
GRANT NUMBER E2450-TJ

Financing Agreement

(Tajikistan *Millati Solim* Project)

between

REPUBLIC OF TAJIKISTAN

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

GRANT NUMBER E2450-TJ

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF TAJIKISTAN (“Recipient”) and INTERNATIONAL DEVELOPMENT ASSOCIATION (“Association”).

WHEREAS,

- (A) the Bank, acting as administrator of the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, and the Republic of Tajikistan have entered into a grant agreement (“GFF Grant Agreement”) dated as of the Signature Date for the purpose of providing a grant in an amount not to exceed twelve million five hundred thousand United States Dollars (\$12,500,000) to assist in financing the project described in Schedule 1 to this Agreement (“Project”) on the terms and conditions set forth in said GFF Grant Agreement;
- (B) the Bank, acting as administrator of the Health Emergency Preparedness and Response Multi-Donor Trust Fund, and the Republic of Tajikistan have entered into a grant agreement (“HEPR Grant Agreement”) dated as of the Signature Date for the purpose of providing a grant in an amount not to exceed four million seven hundred fifty thousand United States Dollars (\$4,750,000) to assist in financing the Project on the terms and conditions set forth in said HEPR Grant Agreement;
- (C) the Association has agreed to also provide support to the Recipient in the form of a grant on the terms and conditions as described below;

NOW THEREFORE, the Recipient and the Association hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

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

ARTICLE II — FINANCING

- 2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions, in an amount equivalent to twenty-nine million eight hundred thousand Special Drawing Rights (SDR 29,800,000) (“Financing”), to assist in financing the Project.
- 2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section III of Schedule 2 to this Agreement.

- 2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.
- 2.04. The Payment Dates are April 15 and October 15 in each year.
- 2.05. The Payment Currency is Dollar.

ARTICLE III — PROJECT

- 3.01. The Recipient declares its commitment to the objective of the Project. To this end, the Recipient, through MoHSPP, shall carry out Parts 1, 2, 4 and 5 of the Project, in accordance with the provisions of Article V of the General Conditions and Schedule 2 to this Agreement.

ARTICLE IV — EFFECTIVENESS; TERMINATION

- 4.01. The Additional Conditions of Effectiveness consist of the following:
 - (a) the GFF Grant Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled;
 - (b) the HEPR Grant Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled;
 - (c) the Recipient has developed and adopted the POM satisfactory to the Association;
 - (d) the Recipient has appointed a Project director, two (2) Project deputy directors and a Project coordinator, all with terms of reference and qualifications acceptable to the Association; and
 - (e) the Recipient has established the Technical Support Group (“TSG”) in a manner satisfactory to the Association.
- 4.02. The Effectiveness Deadline is the date ninety (90) days after the Signature Date.
- 4.03. For purposes of Section 10.05(b) of the General Conditions, the date on which the obligations of the Recipient under this Agreement (other than those providing for payment obligations) shall terminate is twenty (20) years after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

- 5.01. The Recipient's Representative is its Minister of Finance.
- 5.02. For purposes of Section 11.01 of the General Conditions: (a) the Recipient's address is:
- Ministry of Finance
6, Sheroz Street
Dushanbe, 734025
Republic of Tajikistan; and
- (b) the Recipient's Electronic Address is:
Facsimile: (992-372)216410
- 5.03. For purposes of Section 11.01 of the General Conditions: (a) the Association's address is:
- International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and
- (b) the Association's Electronic Address is:
- | | |
|--------------|----------------|
| Telex: | Facsimile: |
| 248423 (MCI) | 1-202-477-6391 |

AGREED as of the Signature Date.

REPUBLIC OF TAJIKISTAN

By

Faiziddin Qahhorzoda

Authorized Representative

Name: Faiziddin Qahhorzoda

Title: Minister of Finance

Date: 17-Jan-2024

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Ozan Sevimli

Authorized Representative

Name: Ozan Sevimli

Title: Country Manager

Date: 02-Jan-2024

SCHEDULE 1

Project Description

The objectives of the Project are to: (a) improve the quality and efficiency of primary healthcare services in Selected Districts; and (b) strengthen the national capacity to respond to public health emergencies.

