

18-Mar-2024

Dr. Kazim Niaz
Secretary
Ministry of Economic Affairs
Government of Pakistan
Islamabad

Dear Dr. Niaz:

***Re: Khyber Pakhtunkhwa Human Capital Investment Project
(Credit Number 6714-PK and Grant Number D680-PK)
Amendments to the Financing Agreement***

We refer to the: (a) Financing Agreement dated March 30, 2021, between the Islamic Republic of Pakistan (“Recipient”) and the International Development Association (“Association”) (“Financing Agreement”); and (b) the Project Agreement dated March 29, 2021, between the International Development Association (“Association”) and the Province of Khyber Pakhtunkhwa (“Project Implementing Entity”) (“Project Agreement”), for the above-mentioned Project (“Project”). We also refer to your letters dated March 24, 2023, requesting for restructuring of the Project.

We are pleased to inform you that the Association agrees to your request and consequently the Financing Agreement is amended as set forth below:

1. Schedule 1 to the Financing Agreement is amended and attached as Annex-1 to this amendment letter.
2. Section I to Schedule 2 to the Financing Agreement is renumbered as Section I.A (On-Lending and On-granting Arrangements) and a new Section I.B (Contingent Emergency Response) is added to Schedule 2 to the Financing Agreement, as set forth below:

“B. Contingent Emergency Response

1. In order to ensure the proper implementation of contingent emergency response activities under Component 5 of the Project (“Contingent Emergency Response Component”), 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 Component, including: (i) any structures or institutional arrangements for coordinating and implementing the Contingent Emergency Response Component; (ii) specific activities which may be included in the Contingent Emergency Response Component, Eligible Expenditures required therefore (“Emergency Expenditures”), and any procedures for such inclusion; (iii) financial management arrangements for the Contingent Emergency Response Component; (iv) procurement methods and procedures for the Contingent Emergency Response Component; (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 Component; 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 Component 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 Component, with adequate staff and resources satisfactory to the Association.
3. The Recipient shall ensure that:
- (a) the environmental and social instruments required for the Contingent Emergency Response Component are prepared, disclosed and adopted in accordance with the CERC Manual and application of the Safeguard Instruments and any other relevant safeguard instrument in form and substance acceptable to the Association; and
 - (b) the Contingent Emergency Response Component 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 Component shall be undertaken only after an Eligible Crisis or Emergency has occurred.”
3. The withdrawal table under Section III of Schedule 2 to the Financing Agreement is amended and attached as Annex-2 to this amendment letter.
4. Section III.B.1. of Schedule 2 to the Financing Agreement is amended to read as follows:
- “1. Notwithstanding the provisions of Part A above, no withdrawal shall be made:
- (a) for payments made prior to the Signature Date; or
 - (d) for Emergency Expenditures under Category (7), 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 Credit amounts under Category (7); 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.

5. The Appendix to the Financing Agreement is amended and attached as Annex-3 to this Amendment Letter.

6. The Results Framework agreed further to Section II of Schedule 2 to the Financing Agreement and Section II to the Schedule to the Project Agreement is revised to read as set forth in Annex-4 to this Amendment Letter.

Except as specifically amended in this amendment letter, all other terms and conditions of the Financing Agreement shall remain in full force and effect.

The Association will disclose this amendment letter and related information on this Financing Agreement in accordance with the Association's Policy on Access to Information. By entering into this amendment letter, the Recipient consents to disclosure of this amendment letter and related information.

Please confirm your agreement to the foregoing on behalf of the Recipient by countersigning and dating the form of confirmation set forth below and returning one fully countersigned original of this amendment letter to us and retaining one original for your records. Upon receipt by the Association of the countersigned original of this amendment letter, this amendment letter shall become effective as of the date of the countersignature of this amendment letter.

