health professionals (Medical doctor, PA, Registered nurse and Midwife)	any two of the skilled health professionals (Medical doctor, PA, Registered nurse and Midwife)		
			Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health center with a maximum of US\$100,000</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$1000 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$1300 per hospital/health center</i>	Disbursement rule: <i>Based on unit cost of US\$1315 per hospital health center</i>		
			100,000	117,000	117,000	152,100	153,900	640,000	
Total Amount for DLI 3			142,500	287,500	342,000	342,000	442,100	443,900	2,000,000
DLI 4: Improved adolescent health (with focus on girls) as measured by specific marker indicators	0	4.0 MOH/FHD agree with MOE on a plan, and baseline, including timelines and monitoring results, to reach adolescents (girls and boys) in school through the female health counselors	4.1 ASRHR training module incorporated into curriculum for the female health counsellors in schools being recruited by MOE	4.2 Report based on the Agreed Monitoring Matrix	4.3 Report based on the Agreed Monitoring Matrix	4.4 Report based on the Agreed Monitoring Matrix	4.5 Report based on the Agreed Monitoring Matrix		
		<i>Disbursement rule: Year 0 allocation will be carried</i>							

		<i>forward to year one if not met</i>						
		50,000	150,000	200,000	200,000	200,000	200,000	1,000,000
Total Amount for DLI 4		50,000	150,000	200,000	200,000	200,000	200,000	1,000,000
DLI 5: Citizen engagement and grievance redressal system functional in the health sector		5.1 (a) Strategy for receiving feedback from citizens and final detailed implementation plan approved by the HSCC.	5.2 (a) Citizen Feedback Mechanism is conducted, is discussed in the HSCC, and report is publicly available.	5.3 (a) Citizen Feedback Mechanism is conducted, is discussed in the HSCC, and report is publicly available.	5.4 (a) Citizen Feedback Mechanism is conducted, is discussed in the HSCC, and report is publicly available.	5.5 Citizen Feedback Mechanism is conducted, is discussed in the HSCC, and report is publicly available.		
			25,000	50,000	50,000	50,000	50,000	225,000
		5.1 (b) Establish appropriate mechanisms for identifying and dealing with patient/client grievances and citizen feedback in all identified Hospitals/HCs providing Cesarean section with minimum staff.	5.2 (b) Semi-annual reports produced summarizing patient/client grievance redressal, including minutes of meeting deliberations and actions taken available, and relevant information made public from all identified Hospitals/HCs providing	5.3 (b) Semi-annual reports produced summarizing patient/client grievance redressal, including minutes of meeting deliberations and actions taken available, and relevant information made public from all identified Hospitals/HCs providing	5.4 (b) Semi-annual reports produced summarizing patient/client grievance redressal, including minutes of meeting deliberations and actions taken available, and relevant information made public from all identified Hospitals/HCs providing Cesarean section	5.5 (b) Semi-annual reports produced summarizing patient/client grievance redressal, including minutes of meeting deliberations and actions taken available, and relevant information made public from all identified Hospitals/HCs providing		

		6.0 (b) Supervision team defined and MOH directive signed by Senior management	6.1 (b) One analytic report produced, which summarizes 25 hospitals reports (includes the following information: number of counselling sessions/routine information of adolescent pregnancies number of acceptances of contraceptive methods).	6.2 (b) One analytic report produced, which summarizes 25 hospitals reports (includes the following information: number of counselling sessions/routine information of adolescent pregnancies number of acceptances of contraceptive methods).	6.3(b) One analytic report produced, which summarizes 25 hospitals reports (includes the following information: number of counselling sessions/routine information of adolescent pregnancies number of acceptances of contraceptive methods).	6.4(b) One analytic report produced, which summarizes 25 hospitals reports (includes the following information: number of counselling sessions/routine information of adolescent pregnancies number of acceptances of contraceptive methods).		
		25,000	25,000	25,000	25,000	25,000	0	125,000
		6.0(c) The MOH develops a register to collect this information and monitor this indicator	6.1(c) Register has been implemented in 25 health facility/hospital	6.2(c) Register has been implemented in 25 health facility/hospital	6.3(c) Register has been implemented in 25 health facility/hospital	6.4(c) Register has been implemented in 25 health facility/hospital		
			Disbursement rule <i>Based on unit cost of US\$1000 per hospital/health center</i>	Disbursement rule <i>Based on unit cost of US\$1000 per hospital/health center</i>	Disbursement rule <i>Based on unit cost of US\$1000 per hospital/health center</i>	Disbursement rule <i>Based on unit cost of US\$1000 per hospital/health center</i>		
		100,000	25,000	25,000	25,000	25,000	0	200,000
			6.1(d) Non-monetary	6.2(d) Non-monetary	6.3(d) Non-monetary	6.4(d) Non-monetary	6.5 (d) Top 5 hospitals will	