The Project consists of the following parts:

Part 1: Quality Improvements of Primary Care through Primary Healthcare Strengthening

1.1 Quality Improvements of Primary Care through Investments in Human Resources and Demand Stimulation

- (a) Reviewing existing retention policies and developing arrangements for strengthening capacity and retention of family medicine doctors and nurses in rural areas, including implementation and evaluation of impact of retention policies and workforce optimization strategies in the Selected Districts 1.
- (b) Improving knowledge and management of PHC providers in the Selected Districts 1 through: (i) six (6) month in-person training of doctors and nurses in family medicine; (ii) PHC management training; (iii) development and establishment of a national online platform for delivery of continuous medical education to PHC providers; (iv) technical assistance to revise the specialty standards and curricula for specialists working at the PHC level; and (v) rehabilitation of the Republican Clinical Training Center and its six (6) regional branches, including the provision of office equipment and simulation centers established under the Republican Clinical Training Center to improve training of family medicine doctors and nurses.
- (c) Carrying out demand-side stimulation and citizen engagement activities, including through: (i) mobile outreach with various health-related messages to citizens through Mobile Engage; (ii) health promotion activities, and (iii) carrying out nationwide patient survey(s) to measure citizens' view and satisfaction with healthcare services at the PHC level.
- (d) Integrating GBV services in the health sector, focusing on the PHC level, through: (i) national policy development to guide health sector response to GBV including highlighting evidence of the cost-effectiveness of GBV services to allow for their integration in basic benefit package and strengthening reporting of GBV cases; (ii) development of referral pathways, clinical guidelines, and provision of training of healthcare workers in GBV response; and (iii) conducting awareness campaigns about GBV for healthcare workers and citizens, including through use of Mobile Engage platform and development and operation of a hotline for GBV victims.

1.2 Quality Improvements of Primary Care through Physical Infrastructure Improvements

- (a) (i) Rehabilitation of existing, and construction of new, PHC facilities in the Selected Districts 1; and (ii) provision of basic medical/laboratory and computer equipment, focusing on rural health centers (RHC).
- (b) (i) Developing a concept of providing mobile PHC services to populations in remote areas; and (ii) financing implementation of the concept of providing mobile PHC services in Selected Districts 1.
- (c) (i) Conducting a study of alternative sources of heating and lighting for rural PHC facilities; (ii) preparation of standard designs for PHC facilities; (iii) conducting PHC facility site surveys and associated studies; (iv) carrying out quality assurance activities for civil works; (v) obtaining permit and/or legal documentation for PHC facilities; (vi) installing solar panels and other alternative energy sources; (vii) office equipment; and (viii) investments to improve provision of mobile PHC services for remote districts.

Part 2: Efficiency-enhancing reforms in the PHC network

2.1 Strategic Purchasing of PHC services

- (a) (i) Establishing and operationalizing the Health Services Purchasing Structure, including conceptualization and development of the legal framework, initial staff, capacity building of the Health Services Purchasing Structure; (ii) procurement of equipment and furniture for the new MoHSPP headquarters' building; and (iii) the development of a service delivery network masterplan/network optimization plan to optimize the service delivery network;
- (b) Introducing strategic purchasing through: (i) the revision and costing of the national PHC benefit package; (ii) the development and implementation of a regulatory framework for the legal and regulatory changes required to transition from the input-based PHC payment mechanism to payments based on capitation and outputs, including staffing norms revision and approval; (iii) the development of a national resource mobilization roadmap for the health sector; (iv) the development and implementation in Selected Districts 2 of an accreditation program for PHC providers and training for such PHC providers; (v) the development of a national PHC contracting mechanism; (vi) the development of a change management and communication roadmap; and (vii) the implementation of strategic purchasing in Selected Districts 2, including training of healthcare workers and PHC managers in strategic purchasing.

2.2 Digitalization and infrastructure upgrade of the PHC network

Digitalization and infrastructure upgrading, including through:

- (a) (i) the development and implementation of EPR; and (ii) the development and implementation of basic EMR in Selected Districts 2 through training of PHC workers and managers.
- (b) design, development, and implementation of the PHC management dashboard and development of business intelligence software and electronic payment systems to collect and process data from EPR, EMR and DHIS.
- (c) upgrading of priority PHC facilities in Selected Districts 2 to meet the accreditation criteria, including renovation or extension of PHC facilities, establishing internet access and local area networks, and procurement of related equipment and other goods required by the accreditation program.

