
GFF GRANT NUMBER TF-C4392

Global Financing Facility
Grant Agreement

(Tanzania Maternal and Child Health Investment Program Additional Financing)

Between

THE UNITED REPUBLIC OF TANZANIA

and

INTERNATIONAL DEVELOPMENT ASSOCIATION
(acting as administrator of the Global Financing Facility for Women, Children, and
Adolescents Multi-Donor Trust Fund)

GFF GRANT NUMBER TF-C4392

GFF GRANT AGREEMENT

AGREEMENT dated as of the Signature Date between THE UNITED REPUBLIC OF TANZANIA (“Recipient”) and the INTERNATIONAL DEVELOPMENT ASSOCIATION (“Bank”), acting as administrator of the Global Financing Facility for Women, Children, and Adolescents Multi-Donor Trust Fund.

The Recipient and the Bank hereby agree as follows:

**Article I
Standard Conditions; Definitions**

- 1.01. The Standard 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 Standard Conditions or in the Appendix to this Agreement.

**Article II
The Operation**

- 2.01. The Recipient declares its commitment to the objective of the operation described in Schedule 1 to this Agreement (“Operation”). To this end, the Recipient shall carry out the activities described in Part 1 of the Operation (the “Program”) in accordance with the provisions of Article II of the Standard Conditions and Schedule 2 to this Agreement.

**Article III
The Grant**

- 3.01. The Bank agrees to extend to the Recipient a grant in an amount not to exceed eight million five hundred and forty thousand United States Dollars (US\$ 8,540,000) (“Grant”) to assist in financing the Program.
- 3.02. The Recipient may withdraw the proceeds of the Grant in accordance with Section II of Schedule 2 to this Agreement.
- 3.03. The Grant is funded out of the above-mentioned trust fund for which the Bank receives periodic contributions from the donors to the trust fund. In accordance with Section 3.02 of the Standard Conditions, the Bank’s payment obligations in connection with

this Agreement are limited to the amount of funds made available to it by the donors under the above-mentioned trust fund, and the Recipient's right to withdraw the Grant proceeds is subject to the availability of such funds.

Article IV
Recipient's Representative; Addresses

4.01. The Recipient's Representative referred to in Section 7.02 of the Standard Conditions is its minister responsible for finance.

4.02. For purposes of Section 7.01 of the Standard Conditions:

(a) the Recipient's address is:

Ministry of Finance
Government City -Mtumba
Treasury Avenue
P.O. Box 2802
40468 Dodoma
Tanzania; and

(b) the Recipient's Electronic Address is:

Facsimile: +255-26-296-3109

4.03. For purposes of Section 7.01 of the Standard Conditions:

(a) the Bank's address is:

International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Bank's Electronic Address is:

Telex:	Facsimile:
248423 (MCI) or 64145 (MCI)	1-202-477-6391

AGREED as of the Signature Date.

THE UNITED REPUBLIC OF TANZANIA

By

Dr. Natu El-Maamry Mwamba

Authorized Representative

Name: Dr. Natu El-Maamry Mwamba

Title: Permanent Secretary, Ministry of Finance

Date: 03-Jul-2024

INTERNATIONAL DEVELOPMENT ASSOCIATION

(acting as administrator of the Global Financing Facility for Women, Children, and Adolescents Multi-Donor Trust Fund)

By

Nathan M. Belete

Authorized Representative

Name: Nathan M. Belete

Title: Country Director

Date: 03-Jul-2024

SCHEDULE 1

Operation Description

The objective of the Operation is to scale up the provision and improve the quality of essential health care services, with a focus on maternal and child health.

The Operation consists of the Program and the Project as follows:

Part 1: The Program

The Program consists of the following activities grouped under the Results Areas set forth below

Result Area 1: Maternal and Child Health Services

(a) Scaling up the provision of essential health services at primary health care (“PHC”) facilities (i.e., dispensaries, health centers and council hospitals), with a focus on reproductive, maternal, newborn, child adolescent health and nutrition (“RMNCAH-N”) services; (b) strengthening the institutional capacity of PHC facilities to provide the foregoing services prioritizing quality improvements and the scaling up of coverage of emergency obstetric care, newborn care, nutrition, family planning and adolescent health services; (c) supporting infant and young child feeding practices and the nutrition of women during pregnancy and lactation, including the providing micronutrients therefor; and (d) scaling up quality of implementation of improvement activities, including maternal and perinatal deaths surveillance and response.

