
CREDIT NUMBER 7638-NG

Financing Agreement

(Nigeria Primary Healthcare Provision Strengthening (HOPE-PHC) Program)

between

FEDERAL REPUBLIC OF NIGERIA

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

CREDIT NUMBER 7638-NG

FINANCING AGREEMENT

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

WHEREAS:

- (A) By a grant agreement to be entered into between the Recipient and the Association (the “GFF Grant Agreement”), the Association jointly with the International Bank of Reconstruction and Development, acting as administrator of the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, intends to extend to the Recipient a grant in the aggregate amount of seventy million fourteen thousand five hundred and seventy-five Dollars (\$70,014,575) to assist in the financing of the Operation as defined below.
- (B) The Association has agreed, on the basis, *inter alia*, of the foregoing to extend a credit to the Recipient to assist in the financing of the Operation upon the terms and conditions set forth in this Agreement.

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 credit, which is deemed as Concessional Financing for purposes of the General Conditions, in the amount of five hundred million Dollars (\$500,000,000), as such amount may be converted from time to time through a Currency Conversion (variously, “Credit” and “Financing”), to assist in financing the program described in Part 1 of Schedule 1 to this Agreement (“Program”) and the project described in Part 2 of Schedule 1 of this Agreement (“Project”, and together with the Program, hereinafter jointly referred to as the “Operation”).

- 2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section IV of Schedule 2 to this Agreement. All withdrawals from the Financing Account shall be deposited by the Association into an account specified by the Recipient and acceptable to the Association.
- 2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.
- 2.04. The Service Charge is the greater of: (a) the sum of three-fourths of one percent (3/4 of 1%) per annum plus the Basis Adjustment to the Service Charge; and (b) three-fourths of one percent (3/4 of 1%) per annum, or such rate as may apply following a Currency Conversion; on the Withdrawn Credit Balance.
- 2.05. The Interest Charge is the greater of: (a) the sum of one and a quarter percent (1.25%) per annum plus the Basis Adjustment to the Interest Charge; and (b) zero percent (0%) per annum, or such rate as may apply following a Currency Conversion; on the Withdrawn Credit Balance.
- 2.06. The Payment Dates are April 15 and October 15 in each year.
- 2.07. The principal amount of the Credit shall be repaid in accordance with the repayment schedule set forth in Schedule 3 to this Agreement.
- 2.08. The Payment Currency is Dollar.

ARTICLE III — OPERATION

- 3.01. The Recipient declares its commitment to the objective of the Operation. To this end, the Recipient shall carry out the Operation through the Federal Ministry of Health and Social Welfare (FMOHSW) and cause the Operation to be carried out by the Participating States and the following implementing entities: (a) at the federal level, the National Primary Healthcare Development Agency (NPHCDA), National Health Insurance Authority (NHIA), and Nigeria Centre for Disease Control and Prevention (NCDC); and (b) in Participating States, the respective State Ministry of Health (SMoH), State Primary Healthcare Development Board (SPHCDB), State Supported Health Insurance Agency (SSHIA), Hospitals Management Board (HMB), and Drug Management Agency (DMA); all in accordance with the provisions of Article V of the Program General Conditions, Article V of the Project General Conditions, and Schedule 2 to this Agreement.

ARTICLE IV — REMEDIES OF THE ASSOCIATION

- 4.01. The Additional Event of Suspension consists of the following, namely, that the Recipient's Basic Health Care Provision Program (implemented through the National Health Sector Renewal Investment Initiative) or any legislation, license or other legal or regulatory instrument related to the implementation of the

Operation or the relevant ministries, departments, and agencies (MDAs) has been amended, suspended, abrogated, repealed, or waived so as to affect materially and adversely the achievement of the objectives of the Operation, or the ability of the Recipient or the MDAs to implement the Operation.

- 4.02. The Additional Events of Acceleration consist of the following, namely, that any event specified in Section 4.01 of this Agreement occurs.

ARTICLE V — EFFECTIVENESS; TERMINATION

- 5.01. 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 Recipient has established the NPCU and appointed or hired the NPCU staff, other than the environmental and social specialist, in accordance with the provisions of paragraph 1.3 of Section I.A of Schedule 2 to this Agreement; and
 - (c) the Recipient has adopted the Operations Manual in accordance with the provisions of Section I.C of Schedule 2 to this Agreement.
- 5.02. The Effectiveness Deadline is the date ninety (90) days after the Signature Date.
- 5.03. For purposes of Section 10.05 (b) of the Program General Conditions and of Section 10.05 (b) of the Project 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 VI — REPRESENTATIVE; ADDRESSES

- 6.01. The Recipient's Representative is its Minister in charge of Finance.
- 6.02. For purposes of Section 11.01 of the Program General Conditions and Section 11.01 of the Project General Conditions:
- (a) the Recipient's address is:

Federal Ministry of Finance
Ahmadu Bello Way
Central Business District
Abuja, Federal Republic of Nigeria; and

(b) the Recipient's Electronic Address is:

Facsimile:

234-9-2343609

6.03. For purposes of Section 11.01 Program General Conditions and Section 11.01 of the Project 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:

248423 (MCI)

Facsimile:

1-202-477-6391

AGREED as of the Signature Date.

FEDERAL REPUBLIC OF NIGERIA

By

Wale Edun

Authorized Representative

Name: Wale Edun

Title: Mr Minister of Finance

Date: 09-Mar-2025

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Diop

Authorized Representative

Name: Ndiame Diop

Title: Country Director

Date: 22-Feb-2025

SCHEDULE 1

Operation Description

The objective of the Operation is to improve utilization of quality essential healthcare services and health system resilience in the Federal Republic of Nigeria.

Part 1. The Program

The Program supports a subset of policy measures, administrative actions, and results under the Recipient's Basic Healthcare Provision Program and consists of the following activities:

1.1. Results Area 1: Improving Quality of Services

- (a) **Improved Service Readiness.** Supporting the improvement of service delivery by expanding the availability of primary healthcare and comprehensive emergency obstetric and newborn care (CEmONC) facilities that meet minimum criteria to deliver essential primary healthcare services and secondary obstetric and infant care.
- (b) **Increased Availability of Essential Commodities.** Increasing the availability of essential commodities by: (i) ensuring the availability of lifesaving commodities, including family planning supplies, and other commodities required by reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services; and (ii) ensuring domestic resources are included in the budget to allow access to lifesaving commodities and to support facilities to prevent or address shortages of such commodities.