Part 3: Health Emergency Preparedness and Response

Strengthening the system of health emergency preparedness and response in Tajikistan through:

- (a) (i) conducting an assessment of the current capabilities of SES in the area of health emergency preparedness and response and building capacity to prevent, detect and respond to emergencies, (ii) updating standard operating procedures and protocols (including sanitary aviation concept) and (iii) developing PHC facility-level emergency plans in the Selected Districts 1;
- (b) providing training of PHC workers in infection prevention and control and antimicrobial resistance in the Selected Districts 1 and training of epidemiologists at the national level;
- (c) strengthening the coordination of emergency response between the PHC network and SES;
- (d) strengthening laboratory systems of SES regional branches through: (i) the procurement of vehicles to transport specimens and samples; (ii) the purchase of lab equipment for disease prevention and detection; and (iii) rehabilitation of SES's lab facilities;
- (e) strengthening community engagement on public health-focused risk communication;
- (f) estimating the costs for dissemination, implementation, and advocacy of a National Action Plan for Implementation of IHR;
- (g) carrying out: (i) procurement of a limited stockpile of emergency goods and other items required at sanitary quarantine border points, as further specified in the POM; and (ii) rehabilitation of two warehouses as further specified in the POM for storage of the stockpile and other items;
- (h) conducting annual simulation exercises to improve functionality of emergency coordination mechanism; and

- (i) building the capacity of the MoHSPP on preparedness and response to health emergencies.

Part 4: Project Management, Coordination, and Results Monitoring

- 4.1 Project management, coordination, and results monitoring, including through: (a) the financing of Operating Costs, Project audits, and verification costs of the Independent Verification Agent; (b) capacity building of MoHSPP staff to adapt and implement the efficiency-enhancing reforms; (c) capacity building of MoF staff to adapt and implement the efficiency-enhancing reforms; and (d) supporting the establishment of the Health Analysis Unit in the MoHSPP through the financing of technical assistance and training for the five (5) years of the Project.
- 4.2 Conducting biannual surveys of staff working at relevant health facilities at the national and sub-national level starting from calendar year 2024 to collect data on service-readiness, including a final service delivery indicator survey to be carried out by an independent survey organization/firm to gather information on a wide range of structural and process quality indicators.

Part 5: Contingent Emergency Response

Provision of immediate response to an Eligible Crisis or Emergency, as needed.

SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements.

1. The Recipient shall vest the overall responsibility for the implementation of the Project in MoHSPP, and to this end, through MoHSPP, shall:
 - (a) maintain throughout the period of Project implementation a Technical Support Group (“TSG”) within MoHSPP, with adequate funds and other resources, mandate/functions, and with qualified and experienced personnel in adequate numbers and as satisfactory to the Association, as shall be necessary to accomplish the Project objective as further detailed in the Project Operations Manual, and responsible for, *inter alia*: (i) collecting and consolidating data; (ii) evaluating results; and (iii) providing in a timely manner relevant information to the Association and, as applicable, other stakeholders on the implementation of the Project and achievement of the PBTs; and
 - (b) operate and maintain DRPHCIR within MoHSPP until the completion of the Project for the purposes of coordinating the Project and ensuring that DRPHCIR functions at all times in a manner and with adequate staffing and budgetary resources, all acceptable to the Association.
2. Not later than thirty (30) days after the Effective Date, the Recipient shall establish and thereafter maintain throughout the period of Project implementation a Project coordination group, with mandate and composition satisfactory to the Association, and responsible for, *inter alia*, providing oversight, technical guidance, and policy direction to the implementation of the Project.
3. Not later than ninety (90) days after the Effective Date, the Recipient shall establish and thereafter maintain throughout the period of Project implementation an inter-sectoral committee, with mandate and composition satisfactory to the Association, and responsible for, *inter alia*, inter-sectoral Project oversight for activities requiring inter-sectoral collaboration.
4. Not later than thirty (30) days after the Effective Date, the Recipient shall: (a) configure the accounting software in use at MoHSPP to support the scope of the Project; and (b) recruit two (2) procurement specialists, a financial management specialist, and two (2) disbursement specialists; all with qualifications, experience, and terms of reference satisfactory to the Association and thereafter maintain such positions throughout the Project implementation period.