Result Area 2: Human Resources for Health

Improving the availability of skilled health workers at PHC-level as well as in selected regional referral hospitals, through: (a) recruiting and deploying health workers with a focus on PHC facilities; (b) providing long- and short-term, in country, training to priority staff, both clinical and non-clinical; (c) strengthening the capacity of selected health training institutions to conduct competency-based training in RMNCAH-N services/assistance; (d) implementing a scheme of clinical mentorship, coaching and attachment of health workers in relevant aspects of RMNCAH-N service delivery, with emphasis on emergency obstetric care, essential newborn care, and care of small and sick newborns.

Result Area 3: Emergency and Referral Services

Improving referral services and the management of emergencies, especially on obstetric and neonatal care cases, through: (a) enhancing the institutional capacity of selected regional referral hospitals to handle referral and emergencies, including critically ill patients, in accordance with established standards; (b) establishing reliable communication and transport systems to manage referrals; (c) equipping and refurbishing

selected regional referral hospitals to handle emergencies, including the establishing of neonatal units, satellite blood banks and expanding the use of electronic medical records; and (d) developing and implementing guidelines on expanded use of clinical audits in health care facilities.

Result Area 4: Health Facility Performance and Functionality

Improving performance and functionality of PHC facilities as per recommended service delivery standards, through: (a) upgrading the state or enhancing the use of existing infrastructure in selected PHC facilities to ensure full functionality at their designated service levels; (b) ensuring availability of necessary medicines, health supplies and equipment; and (c) providing PHC facilities with power, water and sanitation services, as appropriate.

Result Area 5: Management and Accountability

Providing management and coordination for the implementation of the Program, including: (a) coordinating and supervising Program implementation activities at LGA- and PHC facility-levels; (b) strengthening the institutional fiduciary capacities of LGAs and PHC facilities to support Program management functions, including monitoring and evaluation, auditing, financial management, procurement and DLI/DLR verification, as well as the implementation of Program-related environmental and social activities and mitigation measures; and (c) institutionalizing the implementation of the homegrown star rating assessment to monitor performance of PHC facilities and expand the use of a social accountability score card.

Part 2: The Project

The Project consists of the following activities:

Component 1: Scale Up Provisions of RMNCAH-N Services

- 1.1. *Support Implementation of Quality RMNCAH-N Services:* Increasing the coverage of RMNCAH-N services through: (a) revising the minimum package of RMNCAH-N services and guidelines; (b) improving the services for safe delivery, including antenatal care and emergency obstetric care; (c) expanding coverage for essential and emergency newborn care and critical care for small and sick newborns; (d) scaling up postnatal care for mother and newborns; (e) promoting family planning services; (f) promoting hygiene practices in health facilities, schools and community-based health and nutrition programs; (g) employing influencers and community leaders to increase awareness of, and advocate against, teenage pregnancies; and (h) implementing a program of continuous quality improvements, including the scaling up of the maternal and perinatal death surveillance and response.

- 1.2. *Strengthen Health Systems Functions to Scale up Provisions of RMNCAH-N:* Strengthening selected health systems functions to scale up the provision of maternal and child health (“MCH”) services, through: (a) improving health infrastructure in selected PHC facilities to provide emergency obstetric care, including setting up neonatal units in council hospitals, constructing staff housing for facilities in remote areas, upgrading the facilities through the provision of climate friendly power, water, sanitation and hygiene solutions; (b) enhancing the capacity of healthcare human resources by reviewing the training curricula for health workers, providing long- and short-term, in country, training to priority staff (clinical and non-clinical) and allied health workers, and implementing a scheme of clinical mentorship, coaching and attachment for health staff; (c) facilitating the provision of preventive and promotive health services in communities by community health volunteers; (d) improving/strengthening referral and critical care services, including expanding capacity for blood transfusion services and emergency cares and referrals; (e) ensuring supply of selected essential RMNCAH-N commodities and medical equipment, and setting up a barcode system to strengthen logistics, management and warehousing operations at central medical stores; and (f) supporting the digitalization of health services by rolling out an electronic medical record system, and piloting a tracking system monitoring pregnant women in antenatal care.