1.2. Results Area 2: Improving Utilization of Essential Services

- (a) **Increased Enrollment of Poor and Vulnerable Populations.** Supporting the NHIA to facilitate enrollment of beneficiary populations by State Supported Health Insurance Schemes (SSHIAs) through the adoption of an enhanced identification and enrollment protocol by the SSHIAs.
- (b) **Enhanced Community Delivery of Health Services.** Supporting community health workers to provide critical frontline services, such as: (i) provision of micronutrient powders or small-quantity lipid-based supplements for prevention of malnutrition; (ii) growth monitoring and screening for acutely malnourished children; (iii) identification of and follow up with pregnant women and referral to receive multiple micronutrient supplement; and (iv) treatment of childhood illness through the use of integrated community case management.

- (c) ***Increased Utilization of Priority Secondary Care Services.*** Supporting the design and approval of a CEmONC empanelment and reimbursement strategy.
- (d) ***Increased Primary Healthcare Utilization of Priority Services.*** Improving the quality and utilization of maternal and child health services at the primary healthcare level, including priority interventions listed in a Benefit Package.
- (e) ***Increased Utilization of Emergency Medical Services (EMS).*** Improving access to ambulatory health services during emergency complications for pregnant women and newborn children by supporting: (i) quick referral and transport of complicated deliveries in the community/basic emergency obstetric and newborn care (BEmONC) facilities requiring CEmONC care and advanced neonatal resuscitation for newborns; and (ii) facilitating the scale-up of a digitally enabled ambulatory health service.

1.3. *Results Area 3: Improving Resilience of the Health System*

- (a) ***Improved Allocation and Disbursement of Basic Health Care Provision Fund (BHCPF) Funds.*** Increasing the equitable allocation and disbursement of the BHCPF funds by revising the BHCPF guidelines.
- (b) ***Enhanced Pandemic Preparedness and Response (PPR) through Deployment of Multiyear Emergency Preparedness and Response (EPR) Plans.*** Improving pandemic preparedness and response through the development and implementation of multi-year EPR plans by each Participating State.
- (c) ***Improved Climate Resilience.*** Supporting the development and implementation of a costed national climate and health adaptation plan to be adopted by subnational entities, and incentivizing implementation of such plan at the national and state levels.
- (d) ***Stronger Digital Foundation.*** Supporting the development of an integrated and interoperable health data ecosystem by: (i) strengthening national standards, regulations, rules, and business processes for creating and maintaining a national health data space through a distributed enterprise architecture approach; and (ii) facilitating the adoption and effective functioning of the health data ecosystem at state level by integrating individual private, public, and program-specific health information systems.

Part 2. The Project

The Project consists of the following activities to support implementation of the Program and overall capacity building:

2.1. Strengthening Systems and Capacities

Strengthening systems and building capacities through technical assistance for:

- 2.1.1. the establishment and operationalization of a maternal mortality reduction innovation initiative;
- 2.1.2. the design, procurement and deployment of a federated digital-in-health enterprise architecture including, *inter alia*, consulting services for the definition of regulatory frameworks, enterprise architecture design and acquisition;
- 2.1.3. the establishment of platform for coordinated technical assistance to support implementation;
- 2.1.4. the strengthening of the strategic purchasing and regulatory functions of the NHIA including the update or development of institutional building blocks and operational documents at the NHIA; and
- 2.1.5. the establishment of a platform to support implementation of a public health fellows' program.

2.2. Strengthening Program Coordination and Verification of Results

Supporting Operation management, measurement, results and learning agenda through:

- 2.2.1. the hiring of an IVA for independent verification of Program results;
- 2.2.2. Program monitoring and evaluation and learning, including data quality assessments and publication of the annual state of health reports and performance ranking; and
- 2.2.3. support to the SWAp Coordination Office on Program communications, stakeholder engagement, and SWAp coordination.

SCHEDULE 2

Operation Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. Federal Level

1.1. *HOPE ISOPs National Steering Committee (NSC)*

- (a) The Recipient shall, not later than three (3) months after the Effective Date, establish and thereafter maintain throughout the implementation of the Operation, a joint inter-ministerial steering committee at the federal level (the “National Steering Committee” or “NSC”) responsible for providing high-level guidance, advice, and strategic oversight on the HOPE series of operations with functions, composition and resources satisfactory to the Association, as further detailed in the Operations Manual.
- (b) Without limitation to the provisions of sub-paragraph (a) above, the NSC shall be co-chaired by the ministers responsible for budget and economic planning, health and social welfare, and education and include as members the minister responsible for finance and any other relevant ministries and subnational entities, as further detailed in the Operations Manual.

1.2. *SWAp Steering Committee (SSC)*

- (a) The Recipient shall maintain throughout the implementation of the Operation, a steering committee at the federal level (the “SWAp Steering Committee” or “SSC”) responsible for providing strategic sectoral oversight for the Operation, with functions, composition and resources satisfactory to the Association, as further detailed in the Operations Manual.
- (b) Without limitation to the provisions of sub-paragraph (a) above, the SSC shall be chaired by the minister responsible for health and social welfare, and include as members the Minister of State for Health, the representative of the Minister of Finance, the Permanent Secretary for Health, relevant heads of agencies of the FMOHSW, selected members of the Development Partners Group for Health, and other members nominated by the coordinating minister, as further detailed in the Operations Manual.

1.3. ***National Program Coordination Unit (NPCU)***

- (a) The Recipient shall establish and thereafter maintain throughout the implementation of the Operation, a coordination unit for the Operation (the “National Program Coordination Unit” or “NPCU”) within the SWAp Coordination Office, with functions, composition, and resources satisfactory to the Association.
- (b) Without limitation to the provisions of sub-paragraph (a) above, the NPCU shall be headed by a national coordinator, and include specialists in program management, procurement, financial management, environmental and social matters, communications and such other specialist as may be specified in the Operations Manual, all with qualifications, experience and ethics, and subject to the terms of reference acceptable to the Association, as further defined in the Operations Manual.
- (c) Without limitation to sub-paragraph (a) above, the NPCU shall be responsible for: (i) serving as the secretariat of the SSC; (ii) monitoring and coordinating the implementation of the Program in line with guidance from the SSC; and (iii) implementing the Project with responsibilities including but not limited to financial management, procurement, environmental and social, monitoring and evaluation, and communications, as further defined in the Operations Manual.