Yours sincerely,
INTERNATIONAL DEVELOPMENT ASSOCIATION

Najy Benhassine

Najy Benhassine
Country Director, Pakistan

CONFIRMED AND AGREED:
ISLAMIC REPUBLIC OF PAKISTAN

By:  _____

Kazim Niaz

Name: _____

Title: Secretary Ministry of Economic Affairs

Date: 22-Mar-2024

Cc:

Government of Pakistan:

Mr. Adil Akbar, Senior Joint Secretary, Ministry of Economic Affairs

Mr. Azam Khan, Deputy Secretary, Ministry of Economic Affairs

Government of Khyber Pakhtunkhwa:

Mr. Kamran Ahmad Afridi, Special Secretary, Planning & Development Department

Mr. Masood Ahmad, Secretary, Elementary & Secondary Education Department

Mr. Muhammad Ali Asghar, Chief Economist, Planning & Development Department

Ms. Sarah Rehman, Chief International Development Section, Planning & Development Department

Mr. Hashmat Ali, Project Director, Education Component

Dr. Ikramullah Khan, Project Director, Health Component

The World Bank:

Mr. Syed Tauqir Hussain Shah, Executive Director, Pakistan

Mr. Abdelhak Bedjaoui, Alternate Executive Director, Pakistan

SCHEDULE 1**Project Description**

The objective of the Project is to improve availability, utilization, and quality of primary healthcare services and elementary education services in Selected Districts of Khyber Pakhtunkhwa, and in case of an Eligible Crisis or Emergency, respond promptly and effectively to it.

The Project consists of the following parts:

Component 1: Improving Delivery of Quality Primary Health Care Services**1.1. Improving delivery of quality primary health care services in the Original Districts through:**

- (a) carrying out of renovation, reconstruction, and rehabilitation of health facilities; provision of technical assistance, essential health equipment, ambulances, essential medicines and health products, family planning commodities and nutrition supplements, and supplies, to support delivery of primary health care services at basic health units and rural health centers, including antenatal care, delivery care, postnatal care, immunization, nutrition and family planning services, prevention, screening, and management of non-communicable diseases;
- (b) (i) establishing a network of health care facilities (“HCF Network”) based on geographic distribution, and strengthening referral systems and transportation arrangements therein, and; (ii) upgrading selected secondary health care facilities of such HCF Network to provide comprehensive emergency obstetric and neonatal care twenty-four hours a day, seven days a week (“24/7”);
- (c) contractual hiring of Human Resources for Health (HRH), to fill vacancies of crucial positions.
- (d) support procurement/outsourcing of clinical and non-clinical services such as janitorial and security services, health care waste management, diagnostic, laboratory, pharmaceutical, and ambulance services.

1.2. Improving delivery of quality primary health care services in Original Districts by (i) supporting the development of a system for continuous medical education for targeted cadres of healthcare professionals, including facility managers, through distance learning and online refresher courses, and the use of assessment results in the targeting of selected service providers who require refresher training; (ii) strengthening of HRH management; (iii) patient record systems development and management; (iv) continuous improvement of the quality of health services at the PHC level through a cascaded quality strategy; (v) introduction of a standard flowsheet; (vi) establishment of quality checklists and indicators; and (vii) establishment of a quality improvement team and supportive supervision visits.

1.3. Strengthening governance and regulatory mechanisms and providing necessary support to the provincial government to adopt/implement appropriate policies, standards, guidelines and clinical protocols for PHC service delivery as well as a performance monitoring and

evaluation system. This will include support to the Health Care Commission and Health Foundation.

Component 2: Improving Availability and Quality of Education Services

- 2.1. Improving access to elementary and secondary education in Original Districts through:
 - (a) (i) building and equipping additional classrooms and facilities to support reduction of overcrowded schools, including the installation of solar panels as needed; and (ii) upgrading selected public primary schools to middle schools and selected middle schools to secondary schools, including building and equipping additional classrooms and facilities as necessary;
 - (b) providing technical assistance to, and building capacity of, E&SED for: (i) reviewing and updating school construction standards with guidelines for, *inter alia*, climate smart solutions and improved school hygiene and safety; and (ii) scaling up alternative models of service delivery, including distance education, and developing as well as piloting models for operating double-shift schools.
- 2.2. Enhancing the quality of teaching and learning in elementary and secondary education through:
 - (a) carrying out a functional review of student assessment systems and examination policy for primary education and conducting a comprehensive examination of student assessment systems and practices, and formulating an assessment policy;
 - (b) Carrying out functional reviews of DPD and DCTE and developing action plans to address recommendations proposed therein;
 - (c) carrying out of works for improving the infrastructure in DPD and RPDCs; and
 - (d) strengthening E&SED's capacity in data utilization and management.
- 2.3. Providing technical and operational assistance to, and building capacity of, E&SED to manage implementation of Parts 2 and 3.2 of the Project.