Component 2: Enhance Institutional Capacity to Manage Project Support Activities

Carrying out Project coordination and management activities, including: (a) complying with technical, fiduciary (financial management and procurement), social and environmental, monitoring and evaluation, and reporting requirements thereunder, including supporting the operation of the Reproductive and Child Health Unit and relevant technical working groups, to oversee and coordinate the implementation of RMNCAH-N services; and (b) carrying out simple operational research studies to identify and address challenges in the provision of RMNCAH-N services.

SCHEDULE 2

Operation Execution

Section I. Implementation Arrangements

1. Without limitation upon the provisions of Section 2.01 of Article II to this Agreement, and except as the Recipient and the Bank shall otherwise agree, the Recipient shall ensure that the Program is carried out in accordance with the provisions of Sub-sections I.B through I.E of Section I, as well as Sections II and III of Schedule 2 to the Financing Agreement, which are incorporated by reference into this Agreement, with the following modifications (unless the context otherwise requires):
 - (i) the term “*Association*” shall be construed as referring to the Bank (as defined herein above, in the opening paragraph of this Agreement); and
 - (ii) the references to “*Schedule 3*” and “*Section IV herein below*” in Section I.D of Schedule 2 to the Financing Agreement, shall be construed as referring to Schedule 3 to this Agreement, and Section II below, in this Schedule.

2. So long as any part of the Financing provided for under the Financing Agreement shall remain outstanding and unless the Recipient has been notified otherwise by the Bank:
 - (i) all action taken, including approvals given, by the International Development Association (the “*Association*”) pursuant to any Section of, and Schedules to, the Financing Agreement shall be deemed to be taken or given in the name and on behalf of the Association and the Bank; and
 - (ii) all information or documentation furnished by the Recipient to the Association pursuant to the provision of any such Sections of the Financing Agreement, or Schedules thereto, shall be deemed to be furnished to both the Association and the Bank.

3. If the Financing Agreement terminates prior to the termination of this Agreement, the provisions of the Financing Agreement referred to in this Agreement shall continue in full force and effect between the Recipient and the Bank.

4. Notwithstanding the provisions of paragraph 1 above, the Recipient shall not later than one (1) month after the Effective Date, update the Program Operation Manual, in form and substance satisfactory to the Bank.

Section II. Withdrawal of Grant Proceeds

A. General

1. The Recipient may withdraw the proceeds of the Grant in accordance with the provisions of Article III of the Standard Conditions, this Section, and such additional instructions as the Bank may specify from time to time by notice to the Recipient to finance Program Expenditures (inclusive of Taxes), on the basis of the results (“Disbursement Linked Results” or “DLRs”) achieved by the Recipient, as measured against specific indicators (“Disbursement Linked Indicators” or “DLIs”); all as set forth in the table in paragraph 2 of this Part A.
2. The following table specifies each category of withdrawal of the proceeds of the Grant (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 Grant to each Category:

Category (including Disbursement Linked Indicator as applicable)	Amount of the Grant Allocated to each Category (expressed in USD)
(1) DLI #1: Improved annual delivery of MCH services by LGAs as measured by average LGA scorecard	0
(2) DLI #2: Improved annual performance of MoH, PO-RALG and the RHMTs in supporting the LGAs to deliver PHC services	0
(3) DLI # 3: Increased capacity for training health workers	0
(4) DLI #3.1: Number of health workers who have completed mentorship, coaching or attachment	0
(5) DLI #3.2: Number of students sponsored for priority courses with a focus on MCH	0
(6) DLI #4: Increase availability of skilled staff at the PHC facilities	0
(7) DLI #5: Number of Regions with established referral and emergency systems	0
(8) DLI #5.1: Number of referral cases handled through the dispatch systems established by the Regions	0
(9) DLI #6: Regional referral hospitals have implemented their respective refurbishment and capacity building plans	0
(10) DLI #6.1: Number of emergency and referral cases managed by regional referral hospitals	0
(11) DLI #7: Selected PHC facilities have been refurbished as per the approved plans	0

Category (including Disbursement Linked Indicator as applicable)	Amount of the Grant Allocated to each Category (expressed in USD)
(12) DLI #7.1: Number of PHC facilities that are equipped, functional and perform at requisite signal functions for emergency obstetric and newborn care	8,540,000
(13) DLI #8: Percentage of planned annual capacity building, management and accountability activities implemented	0
TOTAL AMOUNT	8,540,000

B. Withdrawal Conditions; Withdrawal Period

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; or
 - (b) for any DLR under Categories (1) through (13), unless and until the Recipient has furnished evidence satisfactory to the Bank that said DLR has been achieved.