B. Project Operations Manual

1. The Recipient shall adopt an operations manual for the Project, satisfactory to the Association (“Project Operations Manual”), and thereafter carry out the Project in

accordance with such manual, which shall include *inter alia* provisions on the following matters:

- (a) detailed description of Project activities;
 - (b) institutional arrangements for the oversight, coordination, management and day-to-day implementation of the Project;
 - (c) financial management;
 - (d) procurement and contract management;
 - (e) arrangements for preventing, detecting, reporting, investigation, remediation and otherwise addressing fraud and corruption, including compliance with the Anti-Corruption Guidelines;
 - (f) environmental and social management systems, including on grievance redressal mechanism, gender-based violence and sexual exploitation and abuse (GBV/SEA);
 - (g) monitoring and evaluation, reporting and communication;
 - (h) disbursement and flow of funds arrangements;
 - (i) selection criteria and procedures for the selection of TSG members;
 - (j) delegation of certain implementation functions of the Project director during his/her absence in order to avoid any implementation delays of the Project; and
 - (k) such other administrative, financial, technical and organizational arrangements and procedures as shall be required for the Project.
2. Except as the Association shall otherwise agree in writing, the Recipient shall not amend, waive, suspend, or abrogate any provision of the Project Operations Manual.
3. In case of any inconsistency between any provisions of the Project Operations Manual and those of this Agreement, the provisions of this Agreement shall prevail.

C. Independent Verification Agency for PBCs under Part 2.1(a) of the Project

The Recipient shall, for purposes of carrying out Part 2.1(a) of the Project:

- (i) appoint, not later than three (3) months after the Effective Date, and thereafter maintain until the completion of the verification obligations under this Agreement, an independent verification agent, under terms of reference satisfactory to the Association, (“Independent Verification Agent” or “IVA”), which shall include such agent’s obligation to verify achievement of the PBTs; and
- (ii) ensure that such agent: (A) carries out such verification in accordance with the Verification Protocol; and (B) submits to the Association the related verification reports (“Independent Verification Reports”) in a timely manner and in form and substance satisfactory to the Association.

D. 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, as provided in the ESCP;
 - (b) sufficient funds are available to cover the costs of implementing the ESCP;
 - (c) policies and procedures are maintained, and qualified and experienced staff in adequate numbers are retained to implement the ESCP, as provided in the ESCP; and
 - (d) the ESCP, or any provision thereof, is not amended, repealed, suspended, or waived, except as the Association shall otherwise agree in writing, as specified in the ESCP, and ensure that the revised ESCP is disclosed promptly thereafter.
3. In case of any inconsistencies between the ESCP and the provisions of this Agreement, the provisions of this Agreement shall prevail.
4. The Recipient shall ensure that:
 - (a) all measures necessary are taken to collect, compile, and furnish to the Association through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Association, information on the status of compliance with the ESCP and the environmental and social instruments referred to therein, all such reports in form and substance acceptable to the Association, setting out, inter alia: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions; and
 - (b) the Association is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, in accordance with the ESCP, the environmental and social instruments referenced therein and the Environmental and Social Standards.
5. The Recipient shall establish, publicize, maintain, and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and

appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Association.

6. The Recipient shall ensure that all bidding documents and contracts for civil works under the Project include the obligation of contractors, 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.