Component 3: Strengthening Community Engagement and Accountability

- 3.1. Enhancing community engagement and accountability in the health sector in Original Districts through:
 - (a) development of community engagement and feedback systems and carrying out of a program of community-based advocacy and awareness raising campaigns, including development of a communication strategy for positive healthy behaviors and lifestyle; and
 - (b) supporting selected schools in promoting students' health through, (i) building their institutional and leadership capacity to support students with medical and dental primary health care issues, (ii) improving access to promotive and curative school health services via strong referral systems, (iii) facilitating delivery of health and life skills educations in such schools; (iv) establishing community support and involvement systems.

3.2. Enhancing community engagement and accountability in the education sector in Original Districts through:

- (a) carrying out a program of activities to strengthen community engagement and grievance redress mechanisms of the education sector, including community-based advocacy, information dissemination campaigns, and operationalization of parent-teacher councils; and
- (b) carrying out a program of activities designed to enhance E&SED's capacity in using data for decision making, including carrying out a review of the existing education management and information system, integration of databases, and incentivizing the increased use of data.

Component 4: Flood Relief and Rehabilitation

4.1. Health flood response, recovery and reconstruction:

- (a) carrying out refurbishment/rehabilitation and reconstruction, and operationalization of fully and partially damaged basic health infrastructure in the Selected Districts;
- (b) provision of furniture, medical equipment, and medication for the facilities that are rebuilt/renovated; and
- (c) ensuring access and quality of health services and basic health infrastructure to the refugees and host communities in the Selected Districts.

4.2. Education flood response, recovery and reconstruction:

- (a) carrying out refurbishments/rehabilitation and reconstruction of education facilities, including an installation of solar panels as needed in the Selected Districts;
- (b) provision of furniture and teaching and learning materials for the facilities that are rebuilt/renovated; and
- (c) provision of school-in-a-box kits to schools that have been damaged.

Component 5: Contingent Emergency Response Component (CERC)

Provision of immediate response to an eligible crisis or emergency, as needed.

Annex-2

Category	Amount of the Credit Allocated (expressed in SDR)	Amount of the Grant Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (inclusive of Taxes)	
			Credit	Grant
(1) Goods, works, non-consulting services, consulting services, Incremental Operating Costs, and Training and Workshop for Parts 1 and 3.1 of the Project	42,795,000	12,065,000	78%	22%
(2) Goods, works, non-consulting services, consulting services, Incremental Operating Costs, and Training and Workshop for Parts 2 and 3.2 of the Project	57,905,000	12,495,000	82%	18%
(3) Health Promotion Grants	0	0		
(4) Parent-Teacher Council Grants	0	0		
(5) Goods, works, non-consulting services, consulting services, Incremental Operating Costs, and Training and Workshop for Part 4.1 of the Project	0	7,360,000	0	100%
(6) Goods, works, non-consulting services, consulting services, Incremental Operating Costs, and Training and Workshop for Part 4.2 of the Project	0	13,880,000	0	100%
(7) Contingent Emergency Response Component	0	0		
TOTAL AMOUNT	100,700,000	45,800,000		

APPENDIX**Section I. 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. “Contingent Emergency Response Component” means any activity or activities to be carried out under Component 5 of the Project to respond to an Eligible Crisis or Emergency.
4. “CERC Manual” means the manual referred to in Section C.I(a) of Schedule to the Project Agreement, as such manual may be updated from time to time with the agreement of the Association.
5. “COVID-19” means the coronavirus disease caused by the 2019 novel coronavirus (SARS-CoV-2).
6. “Department of Communication and Works” means Project Implementing Entity’s Department of Communication and Works, or any successor thereto.
7. “DCTE” means Khyber Pakhtunkhwa’s Directorate of Curriculum and Teacher Education, or any successor thereto.
8. “DPD” means Khyber Pakhtunkhwa’s Department for Professional Development, or any successor thereto.
9. “Elementary and Secondary Education Department” and the acronym “E&SED” means Project Implementing Entity’s Elementary and Secondary Education Department, in charge of elementary and secondary education, or any successor thereto.
10. “E&SED PMU” means the project management unit to be established pursuant Section I.A.2(c) of the Schedule to the Project Agreement.
11. “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.
12. “Emergency Action Plan” means the plan referred to in Section I.C.1.(b) of Schedule to the Project Agreement, detailing the activities, budget, implementation plan, and monitoring and evaluation arrangements, to respond to the Eligible Crisis or Emergency.