2. **State Level**

2.1. ***BHCPF State Oversight Committees (SOCs)***

- (a) The Recipient shall cause each Participating State to, not later than sixty (60) days after the signing of the Subsidiary Agreement described in Section I.B of this Schedule, revise the terms of reference and composition of the BHCPF state oversight committee (the “State Oversight Committee” or “SOC”) in such Participating State and thereafter maintain the SOC throughout the implementation of the Operation, with functions, composition and resources satisfactory to the Association, as further detailed in the Operations Manual.
- (b) Without limitation to the provisions of sub-paragraph (a) above, each SOC shall be chaired by the commissioner of health responsible for the State health system as further detailed in the Operations Manual.
- (c) Without limitation to the provisions of sub-paragraph (a) above, the SOCs shall be responsible for providing technical oversight and implementation monitoring to ensure that critical actions are on track towards the

achieving of the DLIs in Participating States as applicable, all as further specified in the Operations Manual.

B. Subsidiary Agreements

1. To facilitate the carrying out of the Program, the Recipient shall make part of the proceeds of the Financing available to each of the Participating States under a subsidiary agreement between the Recipient and each Participating State, under terms and conditions acceptable to the Association (each a “Subsidiary Agreement”), which shall include the following:
 - (a) the requirement that such Participating State carry out the Program with due diligence and efficiency, in conformity with administrative, financial management, engineering, technical, environmental and social practices and arrangements, and provide, or cause to be provided, promptly as needed, the facilities, services and other resources required for the Program;
 - (b) the obligation of such Participating State to carry out the Program in accordance with this Agreement, the Anti-Corruption Guidelines, the DFIL, the Program Action Plan and the Operations Manual;
 - (c) the obligation of such Participating State to exchange views with the Recipient and the Association with regard to the progress of the Program and the performance of its obligations under its respective Subsidiary Agreement;
 - (d) the obligation of such Participating State to provide access to the Association to inspect sites, its operation and any relevant records and documents; and
 - (e) the requirement that such Participating State promptly inform the Recipient and the Association of any condition which interferes or threatens to interfere with the progress of the Program, or the performance of its obligations under its respective Subsidiary Agreement.
2. The Recipient shall exercise its rights under each Subsidiary Agreement in such manner as to protect the interests of the Recipient and the Association and to accomplish the purposes of the Financing. Except as the Association shall otherwise agree, the Recipient shall not assign, amend, abrogate or waive the Subsidiary Agreement or any of its provisions.

C. Operations Manual

1. The Recipient shall prepare and furnish to the Association for review, a manual which shall include provisions on the following matters:
 - (a) institutional arrangements for the oversight, coordination, management of the Operation, including details on the respective roles and responsibilities of the NSC, SSC, NPCU, and the MDAs;
 - (b) timed action plans for each DLI detailing the technical advice and support to be delivered to Recipient entities for the achievement of each such DLI;
 - (c) financial management arrangements including disbursement, funds flow and payment protocols;
 - (d) detailed arrangements for verification of achievement of the DLRs (including the Verification Protocol) and conduct of the annual performance assessments;
 - (e) Eligibility Criteria to be met annually by Participating States;
 - (f) arrangements for preventing, detecting, reporting, investigation, remediation and otherwise addressing fraud and corruption, including compliance with the Anti-Corruption Guidelines;
 - (g) monitoring and evaluation, reporting and communication; the grievance redress mechanism;
 - (h) with regard to the Project, financial management, procurement and environmental and social matters;
 - (i) such other administrative, financial, technical and organizational arrangements and procedures as shall be required for the Operation; and
 - (j) the Program Action Plan and the ESCP, as an annexes.
2. The Recipient shall afford the Association a reasonable opportunity to exchange views with the Recipient on said manual in draft, and thereafter, shall adopt such manual, in such final form as shall have been approved by the Association (“Operations Manual”).
3. The Recipient shall ensure that the Operation is carried out in accordance with the Operations Manual; provided, however, that in case of any conflict between the provisions of the Operations Manual and the provisions of this Agreement, the provisions of this Agreement shall prevail.

4. Except as the Association shall otherwise agree, the Recipient shall not amend, abrogate or waive any provision of the Operations Manual.

D. Additional Program Implementation Arrangements

1. Program Action Plan

- (a) The Recipient shall carry out the Program Action Plan, in accordance with the schedule set out in the said Program Action Plan, in a manner satisfactory to the Association.
- (b) The Recipient shall not assign, amend, abrogate, or waive, or permit to be assigned, amended, abrogated, or waived, any of the Program Action Plan provisions without the prior written agreement of the Association .

2. Independent Verification for the Program

- (a) The Recipient shall: (i) not later than ninety (90) days after the Effective Date, engage an independent verification agency or independent verification agencies (“Independent Verification Agent(s)” or “IVA(s)”), as the case may be, under terms of reference(s) satisfactory to the Association, to be responsible for preparing and providing verifications reports in accordance with the Verification Protocol, certifying the achievement of those DLI/DLRs indicated to be verified by such independent verification agency or agencies in the Verification Protocol; and (ii) furnish the verification reports to the Association in such scope and in such details as the Association shall request.
- (b) The Recipient shall ensure that the verifications are carried out and that the verification reports are prepared in compliance with the procedures set forth in the Verification Protocol and as further described in the Operations Manual.

3. Eligibility Criteria

- (a) The Recipient shall ensure that each Participating State shall not be eligible for receiving financing under the Program in a given Fiscal Year unless and until the Recipient has furnished evidence satisfactory to the Association that the Participating State has complied with the annual Eligibility Criteria for that Fiscal Year as set out in the Annex to this Schedule 2 and as further described in the Operations Manual.

- (b) The Recipient shall ensure that each Participating State should not be eligible for receiving financing under the Program for meeting any of the DLIs/DLRs set out in Section IV of Schedule 2 to this Agreement if said DLIs/DLRs shall have been financed by other resources of financing.