E. Contingent Emergency Response.

1. In order to ensure the proper implementation of contingent emergency response activities under Part 5 of the Project (“Contingent Emergency Response Part”), the Recipient shall ensure that:
 - (a) a manual (“CERC Manual”) is prepared and adopted in form and substance acceptable to the Association, which shall set forth detailed implementation arrangements for the Contingent Emergency Response Part, including: (i) any structures or institutional arrangements for coordinating and implementing the Contingent Emergency Response Part; (ii) specific activities which may be included in the Contingent Emergency Response Part, Eligible Expenditures required therefor (“Emergency Expenditures”), and any procedures for such inclusion; (iii) financial management arrangements for the Contingent Emergency Response Part; (iv) procurement methods and procedures for the Contingent Emergency Response Part; (v) documentation required for withdrawals of Financing amounts to finance Emergency Expenditures; (vi) a description of the environmental and social assessment and management arrangements for the Contingent Emergency Response Part; and (vii) a template Emergency Action Plan;
 - (b) the Emergency Action Plan is prepared and adopted in form and substance acceptable to the Association;
 - (c) the Emergency Response Part is carried out in accordance with the CERC Manual and the Emergency Action Plan; provided, however, that in the event of any inconsistency between the provisions of the CERC Manual or the Emergency Action Plan and this Agreement, the provisions of this Agreement shall prevail; and
 - (d) neither the CERC Manual nor the Emergency Action Plan is amended, suspended, abrogated, repealed or waived without the prior written approval by the Association.
2. The Recipient shall ensure that the structures and arrangements referred to in the CERC Manual are maintained throughout the implementation of the Contingent

Emergency Response Part, with adequate staff and resources satisfactory to Association.

3. The Recipient shall ensure that:
 - (a) the environmental and social instruments required for the Contingent Emergency Response Part are prepared, disclosed and adopted in accordance with the CERC Manual and the ESCP, and in form and substance acceptable to the Association; and
 - (b) the Contingent Emergency Response Part is carried out in accordance with the environmental and social instruments in a manner acceptable to the Association.
4. Activities under the Contingency Emergency Response Part shall be undertaken only after an Eligible Crisis or Emergency has occurred.

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 Financing

A. General

Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Recipient may withdraw the proceeds of the Financing to finance Eligible Expenditures in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table:

Category	Amount of the Financing Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (exclusive of Taxes, other than custom duties, excise duties and withholding tax)
(1) PBC Expenditures for Part 2.1(a) of the Project, excluding Salaries of the PS's Staff	3,576,000	100%, subject to conditions set forth in Part B of this Section and up to the amount allocated to each PBT, except for PBT 1.5, as set forth in the table in Schedule 3
(2) PBC Expenditures for Part 2.1(a) of the Project for Salaries of the PS's Staff	298,000	100%, subject to conditions set forth in Part B of this Section and up to the amount allocated to PBT 1.5, as set forth in the table in Schedule 3
(3) Goods, works, consulting services, non-consulting services, Training, and Operating Costs for the Project, except for Parts 2.1(a) and 3	25,926,000	100%
(4) Goods, works, consulting services, non-consulting services and Training for Part 3 of the Project	-	-
(5) Emergency Expenditures	0	100%
TOTAL AMOUNT	29,800,000	-

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
 - (a) for payments made prior to the Signature Date;
 - (b) under Category (1) and (2) unless and until the Recipient has furnished to the Association:
 - (i) evidence, in form and substance satisfactory to the Association, that the respective PBT(s) specified in the table in Schedule 3 to this Agreement have been achieved and verified in accordance with Section I.C of this Schedule;
 - (ii) evidence of actual Eligible Expenditures; and
 - (iii) a withdrawal application for said PBT(s), in form and substance satisfactory to the Association; and
 - (c) for Emergency Expenditures under Category (5), unless and until all of the following conditions have been met in respect of said expenditures:
 - (i) (A) the Recipient has determined that an Eligible Crisis or Emergency has occurred, and has furnished to the Association a request to withdraw Financing amounts under Category (5); and (B) the Association has agreed with such determination, accepted said request and notified the Recipient thereof; and
 - (ii) the Recipient has adopted the CERC Manual and Emergency Action Plan, in form and substance acceptable to the Association.
2. Notwithstanding the provisions of Part B.1(b) of this Section:
 - (a) with respect to PBTs related to Category (1) and (2), the Recipient may request withdrawals in accordance with the Disbursement and Financial Information Letter, but prior to PBTs having been met, provided that the Recipient shall: (i) meet such PBTs no later than the Closing Date; and (ii) submit to the Association evidence satisfactory to the Association of such PBTs having been met no later than the Disbursement Deadline Date.
 - (b)
 - (i) If by or before the Disbursement Deadline Date, the Recipient has failed to provide the Association evidence satisfactory to the Association that the PBTs related to Category (1) and (2) have been fully met, the Recipient shall, upon notice from the Association, promptly refund to the Association the Withdrawn Grant Balance related to such PBTs.
 - (ii) Except as the Association may otherwise determine, the Association shall cancel all amounts refunded pursuant to this Section.