13. “Emergency Expenditures” means any of the eligible expenditures set forth in the CERC Manual referred to in Section I.D of Schedule 2 to the Financing Agreement and required for the Contingent Emergency Response Part.”
14. “Environmental and Health Care Waste Management Plan” or “EHCWMP” means the environmental and health care waste management plan adopted by the Project Implementing Entity and disclosed on the Association’s website on May 28, 2020, identifying the problem of contaminated healthcare waste, designing a series of measure for mitigation thereof and defining institutional arrangements for its implementation, as such EHCWMP may be updated from time to time with prior written concurrence of the Association.
15. “ESMF” mean the environmental and social management framework prepared and adopted by the Project Implementing Entity, and disclosed on the Association’s website on May 28, 2020, setting forth the guiding principles, acceptable standards and procedures (including organizational arrangements, consultation protocols and budgetary allocations) for: (a) the screening and assessment of the potential adverse environmental and social impacts (*inter alia*, health and safety issues) of Project activities; and (b) the preparation, whenever required, of the relevant ESMP(s), as such framework may be amended from time to time with the prior written concurrence of the Association.
16. “ESMP” means each activity-specific environmental and social management plan prepared, or to be prepared, by the Implementing Agencies pursuant to the provisions of the ESMF, and disclosed, or to be disclosed, on the respective Project sites, setting forth: (a) the measures to be taken during the implementation and operation of the relevant activities/assets financed under the Project in order to avoid, minimize, mitigate or offset their potential adverse environmental and social impacts (including health and safety issues), or to reduce them to acceptable levels; (b) the measures that endeavor to prevent and respond to gender-based violence and sexual exploitation and abuse; (c) the procedural, budget and institutional arrangements and actions needed to implement these measures, including any schedules to such plan; as such plan may be amended from time to time with the prior written concurrence of the Association. “ESMPs” means more than one such “ESMP.”
17. “Flood-affected Districts” means Khyber Pakhtunkhwa’s districts of Peshawar, Nowshera, Haripur, Swabi, Abbottabad, Charsadda, DI Khan, Dir Lower, Dir Upper, Karak, Kohistan Lower, Kohistan Upper, Kolai Palas, Kurram Upper, Lakki Marwat, Lower Chitral, Shangla, Swat, Tank, Upper Chitral and/or any other district(s) agreed upon from time to time between the Recipient, the Project Implementing Entity, and the Association.
18. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Investment Project Financing”, dated December 14, 2018.
19. “Health Care Commission” means the Project Implementing Entity’s commission responsible for health care, or any successor thereto.
20. “Health Department” means Project Implementing Entity’s Health Department, or any successor thereto.
21. “Health Department PMU” means the project management unit to be established pursuant to Section I.A.2(b) of the Schedule to the Project Agreement.