E. Additional Project Implementation Arrangements

1. Annual Work Plan and Budget for the Project

- (a) Each year the Recipient shall, and shall cause the Participating States to, prepare a draft annual work plan and budget containing all activities and expenditures proposed to be included in the Project for the following year of Project implementation, of such scope and detail as the Association shall have reasonably requested.
- (b) The Recipient shall cause the Participating States to furnish to the Recipient, as soon as available, but in any case not later than December 15 of each year, their annual work plans and budget referred to in paragraph (a) above, for the Recipient's review and inclusion into the Recipient's consolidated annual work plan and budget; except for the annual work plan and budget for the Project for the first year of Project implementation, which shall be furnished to the Recipient not later than thirty (30) days after the Effective Date.
- (c) The Recipient shall furnish to the Association, as soon as available, but in any case not later than January 30 of each year, the annual work plan and budget referred to in paragraph (a) above, for their review and approval; except for the annual work plan and budget for the Project for the first year of Project implementation, which shall be furnished not later than forty-five (45) days after the Effective Date. Only the activities included in an annual work plan and budget expressly approved by the Association (each an "Annual Work Plan and Budget") are eligible to a financing from the proceeds of the Financing.
- (d) The Recipient shall, and shall cause the Participating States to, ensure that the Project is carried out in accordance with the Annual Work Plans and Budgets, provided, however, that in case of any conflict between the Annual Work Plan and Budget and the provisions of this Agreement, the provisions of this Agreement shall prevail.
- (e) Except as the Association shall otherwise agree, the Recipient shall not amend, abrogate or waive any provision of the Annual Work Plan and Budget.

F. Environmental and Social Standards

1. The Recipient shall, and shall cause the Participating States to, 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, and shall cause Participating States to, 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, and shall cause the Participating States to, 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, and shall cause Participating States to, establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Association.

Section II. Excluded Activities

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

- (a) in the opinion of the Association, are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people;
- (b) involve the procurement of: (1) works, estimated to cost \$50,000,000 equivalent or more per contract; (2) goods, estimated to cost \$30,000,000 equivalent or more per contract; (3) non-consulting services, estimated to cost \$30,000,000 equivalent or more per contract; or (4) consulting services, estimated to cost \$15,000,000 equivalent or more per contract; or
- (c) involve any other activities that are described in the Operations Manual.

Section III. Operation Monitoring, Reporting and Evaluation

The Recipient shall furnish to the Association each Operation Report not later than one (1) month after the end of each calendar semester, covering the calendar semester.

Section IV. Withdrawal of the Proceeds of the Financing

A. General

1. Without limitation upon the provisions of Article II of the General Conditions and in accordance with the Disbursement and Financial Information Letter, the Recipient may withdraw the proceeds of the Financing to:
 - (a) finance Program Expenditures, on the basis of the results (“Disbursement Linked Results” or “DLRs”) achieved by the Recipient and/or the Participating States, as measured against specific indicators (“Disbursement Linked Indicators” or “DLIs”) in the amount allocated to Categories (1) through (14) with respect to the Program; and

- (b) finance Eligible Expenditures in the amount allocated and, if applicable, up to the percentage set forth against Category (15) with respect to the Project; all as set forth in the table in paragraph 2 of this Part A and in the DLI/DLR Matrix set forth in Schedule 4.

2. The following table specifies each category of withdrawal of the proceeds of the Financing (including the Disbursement Linked Indicators as applicable) (“Category”), the Disbursement Linked Results for each Category (as applicable), and the allocation of the amounts of the Financing to each Category:

Category (including Disbursement Linked Indicator as applicable)	Amount of the Financing Allocated (expressed in USD)	Percentage of Expenditures to be Financed (inclusive of Taxes)
Part 1 of the Operation (Program)		
(1) DLI 1: Improved service readiness	104,821,900	Not applicable
(2) DLI 2: Increased availability of essential commodities	50,875,900	Not applicable
(3) DLI 3: Increased enrollment of poor and vulnerable populations	35,086,800	Not applicable
(4) DLI 4: Enhanced community delivery of health services	43,858,500	Not applicable
(5) DLI 5: Increased utilization of priority secondary care services (excluding DLR 5.1)	61,401,900	Not applicable
(6) DLI 6: Increased PHC utilization of priority services	78,945,300	Not applicable
(7) DLI 7: Increased utilization of EMS	17,543,400	Not applicable
(8) DLI 8: Improved allocation and disbursement of BHC PF funds (excluding DLR 8.1)	8,771,700	Not applicable
(9) DLI 9: Enhanced PPR through deployment	13,157,600	Not applicable
(10) DLI 10: Improved Climate Resilience	26,315,100	Not applicable

Category (including Disbursement Linked Indicator as applicable)	Amount of the Financing Allocated (expressed in USD)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(11) DLI 11: Stronger Digital Foundation (excluding DLR 11.1)	13,157,600	Not applicable
(12) Prior Result 1 – DLR 5.1: Secondary Facility Quality of Care for CEMONCs	2,192,900	Not applicable
(13) Prior Result 2 – DLR 8.1: Governance for improved resource allocation and performance	2,192,900	Not applicable
(14) Prior Result 3 - DLR 11.1: National enterprise architecture developed, costed, and adopted	2,192,900	Not applicable
Part 2 of the Operation (Project)		
(15) Goods, consulting services, non-consulting services, Training, and Operating Costs under Parts 2 of the Operation	39,485,600	87.72%
TOTAL AMOUNT	500,000,000	

3. It is agreed and understood that the amounts allocated to Categories (1) through (14), inclusive set out in the above table represent the maximum amounts to be disbursed under said Categories. In the event that the aggregate value resulting from the achievement of any DLI by Participating States exceeds the amount allocated to the corresponding Category, the available proceeds of the Credit disbursed under such Category shall be shared among the relevant Participating States in an equitable manner to be determined by the Recipient and acceptable to the Association

B. Withdrawal Conditions for the Program

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
 - (a) on the basis of DLRs achieved prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed \$6,578,700 may be made on the basis of DLRs 5.1, 8.1, and 11.1 achieved prior to this date but on or after August 26, 2024;