- (c) if the Association determines, at any time, that any portion of the amounts disbursed under Category (1) and (2) was made for expenditures that are not eligible PBT Expenditures, the Recipient shall promptly refund any such amount to the Association as the Association shall specify by notice to the Recipient.
 - (d) if the Association determines that any PBT has not been met or has been partially met by the date by which such PBT is set to be achieved in accordance with Schedule 3 to this Agreement (or such later date as the Association has established by notice to the Recipient), the Association may, in its sole discretion, by notice to the Recipient: (i) withhold in whole or in part the amount of the Grant allocated to any such PBT; (ii) disburse in whole or in part the amount of the Grant allocated to such PBT at any later time when such PBT is met; (iii) reallocate in whole or in part any amount of the Grant allocated to such PBT to other PBT(s) under Category (1) and (2) or to other Categories; and/or (iv) cancel in whole or in part the amount of the Grant allocated to any such PBT.
3. The Closing Date is December 31, 2028.

SCHEDULE 3

Performance-Based Conditions

Performance-Based Conditions ("PBCs")	Performance-Based Targets ("PBTs")	Amount of the Financing for PBC Allocated (expressed in USD)
PBC 1: Policy and institutional reforms for introducing strategic purchasing adopted.	(1.1) By December 31, 2025: National health service delivery network optimization plan has been developed and approved by Recipient	400,000
	(1.2) By December 31, 2026: Single state-guaranteed benefit package for PHC developed, costed, and approved by Recipient	-
	(1.3) By December 31, 2026: Staffing norms for PHCs revised and approved by Recipient	1,300,000
	(1.4) By December 31, 2027: Regulatory framework to increase the PHC providers' autonomy developed and approved by Recipient	1,300,000
	(1.5) (a) By December 31, 2027: (i) the Health Services Purchasing Structure has been established by Recipient; (ii) a multi-year human resources plan has been developed based on international good practices and adopted by the Recipient; and (iii) the Health Services Purchasing Structure has been staffed according to multi-year human resources plan adopted in 2027. (b) By August 31, 2028: the Health Services Purchasing Structure has been staffed according to multi-year human resources plan adopted in 2028.	For (a): 300,000 For (b): 100,000
<i>PBC 1 Total</i>		3,400,000
	(2.1) By December 31, 2026: EPR is functional, integrated with the civil registry	900,000

PBC 2: EPR and EMR are functional	and satisfying conditions set out in this Schedule 3.	
	(2.2) By December 31, 2027: EMR are functional and satisfying conditions set out in this Schedule 3.	900,000
<i>PBC 2 Total</i>		1,800,000
TOTAL AMOUNT FOR PBCs		5,200,000

1. PBC 2 Conditions for EMR and EPR

- (a) In order to satisfy the condition that “EMR is functional,” the Recipient shall demonstrate that:
 - (i) EMR is developed as per approved requirements analysis and design specifications;
 - (ii) EMR is deployed on an MoHSPP provided server;
 - (iii) at least (A) one healthcare worker per each district, city and rural health center facility in Selected Districts 2 and (B) relevant staff at the MoHSPP and the RCMSI have been trained to use EMR; and
 - (iv) each primary healthcare facility in Selected Districts 2 have the necessary infrastructure to use EMR.
- (b) In order to satisfy the condition that “EPR is functional,” the Recipient shall demonstrate that:
 - (i) EPR is developed as per approved requirements analysis and design specifications including an integration with the civil registry;
 - (ii) EPR is deployed on an MoHSPP provided server;
 - (iii) at least (A) one healthcare worker per each district, city and rural health center facility in Selected Districts 2 and (B) relevant staff at the MoHSPP and the RCMSI have been trained to use EPR; and
 - (iv) each primary healthcare facility in Selected Districts 2 have the infrastructure to use EPR.