2. Notwithstanding the provisions of Part B.1(b) of this Section, if any of the DLRs set forth in Schedule 3 to this Agreement has not been achieved by the date by which the said DLR is set to be achieved (or such later date as the Bank has established by notice to the Recipient), the Bank may, by notice to the Recipient:
 - (a) authorize the withdrawal of such lesser amount of the unwithdrawn proceeds of the Grant then allocated to said Category which, in the opinion of the Bank, corresponds to the extent of achievement of said DLR, said lesser amount to be calculated in accordance with the formula set forth for each such DLR in Schedule 3 to this Agreement; (b) reallocate all or a portion of the proceeds of the Grant then allocated to said DLR to any other DLR; and/or (c) cancel all or a portion of the proceeds of the Grant then allocated to said DLR.

3. The Closing Date is December 31, 2027.

C. Additional Provisions

It is the Recipient's own undertaking that the importation, procurement, and/or supply of any goods, works, and/or services comprised in the Program Expenditures; and which are wholly and exclusively for the purpose of the execution of the Program, will be exempted from taxes and duties.

SCHEDULE 3

Disbursement Linked Indicators, Disbursement Linked Results and Allocated Amounts and Scalable Formular Applicable thereto

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
1. Improved annual delivery of MCH services by LGAs as measure by average LGA scorecard	(a) *The LGAs have attained an LGA scorecard average of 60/100 or more in Year 1.	(b) *The LGAs have attained an LGA scorecard average of 65/100 or more in Year 2.	(c) *The LGAs have attained an LGA scorecard average of 70/100 or more in Year 3.	(d) *The LGAs have attained an LGA scorecard average of 75/100 or more in Year 4.	(e) *The LGAs have attained an LGA scorecard average of 80/100 or more in Year 5.
Allocated Amounts (USD 0)	USD 0	USD 0	USD 0	USD 0	USD 0
Formula	NA	NA	NA	NA	NA
2. Improved annual performance of MoH, PO-RALG and the RHMTs in supporting the LGAs to deliver PHC services	(a) *MoH, PO-RALG and the RHMTs have attained a performance score average of 60/100 or more in Year 1.	(b) *MoH, PO-RALG and the RHMTs have attained a performance score average of 65/100 or more in Year 2.	(c) *MoH, PO-RALG and the RHMTs have attained a performance score average of 70/100 or more in Year 3.	(d) *MoH, PO-RALG and the RHMTs have attained a performance score average of 80/100 or more in Year 4.	(e) *MoH, PO-RALG and the RHMTs have attained a performance score average of 90/100 or more in Year 5.
Allocated Amounts (USD 0)	USD 0	USD 0	USD 0	USD 0	USD 0
Formula	N/A	N/A	N/A	N/A	N/A

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
3. Increased capacity for training health workers	(a) MoH has developed and approved, and/or established:	(b) The ten (10) training institutions have reached key milestones in the implementation of their individual refurbishment plans			
	(i) a plan to refurbish and strengthen the capacity of ten (10) health training institutions to conduct competence-based training; (ii) a strategy plan for mentorship, coaching and attachment for health workers; (iii) a training plan for priority cadres; and (iv) a structure for mentorship, coaching and attachment of health workers	(c) The ten (10) training institutions have implemented fifty percent (50%) of the activities aimed at strengthening their capacity to conduct competence-based training	(d) The ten (10) training institutions have completed the implementation of the activities aimed at strengthening their capacity to conduct competence-based training		
Allocated Amounts (USD 0)	USD 0	USD 0	USD 0		
Formula	N/A	N/A	N/A		
3.1. Number of health workers who have	(a) 2,000 health workers have received in-service training through	(b) Additional 4,000 health workers (i.e., 6,000 cumulative) have received in-service training through	(c) Additional 2,000 health workers (i.e., 8,000 cumulative) have received in-service training through		