22. "Health Foundation" means the Project Implementing Entity's health foundation, or any successor thereto.
23. "Implementing Agencies" means, collectively, the Health Department, and E&SED, and the term "Implementing Agency" means each one of such agencies, individually, as the case may be.
24. "Indigenous Peoples Plan" or "IPP" means the indigenous peoples plan prepared and adopted by the Project Implementing Entity and disclosed on the Association's website on January 18, 2024, setting out actions and measures to protect the indigenous population that are likely to be impacted by the Project, including prior, informed and consultation in a culturally appropriate manner and translation of manuals and documents in local languages as necessary, as said plan may be revised from time to time with the prior agreement of the Association.
25. "Incremental Operating Costs" means the reasonable costs of incremental expenditures required for the Project, including consumable material and supplies; office rental costs; utilities fees; insurance; communications, advertising and newspaper subscriptions; printing and stationary costs; vehicle and/or office equipment operation and maintenance; charges for opening and operating bank accounts required for the Project, travel, lodging and per diems for Project staff, but does not include salaries or salary supplements of the Recipient's civil servants, except for the salaries and/or salary supplements that the Recipient's civil servants formally deputed to the Project to assist in the carrying out of the Project activities are entitled to in accordance with the applicable government policies during the period of their deputation.
26. "Khyber Pakhtunkhwa" means the Recipient province of Khyber Pakhtunkhwa, or any successor thereto.
27. "Original Districts" means Khyber Pakhtunkhwa's districts of Haripur, Nowshera, Peshawar, and Swabi, and/or any other refugee hosting district(s) agreed upon from time to time between the Recipient, the Project Implementing Entity, and the Association.
28. "PHC" means Primary Health Care.
29. "Procurement Regulations" means, for purposes of paragraph 87 of the Appendix to the General Conditions, the "World Bank Procurement Regulations for IPF Borrowers", dated July 2016, revised November 2017 and August 2018.
30. "Project Implementing Entity" means Recipient's province of Khyber Pakhtunkhwa.
31. "Project Operations Manual" means the manual to be prepared by the Project Implementing Entity, as the same may be amended from time to time with the prior concurrence of the Association, in which the Recipient will be copied.
32. "P&DD" means Khyber Pakhtunkhwa's Planning and Development Department, or any successor thereto.
33. "Respective Parts of the Project" means:
 - (a) in respect of Health Department: Parts 1, 3.1 and 4.1 of the Project; and
 - (b) in respect of E&SED, Parts 2, 3.2 and 4.2 of the Project.

34. "RPDCs" means Khyber Pakhtunkhwa's Regional Professional Development Centers, or any successors thereto.
35. "Safeguard Instruments" means, collectively, the ESMF, the ESMP(s), IPP, and the EHCWMP, and "Safeguard Instrument" means any of such Safeguard Instruments.
36. "Selected Districts" means the Original Districts and the Flood-affected Districts.
37. "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.
38. "Training and Workshops" means the reasonable costs of training, workshops and conferences conducted in the territory of the Recipient, or, subject to prior approval by the Association, attended abroad by the Project Implementing Entity's officials and staff in connection with the Project, including the purchase and publication of materials, rental of facilities, course fees and travel and subsistence of trainees.

Results framework

COUNTRY: Pakistan

Khyber Pakhtunkhwa Human Capital Investment Project

Project Development Objectives(s)

The objective of the Project is to improve availability, utilization, and quality of primary healthcare services and elementary education services in Selected Districts of Khyber Pakhtunkhwa.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Availability of PHC services							
PHC facilities providing 24/7 service delivery in the selected districts (Number)		14.00	14.00	14.00	25.00	70.00	115.00
Action: This indicator has been Revised	Rationale: <i>The PDO indicator on Facilities providing 24/7 delivery services in selected districts. A new End Target of 115 facilities is proposed from the original 204 health facilities. Based on the findings of the Health Facility Survey/Assessment, and in order to prioritize the limited resources, the support will include upgrading all 25 RHC facilities and 90 BHUs in the selected districts.</i>						
Utilization of PHC services (Action: This Objective has been Revised)							
Pregnant women delivering in PHC facilities in the selected districts (Number)		3,300.00	3,500.00	4,200.00	10,000.00	50,000.00	80,000.00
Action: This indicator has been Revised	Rationale: <i>The PDO indicator on Pregnant women delivering in health facilities in selected districts. The indicator was changed from percentage to number. The denominator is not readily available, and it is proposed to change the indicator to Pregnant women delivering in health facilities (BHUs and RHCs) in selected districts (Number) based on DHIS data and new Baseline and End Target's. Where the information is available, this indicator will disaggregate based on refugee population status.</i>						