			Incentives to hospitals/health centers that achieved the goal	Incentives to hospitals/health centers that achieved the goal	Incentives to hospitals/health centers that achieved the goal	Incentives to hospitals/health centers that achieved the goal	receive the non-monetary incentives based on amount remaining from the previous 4 years	
			Disbursement rule <i>Based on unit cost of equivalence of US\$4000 per hospital/health center</i>	Disbursement rule <i>Based on unit cost of equivalence of US\$5000 per hospital/health center)</i>	Disbursement rule <i>Based on unit cost of equivalence of US\$6000 per hospital/health center)</i>	Disbursement rule <i>Based on unit cost of equivalence of US\$6000 per hospital/health center)</i>		
			100,000	125,000	150,000	150,000	0	525,000
	Total Amount for DLI 6	150,000	175,000	200,000	225,000	225,000	25,000	1, 000,000
TOTAL DLI AMOUNT								6,000,000

SCHEDULE 3

Commitment-Linked Amortization Repayment Schedule

The following table sets forth the Principal Payment Dates of the Credit and the percentage of the total principal amount of the Credit payable on each Principal Payment Date (“Installment Share”).

Level Principal Repayments

Principal Payment Date	Installment Share
On each June 15 and December 15 Beginning June 15, 2025 Through June 15, 2054_	1.67%
On December 15, 2054	1.47%

SCHEDULE 4
Eligible Expenditure Programs
Sector Budget Lines

Entity	Departments/Divisions/Cost Centers	Code/Chat of Accounts	Budget Lines Compensation of Employees
MOH	Curative:	0100-101409-022103-0760-0000-211101	Basic Salaries
	Curative:	0100-101409-022103-0760-0000-211110	General Allowance
	Preventive:	0200-101409-022103-0760-0000-211101	Basic Salaries
	Preventive:	0200-101409-022103-0760-0000-211110	General Allowance
	Planning, Research & Development:	0400-101409-022103-0760-0000-211101	Basic Salaries
	Planning, Research & Development:	0400-101409-022103-0760-0000-211110	General Allowance
	Health & Vital Statistics:	0500-101409-022103-0760-0000-211101	Basic Salaries
	Health & Vital Statistics:	0500-101409-022103-0760-0000-211110	General Allowance
	Administration & Management:	0600-101409-022103-0760-0000-211110	Basic Salaries
	Administration & Management:	0600-101409-022103-0760-0000-211110	General Allowance

APPENDIX

Definitions

1. “Agreed Monitoring Matrix” means the matrix to be agreed upon between MOH and MOE in connection with the Project and includes the following information: (a) ASRHR activities coordinated by female health counsellors; (b) number of students counseled by female health counsellors; (c) peer education activities conducted in schools (quiz, debate, drama, radio talk shows); (d) teenage pregnancies recorded/reported by female health counselor; and (e) school records indicating drop-out of girls from school due to pregnancy.
2. “Annual Work Plan and Budget” means the work plan and budget approved by the Association and adopted by the Recipient in accordance with the provisions of Section I.B.2 of Schedule 2 to this Agreement, as said work plan and budget may be modified from time to time with the written agreement of the Association.
3. “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.
4. “ASRHR” means adolescent sexual and reproductive health.
5. “Basic Salaries” means the financial compensation paid by the Recipient to MOH employees who may not be fully covered by the normal civil services salaries budgets at stipulated intervals for rendered services.
6. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.
7. “CERC Part” means the contingency emergency response component under Part D of the Project.
8. “Central Medical Store” or “CMS” means the Recipients’ national pharmaceutical warehouse responsible for the distribution of pharmaceutical products and medical supplies.
9. “Citizen Feedback Mechanism” means a mechanism developed by the Recipient to increase citizen voices in the decision-making process for inclusiveness and responsiveness to citizen’s needs.
10. “Community Health Assistant Program” means the Recipient’s program for training and deploying and incentivizing community health assistants (CHAs) to deliver basic services at the household level.