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
<i>completed mentorship, coaching or attachment</i>	mentorship, coaching or attachment.	mentorship, coaching or attachment	mentorship, coaching or attachment		
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0		
<i>Formula</i>	N/A	N/A	N/A		
3.2. Number of students sponsored for priority courses with a focus on MCH		(a) MoH has sponsored 300 students for MCH-focused priority courses	(b) MoH has sponsored additional 400 students (i.e., 700 cumulative) for MCH-focused priority courses	(c) MoH has sponsored additional 300 students (i.e., 1,000 cumulative) for MCH-focused priority courses	
<i>Allocated Amounts (USD 0)</i>		USD 0	USD 0	USD 0	
<i>Formula</i>		N/A	N/A	N/A	
4. Increase availability of skilled staff at the PHC facilities	(a)(i) *PO-RALG has approved a plan for the recruitment and deployment of staff to PHC facilities; and (ii) *PO-RALG and the LGAs have recruited and deployed 300 staff to PHC facilities	(b) * PO-RALG and the LGAs have recruited and deployed additional 400 staff (i.e., 700 cumulative) to PHC facilities	(c) * PO-RALG and the LGAs have recruited and deployed additional 300 staff (i.e., 1,000 cumulative) to PHC facilities		
<i>Allocated Amounts</i>	USD 0	USD 0	USD 0		

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
<i>(USD 0)</i>					
<i>Formula</i>	N/A	N/A	N/A		
5. Number of Regions with established referral and emergency systems	(a) PO-RALG and MoH have prepared and approved a strategy for management of referrals and emergencies customized at the regional level	(b) Fifteen (15) Regions have established and operationalized systems for the management of referral and emergencies			
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0			
<i>Formula</i>	N/A	NA			
5.1. Number of referral cases handled through the dispatch systems established by the Regions	(a) The Regions' PHC facilities and referral hospitals have handled/referred 1,000 cases through the established dispatch systems	(b) The Regions' PHC facilities and referral hospitals have handled/referred additional 2,500 cases (i.e., 3,500 cumulative) through the established dispatch systems	(c) The Regions' PHC facilities and referral hospitals have handled/referred additional 4,000 cases (i.e., 7,500 cumulative) through the established dispatch systems	(d) The Regions' PHC facilities and referral hospitals have handled/referred additional 4,000 cases (i.e., 11,500 cumulative) through the established dispatch systems	(e) The Regions' PHC facilities and referral hospitals have handled/referred additional 4,500 cases (i.e., 16,000 cumulative) through the established dispatch systems
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0	USD 0	USD 0

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
<i>Formula</i>	NA	NA	NA	NA	USD 150 per referral case managed
6. Regional referral hospitals have implemented their respective refurbishment and capacity building plans	(a)(i) MoH has approved the respective capacity building and refurbishing plans for fifteen (15) regional referral hospitals; and (ii) The fifteen (15) regional referral hospitals have obtained building permits from the relevant councils, and NEMC's approval of their respective EIA	(b) The fifteen (15) regional referral hospitals have reached key milestones in the implementation of their respective refurbishment plans			
		(c) The fifteen (15) regional referral hospitals have implemented activities equivalent to fifty percent (50%) of the budget for their capacity building plans	(d) The fifteen (15) regional referral hospitals have completed the implementation of the activities in their respective capacity building plans		
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0		
<i>Formula</i>	N/A	N/A	N/A		
6.1. Number of emergency and referral cases managed by regional referral hospitals	(a) Regional referral hospitals have treated 500 emergency and critically ill patients referred through the established referral (dispatch) systems	(b) Regional referral hospitals have treated additional 1,000 emergency and critically ill patients (i.e. 1,500 cumulative) referred through the established referral (dispatch) systems	(c) Regional referral hospitals have treated additional 2,000 emergency and critically ill patients (i.e. 3,500 cumulative) referred through the established referral (dispatch) systems	(d) Regional referral hospitals have treated additional 3,000 emergency and critically ill patients (i.e. 6,500 cumulative) referred through the established referral (dispatch) systems	(e) Regional referral hospitals have treated additional 3,500 emergency and critically ill patients (i.e. 10,000 cumulative) referred through the established referral (dispatch) systems