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Quality of PHC services (Action: This Objective has been Revised)							
Composite Health Facility Quality Index for BHUs, RHCs, and Cat-D Hospitals in the selected districts (Percentage)		58.00	60.00	61.00	68.00	75.00	75.00
Action: This indicator has been Revised	Rationale: PDO indicator on Facilities in selected districts which had no stock-outs of unexpired essential medicines. Revised to a Composite Health Facility Quality Index comprising 7 matrix indicators. The KP Health Department Independent Monitoring Unit (IMU) reporting covers 7 matrixes for the health reporting quality index which will be utilized for this indicator. The Composite Health Facility Quality is a more comprehensive assessment of the quality of primary health care services.						
Availability of education services							
Additional classrooms constructed (Number)		0.00	150.00	550.00	950.00	1,250.00	1,400.00
Additional classrooms constructed in girls' schools (Percentage)		0.00	50.00	50.00	50.00	50.00	50.00
Utilization of education services (Action: This Objective has been Revised)							
Children benefiting from direct interventions to enhance learning (Number)		0.00	32,142.00	117,857.00	203,571.00	267,857.00	300,000.00
Girls benefiting from direct interventions to enhance learning (Percentage)		0.00	50.00	50.00	50.00	50.00	50.00
Refugee children benefiting from direct interventions to enhance learning (Number)		0.00	0.00	0.00	3,950.00	10,000.00	12,000.00
Action: This indicator is New							

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Refugee girls benefiting from direct interventions to enhance learning (Percentage)		0.00	0.00	0.00	35.00	40.00	40.00
Action: This indicator is New							
Quality of education services							
Children's literacy as measured by provincial assessment (Percentage)		0.00	0.00	0.00	2.00	3.00	4.00
Action: This indicator has been Revised							
Girls' literacy as measured by provincial assessment (Percentage)		0.00	0.00	0.00	2.00	3.00	4.00
Action: This indicator has been Revised							
Children's numeracy as measured by provincial assessment (Percentage)		0.00	0.00	0.00	2.00	3.00	4.00
Action: This indicator has been Revised							
Girls' numeracy as measured by provincial assessment (Percentage)		0.00	0.00	0.00	2.00	3.00	4.00
Action: This indicator has been Revised							

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1. Improving delivery of quality primary health care services							
PHC health facilities having no stock out of modern contraceptive commodities in the selected districts (Percentage)		17.00	17.00	17.00	23.00	50.00	60.00
Action: This indicator has been Revised	Rationale: <i>Women using modern contraceptive methods in selected districts (Number). Indicator changed to percentage (Baseline of 17 percent and End Target of 60 percent), based on KP IMU information for October 2022. Focus will be on Availability of Modern Contraceptives at PHC (BHU & RHCs) and Cat-D facilities in target districts (Percentage). Availability of Modern Contraceptives has been identified as a challenge in KP.</i>						
Children 6-59 months having diarrhoea treated with Zinc and Oral rehydration salts (ORS) in selected districts (Percentage)		18.30	18.30	18.30	22.00	35.00	60.00
Action: This indicator has been Revised	Rationale: <i>Children 6-59 months having diarrhea treated with Zinc and Oral rehydration salts (ORS) in selected districts (Percentage). Indicator revised (baseline decreased from 26.87 to 18.3) based on the UNICEF Multiple Indicator Cluster Surveys (MICS) 2018-19 information. KP Health Department IMU will continue providing information on the indicator.</i>						
Children under 1 year fully immunized in the selected districts (Percentage)		67.00	69.00	71.60	75.00	80.00	85.00
Action: This indicator has been Revised	Rationale: <i>Children under 1 year immunized with the first dose of measles vaccination in selected districts (Percentage). The original Baseline was 79.2 percent. The indicator is currently at 71.6 percent as per Third Party Verification Immunization Coverage Survey (TPVICS). The project would need to achieve a revised target 85 percent immunization rate in the selected districts. The data source will be the Extended Programme on Immunization (EPI) / District Health Information System (DHIS).</i>						