11. “Contingency Emergency Response Component Operations Manual” or “CERC Operations Manual” means the plan referred to in Section I.F of the Schedule 2 to this Agreement, acceptable to the Association to be adopted by the Recipient for the implementation of the CERC Part.
12. “Coordinating Authority” means the entity or entities designated by the Recipient in the CERC Operations Manual and approved by the Association pursuant to Section I.F of Schedule 2 to this Agreement, to be responsible for coordinating the CERC Part of the Project.
13. “Counties” means the following counties in the Recipient’s territory, namely, Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, Rivercess, Sinoe or any other counties which may be agreed with the Association.
14. “County Mechanism to Analyze and Review Key Data” means the Recipient’s mechanism for collecting, analyzing and reviewing data related to RMNCAH and implemented at the county level.
15. “Country Platform Meetings” means the quarterly Health Sector Coordinating Committee meetings held at the national level to discuss key indicator reports and decisions made.
16. “DLI Amount” means the amount of the Credit proceeds set forth in the rows entitled “DLI Amount” in the table in the Annex to Schedule 2 to this Agreement for the corresponding calendar year.
17. “Disbursement Linked Indicators” or “DLIs” means a set of indicators as specified in the Annex of Schedule 2 to this Agreement.
18. “Eligible Crisis or Emergency” means an event that has caused, or is likely to imminently cause, a material adverse economic and/or social, impact to the Recipient, associated with a natural or man-made crisis or disaster, including health-related emergencies.
19. “Eligible Expenditure Program” or “EEPs” means a set of defined expenditures consisting of Salaries and General Allowances provided by the Recipient as indicated under the Recipient’s sector budget lines set forth in Schedule 4 to this Agreement in respect of Part B of the Project.
20. “Emergency Expenditure” means any of the eligible expenditures set forth in the CERC Operations Manual in accordance with the provisions of Section I.F of Schedule 2 to this Agreement and required for the activities to be financed under the CERC Part.

21. “eLMIS” means electronic logistic management information system.
22. “Environmental and Social Commitment Plan” or the acronym “ESCP” means the Recipient’s environmental and social commitment plan, acceptable to the Association, dated April 17, 2020, which sets out a summary of the material measures and actions to address the potential environmental and social risks and impacts of the Project, including the timing of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any instruments to be prepared thereunder; as the ESCP may be revised from time to time, with prior written agreement of the Association, and such term includes any annexes or schedules to such plan.
23. “Environmental and Social Standards” 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”; and (x) “Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure”; effective on October 1, 2018, as published by the Association at www.worldbank.org.
24. “Essential Package of Drugs” means a list of essential drugs compiled by the MOH to address maternal, adolescent and child health, as said list may be amended from time to time.
25. “FHD” means the Ministry of Health’s Family Health Division.
26. “Functional Supply Chain” means a supply chain that enables proper planning, budgeting, execution of procurement and quality assurance and improved efficiency in the distribution of drugs from the central level to the point of service delivery.
27. “General Allowance” means the allowances or incentives provided by the Recipient through MOH to healthcare workers assigned to the 25 Hospitals and/or 120 selected facilities; as an incentive for taking on assignments in hard to reach areas and remote terrains and to increase productivity and quality of care.

28. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Investment Project Financing”, dated December 14, 2018.
29. “Health Sector Coordinating Committee” means a national platform chaired by the Ministry of Health and Social Welfare to coordinate the mobilization of resources in the health sector, advise the Minister of Health and guide reform processes, and includes donors, government and United Nations agencies active in the health sector.
30. “HR Policy” means the human resource policy for MOH which includes clear guidelines for recruitment, deployment, retention, transfers, and disciplinary action for staff.
31. “Identified Hospitals/Health Centers” means LGH (Bomi), CB Dunbar, Phebe Bong Medical Hosp, Chief Jallahlon, LGH (Buchanan), Martha Tubman, Memorial, Tellewoyan, Foya Boma, Kolahun, Curran Lutheran, CH Rennie, JJ Dossen, Redemption, JF Kennedy, James N. David, Jackson F. Doe, GW Harley, Sacleapea HC, Fish Town, St Francis ,F J Grante Hospital,Sass Town HC, Rally Time, Sinje HC.
32. “Independent Verification Agency” means the independent verifier responsible for carrying out the verification of the DLI attainment as specified in the PIM and related verification protocol and referred to in Section I.D of Schedule 2 to this Agreement.
33. “Key RMNCAH Data” means data related to reproductive, maternal, neonatal, child and adolescent health.
34. “Last Mile Delivery” means the point or destination for health services delivery.
35. “MFDP” means the Recipient’s ministry of finance and development planning.
36. “MOH” means the Recipient’s ministry of health.
37. “Operating Costs” means the incremental operating expenditures incurred by the Recipient on account of the Project implementation, management, monitoring and evaluation, including salaries of contractual staff, office maintenance and office repairs, operation and maintenance of vehicles, maintenance of equipment, rental expenses, utilities, as well as expenditures for materials and supplies, communication costs, support for information systems, translation costs, bank charges, accommodation, travel and per diem costs of the Project staff, salaries of locally contracted staff and other reasonable expenditures directly associated with implementation of the Project activities, all based on an annual budget acceptable

to the Association, but excluding salaries of officials of the Recipient's civil service and such other expenditures as may be agreed by the Association.