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0	USD 0	USD 0
<i>Formula</i>	N/A	N/A	N/A	N/A	N/A
7. Selected PHC facilities have been refurbished as per the approved plans	(a) PO-RALG has prepared and approved the plan to refurbish, equip and make functional selected PHC facilities (i.e. 20 council hospitals, 50 health centers and 70 dispensaries)	(b) The selected PHC facilities (listed in PO-RALG’s refurbishment plan) have reached key milestones in the implementation of their individual refurbishment plans			
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0		
<i>Formula</i>	N/A	N/A			
7.1. Number of PHC facilities that are equipped, functional and perform the requisite signal functions for emergency obstetric and newborn care	(a) PO-RALG has: (i) prepared and approved a procurement plan to equip selected PHC facilities (i.e. 25 council hospitals, 50 health centers and 100 dispensaries); and	(b) (i) The selected PHC facilities (in PO-RALG’s procurement plan) have been properly equipped, and are considered functional as per requisite service standards for emergency obstetric and newborn care services	(c) The selected PHC facilities (in PO-RALG’s procurement plan) have been properly equipped, and are considered functional as per requisite service standards for emergency obstetric and newborn care services		

DISBURSEMENT LINKED INDICATORS	DISBURSEMENT-LINKED RESULTS				
	EXPECTED RESULTS FOR YEAR 1 (2023)	EXPECTED RESULTS FOR YEAR 2 (2024)	EXPECTED RESULTS FOR YEAR 3 (2025)	EXPECTED RESULTS FOR YEAR 4 (2026)	EXPECTED RESULTS FOR YEAR 5 (2027)
	(ii) signed the procurement contract(s) to equip all such facilities	(ii) 75 health facilities implementing Safer Births Bundle of Care (SBBC) Plus			
<i>Allocated Amounts (USD 8,540,000)</i>	USD 0	USD 8,540,000	USD 0	USD 0	USD 0
<i>Formula</i>	N/A	For Result (b)(i) above: N/A For result b(ii) above: US\$113,867 per health facility implementing SBBC	N/A	N/A	N/A
8. Percentage of planned annual capacity building, management and accountability activities implemented	(a) *MoH, and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for Year 1	(b) *MoH, and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for Year 2	(c) *MoH, and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for Year 3	(d) *MoH, and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for Year 4	(e) *MoH, and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for Year 5
<i>Allocated Amounts (USD 0)</i>	USD 0	USD 0	USD 0	USD 0	USD 0
<i>Formula</i>	N/A	N/A	N/A	N/A	N/A

*These DLRs are time-bound.

APPENDIX

Definitions

1. “Allocated Amounts” mean the amounts in Dollars allocated to each individual DLR in the table in Section II.A.2 of Schedule 2 to this Agreement, or determined for each DLR (or sub-DLR) pursuant to the formula detailed, in Schedule 3 to this Agreement, as such amount might be increased, reallocated and/or cancelled (whether partially or in its entirety) by the Bank, from time to time, as the case may be, in accordance with the provisions of Section II.B.2 of Schedule 2 to this Agreement.
2. “Anti-Corruption Guidelines” means, for purposes of paragraph 2 of the Appendix to the Standard Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Program-for-Results Financing”, dated February 1, 2012, and revised July 10, 2015.
3. “Association” means the International Development Association acting on its own behalf.
4. “Category” means a category set forth in the table in Section II.A.2 of Schedule 2 to this Agreement.
5. “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 II of Schedule 2 to this Agreement.
6. “Disbursement Linked Result” or “DLR” means each of the disbursement-linked targets/results set forth in Schedule 3 in respect of each DLI and listed in the second through sixth columns of the table set forth in Schedule 3 to this Agreement, and entitled: (a) “Expected Results for Year 1 (2023); (b) “Expected Results for Year 2 (2024); (c) “Expected Results for Year 3 (2025); (d) “Expected Results for Year 4 (2026); and (d) “Expected Results for Year 5 (2027), as applicable, on the basis of the achievement of which the amount of the Financing allocated to said results (i.e. the Allocated Amount) may be withdrawn, in accordance with the provisions of Section II of Schedule 2 to this Agreement.
7. “EIA” means each of the environmental impact assessments to be prepared and adopted by the training institutions (DLI #3) or regional referral hospitals (DLI #6) or PHC facilities (DLI #7) in connection with their respective refurbishment plans, setting out details of potential environmental and social risks, including risks of gender-based violence and sexual exploitation and abuse, and adverse impacts associated with any refurbishment activities under the Program, together with an environmental and social management plan defining measures to manage such risks and impacts, including measures that