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Percentage of Pregnant Women who received iron/folic acid supplementation at PHC facilities in the selected districts (Percentage)		25.30	25.30	25.30	40.00	65.00	85.00
Action: This indicator has been Revised	Rationale: Women receiving iron/folic acid supplementation during pregnancy in selected districts (Percentage). The End Target will be increased to 85 percent from 74 percent and the data sources will be the District Health Information System (DHIS) and KP Health Department Independent Monitoring Unit (IMU).						
Health care providers trained on FP and RMNCH & Nutrition in the selected districts (Number)		0.00	0.00	0.00	640.00	2,100.00	3,312.00
Action: This indicator has been Revised	Rationale: Health professionals (doctors, nurses, non-medical staff) receiving refresher and on-the-job training (Number). More details have been added to the indicator including primary health care related training on topics including (Reproductive, Maternal, Neonatal, and Child Health services, and Nutrition). The Baseline and Endline numbers remain unchanged						
PHC facilities following established referral guidelines (Percentage)		0.00	0.00	0.00	40.00	65.00	75.00
Action: This indicator has been Revised	Rationale: PHC facilities following established referral guidelines (Percentage). The indicator was refined to assess the Percentage of Pregnant women with complications referred to the higher-level facilities from PHC facilities in target districts (Percentage), and the End Target was reduced from 90 to 75 percent Technical Assistance is hired by the KP HCIP Health Department for the development of the referral guidelines.						
PHC facilities receiving monthly supervision visits from IMU (Number)		29.00	100.00	136.00	160.00	189.00	189.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	Rationale: PHC facilities receiving monthly supervision visits from IMU (Number). The indicator is refined to include primary and secondary level health facilities supported by the health component (BHUs and RHCs and Category-D) facilities. The indicator End Target is changed to 189 and Baseline 29.						
Category-D Hospitals functioning as CEmONC facilities (Number)	0.00	0.00	0.00	4.00	10.00	15.00	
Action: This indicator is New	Rationale: The indicator represents the cumulative number of upgraded Category-D Hospitals providing Comprehensive Emergency Obstetric and Newborn Care services (CEmONC) as per Essential Health Service Package (EHSP)/ Minimum Health Services Delivery Package (MHSDP). The End Target is 15 Hospitals as assessed by the KP Health Department IMU and KPHCIP PMU.						
PHC (BHUs& RHCs) and Category-D Facilities implementing a Healthcare Waste Management System (Number)	0.00	0.00	0.00	189.00	189.00	189.00	
Action: This indicator is New	Rationale: The project will develop a standardized Healthcare waste management system as per KP Environmental Protection Agency (KP EPA) in the target districts. The End Target is 189 health facilities representing the (BHUs & RHCs) and Category-D Facilities in target districts.						
Healthcare warehouses rehabilitated/reconstructed in the selected districts (Number)	0.00	0.00	0.00	1.00	3.00	4.00	
Action: This indicator is New	Rationale: The project will establish standardized healthcare warehouse facilities and strengthen the supply chain system in the target districts. The End Target is 4 established warehouses.						
PHC Facilities (BHUs& RHCs) & Category-D receiving	0.00	0.00	0.00	25.00	70.00	115.00	

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
outsourced non-clinical services in the selected districts (Number)							
Action: This indicator is New	Rationale: <i>The indicator facilitates the Measurement of contracting/outsourcing non-clinical services as part of improving the quality of care in primary and secondary level facilities. End Target is 115 health facilities.</i>						
Component 2: Improving availability and quality of education services							
Schools upgraded (Number)		0.00	0.00	50.00	170.00	250.00	280.00
Action: This indicator has been Revised							
Girls' schools upgraded (Percentage) (Percentage)		0.00	0.00	35.00	45.00	50.00	50.00
Students benefiting from direct interventions to enhance learning (CRI, Number)		0.00	0.00	0.00	44,000.00	113,000.00	300,000.00
Action: This indicator has been Revised							
Students benefiting from direct interventions to enhance learning - Female (CRI, Number)		0.00	0.00	0.00	22,000.00	56,500.00	150,000.00
Action: This indicator has been Revised							
Classrooms equipped with furniture (Number)		0.00	150.00	550.00	950.00	1,250.00	1,400.00
Action: This indicator has been Revised							