38. "PBF" or "Performance Based Financing" means a financing mechanism under which PBF Grant Beneficiary receives a PBF Grant for delivering a PBF Subproject that meets performance indicators set out in a PBF Grant Agreement.
39. "PBF Grant Agreement" means an agreement to be concluded between the Recipient and a PBF Grant Beneficiary in accordance with the provisions of Section I.E.1(b) of Schedule 2 to this Agreement.
40. "PBF Grant" means a grant or subsidy made or proposed to be made out of the proceeds of the Financing to a PBF Grant Beneficiary for the results attained as a result of implementing the Subproject.
41. "PBF Grant Beneficiary" means select primary health care facilities, hospitals and counties identified in accordance with the eligibility criteria identified in the PIM.
42. "PBF Subproject" means a package of reproductive, maternal, neonatal, child and adolescent, health services rendered by a PBF Grant Beneficiary to improve the coverage and quality of said services, as defined in the PIM.
43. "PBF Unit" or "Performance-Based Financing Unit" means the unit referred to in Section I.A.4 of Schedule 2 to this Agreement.
44. "PBF Verification Agent" means the verification agent for Part A.3(b) of the Project and referred to in Section I.E.2 of Schedule 2 to this Agreement.
45. "Procurement Regulations" means, for purposes of paragraph 87 of the Appendix to the General Conditions, the "World Bank Procurement Regulations for IPF Borrowers", dated July 2016, revised November 2017 and August 2018.
46. "Project Manager" means the coordinator for the Project referred to in Section I.A.2 of Schedule 2 to this Agreement.
47. "Project Implementation Manual" or "PIM" means the manual to be adopted pursuant to the provisions of Section I.B.1 of Schedule 2 to this Agreement.
48. "Project Financial Management Unit" or "PFMU" means the unit referred to in Section I.A.3 of Schedule 2 to this Agreement.
49. "Project Implementation Unit" or "PIU" means the unit referred to in Section I.A.2 of Schedule 2 to this Agreement.

50. “Public Primary Health Facilities” means the public primary health facilities providing skilled health professional services (medical doctors, physician assistants, registered nurses, and midwives).
51. “Redemption Hospital” means the Recipient public hospital in Montseraddo county responsible for providing secondary health care, and health services.
52. “Redemption Hospital Phase 1” means the construction phase of this hospital supported under the ongoing Association financed *Ebola Emergency Response Project (P152359 Grant No H991-LR)*.
53. “Redemption Hospital Phase 2” means the construction phase of the hospital and supply and installation of the necessary goods to operationalize the hospital to be financed under the proposed Project.
54. “RMNCAH” means reproductive, maternal, neonatal, child, and adolescent health.
55. “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.
56. “Training” means the training provided under the Project, including seminars, workshops, knowledge sharing activities and study tours, and covers the following costs associated with such activity: travel and subsistence expenditures and other travel-related allowances for training participants such as per diems and reasonable accommodation costs, costs associated with securing the services of trainers, rental of training facilities, preparation and reproduction of training materials, and other costs directly related to training preparation and implementation, all based on periodic budgets acceptable to the Association (but excluding costs of consulting services).
57. “Verification Protocol” means an official system of definitions, rules and procedures governing the verification of results under the Project and described in the PIM satisfactory to the Association.
58. “Year” or “Years” means any or all of Year 0, Year 1, Year 2, Year 3, Year 4 or Year 5, as the context may require.
59. "Year 0" means the period starting on the Signature Date and ending on June 30, 2021.
60. “Year 1” means the period starting on July 1, 2021 and ending on June 30, 2022.
61. “Year 2” means the period starting on July 1, 2022 and ending on June 30, 2023.
62. “Year 3” means the period starting on July 1, 2023 and ending on June 30, 2024.

63. “Year 4” means the period starting on July 1, 2024 and ending on June 30, 2025.
64. “Year 5” means the period starting on July 1, 2025 and ending on August 31, 2026.