endeavor to prevent and respond to gender-based violence and sexual exploitation and abuse, and including any schedules to such assessment, and as such assessment may be amended from time to time, with the prior written approval of the NEMC.

8. “Financing Agreement” means the financing agreement (Credit Number 7521-TZ) for the Operation between the Recipient and the Association, dated February 28, 2023, as such financing agreement may be amended from time to time. “Financing Agreement” includes all appendices, schedules, and agreements supplemental to the said financing agreement.
9. “Formular” means, in respect of: (a) a non-scalable sub-DLR, the portion of the Allocated Amounts indicated assigned to such sub-DLR in Schedule 3 to this Agreement, and to be made available to the Recipient upon achievement of the said sub-DLR; and (b) for each scalable DLR or scalable sub-DLR, the procedure(s) and/or mathematical formula/e provided in Schedule 3 of this Agreement in order to determine the amounts to be made available to the Recipient (out of the Allocated Amounts) corresponding to the level of achievement of the said scalable DLR or scalable sub-DLR.
10. “LGA” means each of the Recipient’s local governments authorities recognized in article 145 of the Recipient’s Constitution and established under the Local Government (District Authorities) Act, Cap. 287 and/or the Local Government (Urban Authorities), Cap. 288.
11. “MCH” means maternal and child health.
12. “MoH” means the Recipient’s Ministry of Health, or any successor thereto acceptable to the Bank.
13. “MoH(Z)” means the Ministry of Health of the Revolutionary Government of Zanzibar.
14. “NEMC” means the Recipient’s National Environmental Management Council, a body corporate established with perpetual succession and common seal, pursuant to Section 16 of the Recipient’s Environmental Management Act, 2004, of July 14th, 2004.
15. “PHC” means primary health care.
16. “PO-RALG” means the Recipient’s President’s Office for Regional Administration and Local Government, or any successor thereto, acceptable to the Bank.

17. “Program Operation Manual” means the manual prepared pursuant to Section I.C(1) of Schedule 2 to the Financing Agreement, as may be amended.
18. “Regions” means the administrative units with defined boundaries and jurisdictions, and own governments headed by Regional Commissioners appointed by the Recipient’s President and referred to in Section 2(2) of the Recipient’s Constitution.
19. “Reproductive and Child Health Unit” means the unit set up by Zanzibar’s government within MoH(Z)’s Preventive Service and health Education Department responsible for coordinating and overseeing implementation of reproductive and child health services.
20. “RMNCAH-N” means reproductive, maternal, newborn, child adolescent health and nutrition.
- 21. “Safer Births Bundle of Care Plus” or “SBBC Plus” means a package of interventions covering antenatal, intrapartum, postnatal, and newborn care.**
22. “Signature Date” means the later of the two dates on which the Recipient and the Bank signed this Agreement and such definition applies to all references to “the date of the Grant Agreement” in the Standard Conditions.
23. “Standard Conditions” means the “International Bank for Reconstruction and Development and International Development Association Standard Conditions for Program-for-Results Financing Made by the Bank out of Trust Funds”, dated December 14, 2019.
24. “Year 1” means the first year of implementation of the Program, commencing on January 1, 2023, and concluding on December 31, 2023.
25. “Year 2” means the first year of implementation of the Program, commencing on January 1, 2024, and concluding on December 31, 2024.
26. “Year 3” means the first year of implementation of the Program, commencing on January 1, 2025, and concluding on December 31, 2025.
27. “Year 4” means the first year of implementation of the Program, commencing on January 1, 2026, and concluding on December 31, 2026.
28. “Year 5” means the first year of implementation of the Program, commencing on January 1, 2027, and concluding on December 31, 2027.