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Classrooms equipped with teaching and learning materials (Number)		0.00	150.00	550.00	950.00	1,250.00	1,400.00
Action: This indicator has been Revised							
Pre-school classrooms equipped with ECE infrastructure (includes furniture and teaching and learning materials) (Number)		0.00	100.00	500.00	800.00	900.00	1,000.00
Action: This indicator has been Revised							
Pre-school classrooms equipped with ECE infrastructure (includes furniture and teaching and learning materials) in girls' schools (Percentage)		0.00	50.00	50.00	50.00	50.00	50.00
Children completing Accelerated Learning Pathways program (Number)		0.00	0.00	0.00	0.00	11,500.00	11,500.00
Action: This indicator has been Revised							
Girls completing Accelerated Learning Pathways program (Percentage)		0.00	0.00	0.00	0.00	40.00	50.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	Rationale: Unit is being changed from number to percentage.						
Government schools operating in double shifts (Number)	0.00	0.00	10.00	45.00	90.00	150.00	
Action: This indicator has been Revised							
Girls' Community Schools (GCS) established (Number)	0.00	0.00	80.00	180.00	320.00	400.00	
Action: This indicator has been Revised							
Community schools established for girls (Percentage)	0.00	0.00	20.00	30.00	40.00	50.00	
Teachers trained (Number)	0.00	0.00	0.00	9,500.00	102,000.00	111,500.00	
Action: This indicator has been Revised							
Female teachers trained (Percentage)	0.00	0.00	40.00	40.00	40.00	40.00	
Action: This indicator has been Revised							
School leaders trained (Number)	0.00	0.00	0.00	0.00	1,500.00	2,700.00	
Action: This indicator has been Revised							
Female school leaders trained (Percentage)	0.00	0.00	0.00	0.00	25.00	30.00	

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised							
Project classrooms with Student Teacher Ratio less or equal to 40:1 (Percentage)		0.00	0.00	0.00	0.00	75.00	85.00
Action: This indicator has been Revised							
Project classrooms in girls' schools with Student Teacher Ratio less than or equal to 40:1 (Percentage)		0.00	0.00	0.00	0.00	75.00	85.00
Action: This indicator has been Revised							
Component 3: Strengthening community engagement and accountability							
Health Promoting Schools Established (Number)		0.00	0.00	0.00	200.00	500.00	700.00
Action: This indicator has been Revised	Rationale: Number of Health Promoting Schools Established (Number). The proposed End Target is increased from 500 to 700 schools.						
Parent Teacher Councils (PTCs) applying to the grants program (Number)		0.00	0.00	2,145.00	4,290.00	6,435.00	8,580.00
Action: This indicator has been Marked for Deletion							
PTCs from girls' schools applying for the grants program (Percentage)		0.00	0.00	10.00	20.00	30.00	40.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Marked for Deletion							
Number of Health Facilities with functioning GRM in the selected districts (Number)		0.00	0.00	0.00	30.00	115.00	189.00
Action: This indicator has been Revised		Rationale: Complaints received by the Grievance Redress Mechanism resolved within stipulated service standard for response time (Percentage). This indicator is revised with number of Health Facilities having functional GRM at the Health Facility level. End Target will be 189 Health Facilities with functional Grievance Redress Mechanisms.					
Campaigns to increase girls participation in education completed (Number)		0.00	0.00	4.00	6.00	8.00	16.00
Component 4: Flood Relief and Rehabilitation (Action: This Component is New)							
Health facilities rehabilitated in flood-affected districts (Percentage)		0.00	0.00	0.00	25.00	70.00	100.00
Action: This indicator is New		Rationale: Flood Relief and Rehabilitation (Component 4) - Percentage of Government notified flood affected health facilities across KP Province rehabilitated. End Target is 100% of the total 143 flood-affected health facilities planned for rehabilitation in KP Province currently.					
Health facilities reconstructed in flood-affected districts (Percentage)		0.00	0.00	0.00	25.00	70.00	100.00
Action: This indicator is New		Rationale: Flood Relief and Rehabilitation (Component 4) - Percentage of Government notified flood affected health facilities across KP Province reconstructed. End Target is 100% of the total 15 flood-affected health facilities planned for reconstruction in KP Province currently.					
Flood affected schools reconstructed (Number)		0.00	0.00	0.00	0.00	0.00	30.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator is New							
Flood affected schools rehabilitated (Number)		0.00	0.00	0.00	0.00	435.00	1,135.00
Action: This indicator is New							
School-in-a-box kits (Number)		0.00	0.00	0.00	0.00	1,300.00	1,300.00
Action: This indicator is New							
Children benefiting from flood response component (Number)		0.00	0.00	0.00	0.00	70,000.00	150,000.00
Action: This indicator is New							
Refugee children benefiting from flood response component (Number)		0.00	0.00	0.00	0.00	300.00	830.00
Action: This indicator is New							