APPENDIX

Definitions

1. “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.
2. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.
3. “CERC Manual” means the manual referred to in Section 1.E of Schedule 2 to this Agreement, as such manual may be updated from time to time with the agreement of the Association, and which is an integral part of the Project Operations Manual.
4. “Contingency Emergency Response Component” means any activity or activities to be carried out under Part 5 of the Project to respond to an Eligible Crisis or Emergency.
5. “DHIS” means District Health Information System, the Recipient’s health information management data platform hosted by MoHSPP.
6. “Disbursement Deadline Date” means the final date established by the Association in the Disbursement and Financial Information Letter for receipt by the Association of applications for withdrawal and supporting documentation.
7. “DRPHCIR” means the Directorate for Reforms, Primary Healthcare, and International Relations within the MoHSPP, as amended to the Signature Date or any successor acceptable to the Association.
8. “Eligible Crisis or Emergency” means an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster.
9. “Emergency Action Plan” means the plan referred to in Section 1.E of Schedule 2 to this Agreement, detailing the activities, budget, implementation plan, and monitoring and evaluation arrangements, to respond to the Eligible Crisis or Emergency.
10. “Emergency Expenditures” means any of the eligible expenditures set forth in the CERC Manual referred to in Section 1.E of Schedule 2 to this Agreement and required for the Contingent Emergency Response Part.
11. “EMR” means electronic medical records.
12. “Environmental and Social Commitment Plan” or “ESCP” means the environmental and social commitment plan for the Project, dated August 23, 2023, as the same may be amended from time to time in accordance with the provisions thereof, which sets out the material measures and actions that the Recipient shall

carry out or cause to be carried out to address the potential environmental and social risks and impacts of the Project, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any environmental and social instruments to be prepared thereunder.

13. “Environmental and Social Standards” or “ESSs” means, collectively: (i) “Environmental and Social Standard 1: Assessment and Management of Environmental and Social Risks and Impacts”; (ii) “Environmental and Social Standard 2: Labor and Working Conditions”; (iii) “Environmental and Social Standard 3: Resource Efficiency and Pollution Prevention and Management”; (iv) “Environmental and Social Standard 4: Community Health and Safety”; (v) “Environmental and Social Standard 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”; (vi) “Environmental and Social Standard 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources”; (vii) “Environmental and Social Standard 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities”; (viii) “Environmental and Social Standard 8: Cultural Heritage”; (ix) “Environmental and Social Standard 9: Financial Intermediaries”; (x) “Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure”; effective on October 1, 2018, as published by the Association.
14. “EPR” means Recipient’s electronic patient registry, including electronic medical cards for citizens of the Recipient.
15. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Investment Project Financing”, dated December 14, 2018 (last revised on July 15, 2023).
16. “GBV” means gender-based violence.
17. “GFF Grant Agreement” means the grant agreement as of the Signature Date between the Republic of Tajikistan and the International Development Association, acting as administrator of the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, relating to the Project.
18. “Health Analysis Unit” means the unit to be established by the Recipient within MoHSPP under Part 4.1 of the Project and responsible for, *inter alia*, support in the implementation of health reforms and health sector financing reforms; generating new scientific evidence on the current situation of the Tajik health sector, analyze them, and make policy recommendations; track other sector programs and plans; participate in the development and management of PHC dashboard.
19. “Health Services Purchasing Structure” means an autonomous or semi-autonomous legal entity with regional branches that will act as a single purchaser of the health care services.
20. “HEPR Grant Agreement” means the grant agreement as of the Signature Date between the Republic of Tajikistan and the International Development Association, acting as administrator of the Health Emergency Preparedness and Response Program Multi-Donor Trust Fund, relating to the Project.