- (b) for any DLR under Categories (1) through (14) until and unless the Recipient has furnished evidence satisfactory to the Association that said DLR has been achieved; or
 - (c) for any payment to any Participating State, until and unless such Participating State has: (i) in respect of DLRs achieved during any Fiscal Year, the Recipient, acting through the NPCU, has provided evidence satisfactory to the Association that such Participating State has met the Eligibility Criteria for such Fiscal Year in accordance with the Annex to Schedule 2 to this Agreement; and (ii) entered into a Subsidiary Agreement with the Recipient, in accordance with Section I.B of Schedule 2 to this Agreement.
- 2. Notwithstanding the provisions of Part B.1(b) of this Section, the Recipient may withdraw an amount not to exceed \$55,000,000 as an advance for DLRs 1.1, 1.2 and 5.2; provided, however, that if the DLRs, in the opinion of the Association, are not achieved (or only partially achieved) by the Closing Date, the Recipient shall refund such advance (or portion of such advance as determined by the Association in accordance with the provisions of paragraph (3) of this Part B) to the Association promptly upon notice thereof by the Association. Except as otherwise agreed with the Recipient, the Association shall cancel the amount so refunded. Any further withdrawals requested as an advance under any Category shall be permitted only on such terms and conditions as the Association shall specify by notice to the Recipient.
- 3. Notwithstanding the provisions of Part B.1(b) of this Section, if any of the DLRs has not been achieved by the date by which the said DLR is set to be achieved (or such later date as the Association has established by notice to the Recipient), the Association may, by notice to the Recipient: (a) authorize the withdrawal of such lesser amount of the unwithdrawn proceeds of the Financing then allocated to said Category which, in the opinion of the Association, corresponds to the extent of achievement of said DLR, said lesser amount to be calculated in accordance with the disbursement formula for each of the corresponding DLRs mentioned above as set out in the table in Schedule 4 to this Agreement; (b) reallocate all or a portion of the proceeds of the Financing then allocated to said DLR to any other DLR; and/or (c) cancel all or a portion of the proceeds of the Financing then allocated to said DLR.

C. Withdrawal Conditions for the Project

Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made for payments made in respect of the Project prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed \$877,170 may be

made for payments made prior to but not more than twelve (12) months before this date for Eligible Expenditures under Category (15).

D. Operation Withdrawal Period

The Closing Date is June 30, 2029.

Annex to Schedule 2

Eligibility Criteria

1. For eligibility of disbursements for DLRs achieved during the Fiscal Year ending on December 31, 2025, the relevant Participating State shall have met each of the following criteria:
 - (a) annual FY25 State budget, prepared under National Chart of Accounts with program segment for basic education and primary healthcare, approved by the State Assembly and published online by January 31, 2025;
 - (b) annual FY24 audited financial statement, prepared in accordance with IPSAS, submitted to the State Assembly and published by July 31, 2025;
 - (c) Annual FY 25 Operational Plan has been prepared and approved in alignment with the goals of the SWAp Compact by December 31, 2024;
 - (d) adoption and signature of the Fund Release Policy for MDAs to manage Program earnings; and
 - (e) the BHCPF State Oversight Committee has been maintained in accordance with paragraph 2.1(a) of Section I.A of Schedule 2 to this Agreement.

2. For eligibility of disbursements for DLRs achieved during the Fiscal Year ending on December 31, 2026, the relevant Participating State shall have met each of the following criteria:
 - (a) annual FY26 State budget, prepared under National Chart of Accounts with program segment for basic education and primary healthcare, approved by the State Assembly and published online by January 31, 2026;
 - (b) annual FY25 audited financial statement, prepared in accordance with IPSAS, submitted to the State Assembly and published by July 31, 2026;
 - (c) quarterly FY25 budget implementation reports, with detailed sections on basic education and primary healthcare, published within an average of thirty (30) days after each quarter end; and
 - (d) annual FY 26 Operational Plan has been prepared and approved in alignment with the goals of the SWAp Compact by December 31, 2025; and

- (e) the BHCPF State Oversight Committee has been maintained in accordance with paragraph 2.1(a) of Section I.A of Schedule 2 to this Agreement.
3. For eligibility of disbursements for DLRs achieved during the Fiscal Year ending on December 31, 2027, the relevant Participating State shall have met each of the following criteria:
- (a) annual FY27 State budget, prepared under National Chart of Accounts with program segment for basic education and primary healthcare, approved by the State Assembly and published online by January 31, 2027;
 - (b) annual FY26 audited financial statement, prepared in accordance with IPSAS, submitted to the State Assembly and published by July 31, 2027;
 - (c) quarterly FY26 budget implementation reports, with detailed sections on basic education and primary healthcare, published within an average of thirty (30) days after each quarter end;
 - (d) annual FY 27 Operational Plan has been prepared and approved in alignment with the goals of the SWAp Compact by December 31, 2026; and
 - (e) the BHCPF State Oversight Committee has been maintained in accordance with paragraph 2.1(a) of Section I.A of Schedule 2 to this Agreement.
4. For eligibility of disbursements for DLRs achieved during the Fiscal Year ending on December 31, 2028, the relevant Participating State shall have met each of the following criteria:
- (a) annual FY28 State budget, prepared under National Chart of Accounts with program segment for basic education and primary healthcare, approved by the State Assembly and published online by January 31, 2028;
 - (b) annual FY27 audited financial statement, prepared in accordance with IPSAS, submitted to the State Assembly and published by July 31, 2028;
 - (c) quarterly FY28 budget implementation reports, with detailed sections on basic education and primary healthcare, published within an average of thirty (30) days after each quarter end;
 - (d) annual FY 28 Operational Plan has been prepared and approved in alignment with the goals of the SWAp Compact by December 31, 2027; and

- (e) the BHCPF State Oversight Committee has been maintained in accordance with paragraph 2.1(a) of Section I.A of Schedule 2 to this Agreement.

SCHEDULE 3

Repayment Schedule

Date Payment Due	Principal Amount of the Credit repayable (expressed as a percentage)*
On each April 15 and October 15:	
commencing October 15, 2029, to and including April 15, 2049	1.65%
commencing October 15, 2049, to and including April 15, 2054	3.40%

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

SCHEDULE 4

DLI/DLR Matrix

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
(1) DLI 1: Improved service-readiness			
	DLR 1.1: Improved primary healthcare facility readiness, quality, and climate resilience in Participating States (Percentage)	100% of 2,000 of BHCPF-supported Tier 2 (BEmONC PHCs) Facilities US\$12,300 per facility meeting the BHCPF tier 2 standard per ward.	53,946,000
	DLR 1.2: Increased empanelment and refurbishment of CEmONC facilities that demonstrate service readiness and climate resilience and energy efficiency (Number)	774 EDGE level 1 certified CEmONC facilities US\$34,647.55 per facility per LGA meeting the NHIA CEmONC standards.	50,875,900
(2) DLI 2: Increased availability of essential commodities			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 2.1: Federal expenditure on quality family planning commodities increased (Percentage)	Up to 6 percentage points increase in 2025 over the 2024 baseline of Federal expenditure on quality family planning commodities; 12 percentage points in 2026; 21 percentage points in 2027; 30 percentage points in 2028. US\$0.83m per percentage point annual increase federal level expenditure on quality FP commodities.	21,929,300
	DLR 2.2: Frontline availability of tracer products improved in Participating States (Percentage)	100% of 2,000 of BHCPF-supported Tier 2 BEmONC PHCs) facilities NHSRII-service ready facilities that have a minimum of five of six commodities above the defined minimum stock position. USD 6,600 per facility meeting the BHCPF tier 2 standard per ward	28,946,600
(3) DLI 3: Increased enrollment of poor and vulnerable populations			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 3.1: Financial protection for poor and vulnerable populations increased (Number) in Participating States	<p>Number of eligible population (poor and vulnerable) enrolled in the NHIA gateway of the BHCPF</p> <p>Up to 2,520,000 in 2025, 3,528,000 in 2026, 4,939,200 in 2027, 6,914,880 in 2028</p> <p>USD 8 per eligible health insurance enrollment up to a maximum of USD 40,000,000</p>	35,086,800
(4) DLI 4: Enhanced community delivery of health services			
	DLR 4.1: Women and children who receive tracer essential health services in the community increased in Participating States (Number)	<p>Number of tracer essential health services delivered by health workers in the community up to 5,000,000 in 2025, 10,000,000 in 2026; up to 15,000,000 in 2027; up to 20,000,000 in 2028</p> <p>USD 1 per CHW-client contact for essential health services up to a maximum of US\$1.318m per state</p>	43,858,500

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
(5) DLI 5: Increased utilization of priority secondary care services			
	DLR 5.1: Secondary facility quality of care for CEmONC (Prior Result)	<p>The design and approval of a CEmONC empanelment and reimbursement strategy by the NHIA for SSHIAs.</p> <p>One-time payment of US\$2.5m to the NHIA following the achievement of the DLR.</p>	2,192,900
	DLR 5.2: Women and neonates receiving CEmONC and neonatal services and/or vesico-vaginal fistula surgeries (Number)	<p>Number of Women and neonates receiving CEmONC and neonatal services and/or VVF surgeries (VVF surgeries \leq 30% of the total share of reimbursed services). Up to 50,000 in 2025, 150,000 in 2026, 250,000 in 2027 and 350,000 in 2028.</p> <p>USD 87.5 per woman or neonate is reimbursed to the NHIA (VVF surgeries \leq 30% of the total share of reimbursed services) for CEmONC services provided \geq 60% in an accredited CEmONC facility.</p>	61,401,900

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
(6) DLI 6: Increased primary healthcare utilization of priority services			
	DLR 6.1: Deliveries with skilled birth attendant present increased (Percentage) in Participating States	<p>Proportion of deliveries with skilled birth attendant present (i.e., Skilled Birth Attendance -SBA) baseline 46%, up in 50 percent in 2026 and up to 54 percent in 2028.</p> <p>USD118,243 per percentage point increase in the proportion of deliveries attended by skilled personnel up to a maximum of USD0.92m per State.</p>	30,701,000
	DLR 6.2: Introduction of multiple micronutrient supplements for pregnant women during antenatal care visits (Percentage) in Participating States	<p>Proportion of pregnant women who received multiple micronutrient supplements for not less than 180 days. baseline 25%, up to 31 percent in 2026 and 37 percent in 2028.</p> <p>USD45,045 per percentage point increase in the proportion of women who receive supplementation dosage of at least 180 tablets.</p>	17,543,300

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 6.3: Increase in Penta 3 coverage (Percentage) in Participating States	Proportion of children under 1 who received Penta 3 immunization. <i>Baseline is 53 percent, up to 57 percent in 2026 and 61 percent in 2028.</i> USD 118,243 per percentage point increase in the proportion of under 1 who receive Penta 3 immunization.	30,701,000
(7) DLI 7: Increased utilization of emergency medical services			
	DLR 7.1: Number of patients with obstetric and neonatal complications transported through emergency medical transport to selected facilities using the digitized EMS dispatch system (Number) in Participating States	Number of patients with obstetric and neonatal complications transported through Emergency Medical Transport to selected facilities using the digitized EMS dispatch system. Up to 10,000 in 2025, 50,000 in 2026, 100,000 in 2027, 240,000 in 2028. US\$50 per obstetric and neonatal patient transported.	17,543,400
(8) DLI 8: Improved allocation and disbursement of BHCPF funds			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 8.1: Governance for improved resource allocation and performance (Prior Result)	The design and approval of a revised and approved BHCPF 2.0 guidelines reflecting equity and climate resilience. One-time payment of US\$2.5m following the achievement of the DLR.	2,192,900
	DLR 8.2: Participating States receiving funds in compliance with allocation formula in revised guidelines (Number)	Adherence to the allocation formula contained in the revised BHCPF guidelines that meets the equity and climate resilience guidelines. Yearly payment of US\$2.5m following the achievement of the DLR.	8,771,700
(9) DLI 9: Enhanced pandemic preparedness and response through deployment			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 9.1: System and standards for state EPR programs are established (Number)	<p>NCDC establish and disseminate templates for all 36+1 states EPR program plans based on public health risks and vulnerabilities encompassing disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies.</p> <p>One-time payment of maximum of \$1.0m to NCDC on achievement of DLR in 2024.</p>	877,200
	DLR 9.2-9.4 System and standards for state EPR programs are established (Number)	<p>All 36+1 states have implemented up to 80% of their state EPR program plans addressing key public health risks and vulnerabilities including climate resilience and other humanitarian emergencies.</p> <p>US\$74,324 per 36+1 state per costed EPR Plan developed in 2026; \$101,351 per state at 50% implementation in 2027; \$202,703 per state at 80% implementation in 2028.</p>	12,280,400
(10) DLI 10: Improved climate resilience			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 10.1: Climate and health adaptation plan developed, costed, and validated (Number)	<p>NCDC establish and disseminate templates for all 36+1 states EPR program plans based on public health risks and vulnerabilities encompassing disease outbreaks, climate shocks, natural disasters, and other humanitarian emergencies. Development of the National climate and health adaptation plan which will include the cost followed by implementation.</p> <p>One-time payment of US\$1.0m following the achievement of the DLR to be shared by allocating 33% reward to BHCPF FMOH, 33% to NPHCDA, and 33% to NCDC.</p>	877,200
	DLR 10.2-10.4: States and the federal government develop Climate and Health implementation plans (Number)	<p>All 36+1 states, and the federal government have developed climate and health implementation plans.</p> <p>USD154,054 per 36+1 state per state climate and health adaptation developed in 2026; USD209,459 per state at 50% implementation in 2027; US\$ 420,270 per state at 80% implementation in 2028.</p>	25,437,900
(11) DLI 11: Stronger digital foundation			