21. “Independent Verification Agent” or “IVA” means either a consultant or consultants or a panel of experts selected in accordance with the criteria set forth in the POM and referred to in Section I.C of Schedule 2 to this Agreement.
22. “Independent Verification Report” means each of the reports referred to in Section I.C of Schedule 2 to this Agreement.
23. “*Millati Solim*” means healthy nation.
24. “Mobile Engage” means an SMS-based platform used *inter alia* for broad communication to Recipient’s citizens during the COVID-19 pandemic to inform the public about COVID-19 risks.
25. “MoHSPP” means the Recipient’s Ministry of Health and Social Protection of Population, or any successor thereto acceptable to the Association.
26. “National Action Plan for Implementation of IHR” means a country-owned, multi-year, document that sets out plans to accelerate the implementation of International Health Regulations core capacities, and is based on One Health for all-hazards, whole-of-government approach.
27. “Operating Costs” means the incremental operating expenditures incurred by the Recipient, through MoHSPP, for the Project implementation, management, monitoring and evaluation, including salaries of contractual staff (but excluding salaries of officials of the Recipient’s civil service), and the associated Social Charges, office rent, office materials and supplies, utilities, communication costs, transport and vehicle maintenance costs (including fuel), support for information systems, technical support, internet connection, registration fees, translation costs, bank charges, and travel and per diem costs of MoHSPP and TSG staff, and other reasonable expenditures directly associated with implementation of Project activities, all as approved by the Association.
28. “PBCs” means the performance-based conditions referenced in Schedule 3 to this Agreement.
29. “PBC Expenditures” means goods, works, consulting services, non-consulting services, Training and Salaries of the PS’s Staff.
30. “PBTs” means the performance-based targets or action(s) to be completed by the Recipient as set out in the table in Schedule 3 to this Agreement for determining whether a PBC has been satisfied, in whole or in part.
31. “PHC” means primary health care.
32. “Procurement Regulations” means, for purposes of paragraph 85 of the Appendix to the General Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated November 2020.

33. “Project Operations Manual” or “POM” means the Recipient’s operations manual acceptable to the Association and adopted by the Recipient pursuant to Section I.B of Schedule 2 of this Agreement.
34. “Republican Clinical Training Center” means an institution under the MoHSPP that provides training on retraining health workers to family medicine workers and nurses; organizes PHC services based on the principles of family medicine.
35. “RCMSI” means the Recipient’s Republican Center for Medical Statistics and Information, or any successor acceptable to the Association.
36. “Salaries of the PS’s Staff” means the salaries of contractual staff of the Health Services Purchasing Structure and the associated Social Charges (but excluding salaries of officials of the Recipient’s civil service as may be transferred from relevant Recipient’s governmental or semi-governmental agencies or organizations and all costs of services and service delivery to be provided by the Health Services Purchasing Structure), all as approved by the Association.
37. “Selected Districts” means, collectively, Selected Districts 1 and Selected Districts 2.
38. “Selected Districts 1” means the following sixteen administrative subdivisions of the Recipient: Danghara, Levakant, J. Balkhi, Khuroson, Baljuvon, Muminobod, Sh. Shohin, Bokhtar, Nurek, Temurmaliq, Sangvor, Shahrinav, Rasht, Rushon, Roshkal’a, Shughnon, or any other administrative subdivision of the Recipient as may be agreed in writing with the Association.
39. “Selected Districts 2” means the territory of the municipality of Dushanbe and of the regional subdivision of Sughd, or any other administrative subdivision of the Recipient as may be agreed in writing with the Association.
40. “SES” means State Sanitary Epidemiological Service, the Recipient’s entity, inter alia, is responsible for the supervision and monitoring of the sanitary and epidemiological situation in the country, responding to epidemics, accrediting laboratories, and conducting on-site inspections to identify violations.
41. “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.
42. “Social Charges” means any payments or contributions for health benefits, unemployment benefits, disability insurance, workers’ compensation benefits, retirement (pension or social security) benefits, and life insurance, or any other benefits according to the Recipient’s legislation.
43. “Technical Support Group” or “TSG” means the Recipient’s technical support group referred to in Section I.A.1(a) of Schedule 2 to this Agreement, or any successor thereto acceptable to the Association.
44. “Training” means expenditures (other than those for consulting services) incurred in connection with training courses, seminars, workshops, and other training

activities, not included under goods or service providers' contracts, including costs of training materials, space and equipment rental, travel, per diem costs for trainees and trainers, and trainers' fees (as applicable), all as approved by the Association.

45. "Verification Protocol" means the protocol, which forms part of the POM, setting forth the basis and methodology for verification of the achievement of PBTs, as the same may be modified from time to time with the prior written agreement of the Association.