Disbursement Linked Indicator	Disbursement Linked Results	Disbursement Calculation Formula (as applicable)	Amount of the Financing Allocated (expressed in USD)
	DLR 11.1: National enterprise architecture developed, costed and adopted (Prior Result)	Design and approval of a national enterprise architecture for digital health which will include the core health systems functions. One-time payment of US\$2.5m following the achievement of the DLR to the MOH	2,192,900
	DLR 11.2: Participating States adopting national enterprise architecture and integrating core health functions (Number)	All 36+1 states adopt and integrate into the national enterprise architecture for digital in health framework and integrate at least 1 of prioritized bundle of functions on the list of core health system functions in 2025; at least 2 prioritized bundle of functions in 2026; at least 3 bundle of functions in 2027; at least 4 prioritized bundle of functions in 2028. US\$101,351 per state following the achievement of the DLR.	13,157,600
	TOTAL AMOUNT		460,514,400

APPENDIX

Definitions

1. “Annual FY Operational Plan” means, for the relevant Fiscal Year, the annual translation of the strategic plan that outlines the key priorities and interventions aligned with the SWAp compact approved by the SOC and SWAp Coordination Office.
2. “Annual Work Plan and Budget” means the annual work plan and budget for the Project to be prepared by the Recipient and approved by the Association pursuant to Section I.E.1 of Schedule 2 to this Agreement.
3. “Anti-Corruption Guidelines” means: (a) for purposes of paragraph 5 of the Appendix to the Program General Conditions, the Association’s “Guidelines on Preventing and Combating Fraud and Corruption in Program-for-Results Financing,” dated February 1, 2012, and revised July 10, 2015; and (b) for purposes of paragraph 5 of the Appendix to the Project 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. “Basis Adjustment to the Interest Charge” means the Association’s standard basis adjustment to the Interest Charge for credits in the currency of denomination of the Credit, in effect at 12:01 a.m. Washington, D.C. time, on the date on which the Credit is approved by the Executive Directors of the Association, and expressed either as a positive or negative percentage per annum.
5. “Basis Adjustment to the Service Charge” means the Association’s standard basis adjustment to the Service Charge for credits in the currency of denomination of the Credit, in effect at 12:01 a.m. Washington, D.C. time, on the date on which the Credit is approved by the Executive Directors of the Association, and expressed as a percentage per annum.
6. “BEmONC” means Basic Emergency Obstetric and Newborn Care.
7. “Benefit Package” means such as agreed by the NPHCDA and NHIA including family planning, antenatal care, safe delivery, and postnatal care for pregnant women, nutrition services, pneumonia treatment, diarrhea treatment, and malaria treatment for children under 5 years and other.
8. “BHC PF” means the Basic Health Care Provision Fund, a specific purpose intergovernmental fiscal transfer for health established and operating pursuant to the Recipient’s National Health Act of 2014.

9. “Category” means a category set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
10. “CEmONC” means Comprehensive Emergency Obstetric and Newborn Care.
11. “Disbursement Linked Indicator” or “DLI” means in respect of a given Category, the indicator related to said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
12. “Disbursement Linked Result” or “DLR” means in respect of a given Category, the result under said Category as set forth in the table in Schedule 4 to this Agreement, on the basis of the achievement of which, the amount of the Financing allocated to said result may be withdrawn in accordance with the provisions of said Section IV.
13. “Eligibility Criteria” means the criteria which States must achieve each Fiscal Year to be eligible for participation in the Program, as set forth in the Annex to Schedule 2 and further described in the Operations Manual.
14. “EMS” means emergency medical services.
15. “Environmental and Social Commitment Plan” or “ESCP” means the environmental and social commitment plan for the Project, dated August 26, 2024, as the same may be amended from time to time in accordance with the provisions thereof, which sets out the material measures and actions that the Recipient shall carry out or cause to be carried out to address the potential environmental and social risks and impacts of the Project, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any environmental and social instruments to be prepared thereunder.
16. “Environmental and Social Standards” or “ESSs” means, collectively: (i) “Environmental and Social Standard 1: Assessment and Management of Environmental and Social Risks and Impacts”; (ii) “Environmental and Social Standard 2: Labor and Working Conditions”; (iii) “Environmental and Social Standard 3: Resource Efficiency and Pollution Prevention and Management”; (iv) “Environmental and Social Standard 4: Community Health and Safety”; (v) “Environmental and Social Standard 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”; (vi) “Environmental and Social Standard 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources”; (vii) “Environmental and Social Standard 7: Indigenous Peoples/Sub-Saharan African 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.

17. “EPR” means emergency preparedness and response.
18. “Federal Ministry of Health and Social Welfare” or “FMOHSW” means the Recipient’s federal ministry responsible for health and social welfare and any successor thereto.
19. “Fiscal Year” or “FY” means the fiscal year of the Recipient, which runs from 1 January to 31 December.
20. “Fund Release Policy” means a policy document signed by the Governor of each Participating State to ensure timely availability of funds to the State Ministry of Health (SMOH) and entities implementing the Operation allowing for the execution of approved the Annual Operational Plans for the relevant Fiscal Year.
21. “General Conditions” means the Program General Conditions and/or the Project General Conditions, as applicable.
22. “GFF Grant Agreement” means the grant agreement for the Operation between the Recipient and the International Bank for Reconstruction and Development and the International Development Association, acting jointly as administrators of the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, dated the same or around the same date as this Agreement, as such grant agreement may be amended from time to time. “GFF Grant Agreement” includes all appendices, schedules and agreements supplemental to the GFF Grant Agreement.
23. “Independent Verification Agent(s)” or “IVA(s)” means the independent agency or agencies to be engaged by the Recipient for the purposes of certifying the achievement of the DLRs as referred to in Section I.D.2 of Schedule 2 to this Agreement.
24. “IPSAS” means International Public Sector Accounting Standards.
25. “MDA” means the Recipient’s ministries, departments, and agencies involved in the implementation of the Operation, as further described in the Operations Manual.
26. “National Chart of Accounts” means the integrated budgeting, accounting classification and reporting system adopted by the Nigerian Federation Account Allocation Committee.
27. “National Health Insurance Authority” or “NHIA” means National Health Insurance Authority set up for the purposes of administering and regulating health insurance programs in Nigeria established pursuant to National Health Insurance Act, 2022.

28. “National Primary Healthcare Development Agency” or “NPHCDA” means the agency established pursuant to the National Primary Healthcare Development Agency Act, 1992.
29. “National Program Coordination Unit” or “NPCU” means the unit to be established by the Recipient at the federal level in accordance with Section I.A.1.3 of Schedule 2 to this Agreement.
30. “National Steering Committee” or “NSC” means the committee to be established by the Recipient at the federal level in accordance with Section I.A.1.1 of Schedule 2 to this Agreement.
31. “NHSRII” means the Nigeria Health Sector Renewal Investment Initiative 2024-28 roadmap adopted by the Recipient pursuant to the SWAp Compact, which supports: (a) primary healthcare service readiness, service availability, and quality by national and state primary healthcare development agencies; (b) strategic purchasing for maternal and child health, administered by national and state health insurance agencies through general hospitals managed by the state ministries of health; (c) health security functions delivered by the Nigeria Centre for Disease Control and Prevention; (d) a national emergency services and ambulance scheme; (e) Digital-in-Health for information systems strengthening and human resources for health; (f) medical industrialization; and (g) citizen engagement.
32. “Nigeria Centre for Disease Control and Prevention” or “NCDC” means the national public health institute with the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies, established pursuant to the Nigeria Centre for Disease Control and Prevention Establishment Act 2018.
33. “Operating Costs” means the incremental expenses incurred by the Recipient based on the Annual Work Plan and Budget approved by the Association attributable to Project implementation, management, and monitoring, including office supplies and consumables; communication costs; operation and maintenance of office vehicles; per diem and travel costs for Project staff; reasonable bank charges; and allowances and salaries of the Project’s contractual staff (but excluding the salaries of the Recipient’s civil servants).
34. “Operation Report” means the Program Report and the Project Report as defined in the Program General Conditions and the Project General Conditions respectively.
35. “Operations Manual” means the manual referred to in Section I.C of Schedule 2 to this Agreement, to be adopted by the Recipient for the Operation in accordance with the provisions of said Section, as such manual may be amended from time to time with the agreement of the Association.

36. “Participating States” means a State which, having met the Eligibility Criteria for any given Fiscal Year, as agreed by the Recipient and the Association, is participating in the Program during such Fiscal Year.
37. “Penta 3” means at least three doses of Pentavalent Vaccine
38. “PPR” means pandemic preparedness and response.
39. “Procurement Regulations” means, for purposes of paragraph 85 of the Appendix to the Project General Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated September 2023.
40. “Program Action Plan” means the Recipient’s plan referred to in Section I.D.1 of Schedule 2 to this Agreement, as may be amended from time to time with the agreement of the Association.
41. “Program General Conditions” means the “International Development Association General Conditions for IDA Financing, Program-for-Results Financing”, dated December 14, 2018 (Last revised on July 15, 2023).
42. “Project General Conditions” means the “International Bank for Reconstruction and Development General Conditions for IBRD Financing, Investment Project Financing”, dated December 14, 2018 (revised on July 15, 2023).
43. “RMNCAH-N” means reproductive, maternal, newborn, child, and adolescent health and nutrition.
44. “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 Program General Conditions and in the Project General Conditions.
45. “State” means each of the 36 states of the Recipient and its Federal Capital Territory.
46. “State Oversight Committees” or “SOCs” means the BHCPF state oversight committees established in all Participating States in accordance with Section I.A.2.1 of Schedule 2 to this Agreement.
47. “State Primary Healthcare Development Agency” or “State Primary Healthcare Development Board” or “SPHCDA” or “SPHCDB” means entities set up in Participating state for the purpose of primary healthcare governance and service management.

48. “State Supported Health Insurance Agency” or “SSSHIA” or “State Support Health Insurance Scheme” means entities set up in Participating States for the purposes of administering state health insurance programs.
49. “SWAp” means Sector-wide Approach.
50. “SWAp Compact” means the Health Sector Renewal Compact to Improve Population Health Outcomes at Scale Using a Sector-Wide Approach, dated December 12, 2023.
51. “SWAp Coordination Office” means the unit of the Federal Ministry of Health and Social Welfare established for the oversight and management of the SWAp.
52. “Training” means expenditures associated with Project related study tours, training courses, seminars, workshops and other training activities, not included under service providers’ contracts, in accordance with the Annual Work Plans and Budgets and approved by the Association, including costs of training materials, space and equipment rental, travel, accommodation and per diem costs of trainees and trainers, trainers’ fees, and other training related miscellaneous costs.
53. “Verification Protocol” means the Recipient’s protocol, acceptable to the Association, setting forth the means by which the achievement of DLRs will be verified under the Program, as such Verification Protocol may be amended from time to time with the prior written agreement of the Association.