
GRANT NUMBER D659-MW

Financing Agreement

**(Additional Financing for Southern Africa Tuberculosis and
Health Systems Support Project)**

between

REPUBLIC OF MALAWI

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

GRANT NUMBER D659-MW

FINANCING AGREEMENT

AGREEMENT dated as of the Signature Date between REPUBLIC OF MALAWI (“Recipient”) and INTERNATIONAL DEVELOPMENT ASSOCIATION (“Association”), for the purpose of providing additional financing for activities related to the Original Project (as defined in the Appendix to this Agreement).

The Recipient and the Association hereby agree as follows:

ARTICLE I — GENERAL CONDITIONS; DEFINITIONS

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

ARTICLE II — FINANCING

- 2.01. The Association agrees to extend to the Recipient a grant, which is deemed as Concessional Financing for purposes of the General Conditions, in an amount equivalent to nineteen million eight hundred thousand Special Drawing Rights (SDR 19,800,000) (variously “Grant” and “Financing”), to assist in financing the project described in Schedule 1 to this Agreement (“Project”).
- 2.02. The Recipient may withdraw the proceeds of the Financing in accordance with Section III of Schedule 2 to this Agreement.
- 2.03. The Maximum Commitment Charge Rate is one-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance.
- 2.04. The Payment Dates are February 15 and August 15 in each year.
- 2.05. The Payment Currency is Dollar.

ARTICLE III — PROJECT

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

ARTICLE IV — EFFECTIVENESS; TERMINATION

- 4.01. The Additional Condition of Effectiveness consists of the following, namely, that the Project Implementation Manual has been updated and adopted by the Recipient, in form and substance satisfactory to the Association.
- 4.02. The Effectiveness Deadline is the date ninety (90) days after the Signature Date.
- 4.03. For purposes of Section 10.05 (b) of the General Conditions, the date on which the obligations of the Recipient under this Agreement (other than those providing for payment obligations) shall terminate is twenty years after the Signature Date.

ARTICLE V — REPRESENTATIVE; ADDRESSES

- 5.01. The Recipient's Representative is its minister at the time responsible for finance.
- 5.02. For purposes of Section 11.01 of the General Conditions:

- (a) the Recipient's address is:

Ministry of Finance
P.O. Box 30049
Capital City
Lilongwe 3
Malawi

Cable:
FINANCE
Lilongwe

Facsimile:
265-1-789173

- 5.03. For purposes of Section 11.01 of the General Conditions:

- (a) the Association's address is:

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

- (b) the Association's Electronic Address is:

Telex:

248423 (MCI)

Facsimile:

1-202-477-6391

AGREED as of the Signature Date.

REPUBLIC OF MALAWI

By

Felix Mlusu

Authorized Representative

Name: Felix Mlusu

Title: Minister of Finance

Date: 09-Nov-2020

INTERNATIONAL DEVELOPMENT ASSOCIATION

By

Deborah L. Wetzel

Authorized Representative

Name: Deborah Wetzel

Title: Director, Regional Integration

Date: 06-Nov-2020

SCHEDULE 1

Project Description

The objectives of the Project are: (i) to improve coverage and quality of TB control and occupational lung disease services in targeted geographic areas of the Participating Countries; (ii) to strengthen regional capacity to manage the burden of TB and occupational lung diseases; and (iii) to strengthen country-level and cross-border preparedness and response to disease outbreaks.

The Project consists of the Original Project as modified below:

Part 1: Innovative Prevention, Detection and Treatment of TB

1.1. Enhancing Case Detection and Treatment Success

Support for interventions to enhance early case detection and improve treatment success rates through the development and implementation of standardized TB prevention and treatment services across the Participating Countries, in particular:

- (a) Support for: (i) information dissemination and knowledge and awareness activities such as behavior change communication campaigns, and community screening programs; (ii) communication campaigns to raise awareness, reduce TB stigma, and increase adherence to treatment; and (iii) nutritional support to Drug Resistant TB patients.
- (b) Support for improving the clinical quality of services through: (i) Training and mentoring for health workers; (ii) development of tools for systematic screening; (iii) implementation of active TB screening using improved protocols and tools; (iv) improving patient referrals and follow up (including through use of information communication technology); and (v) scaling up community TB-related activities such as community screening, strengthening contact tracing and investigation, and patient monitoring and community-based support.
- (c) Support for strengthening specimen transportation and management for more effective TB management through: (i) establishment and maintenance of community sputum collection points; (ii) improved transportation methods and systems for the transportation of samples from collection points to health facilities; and (iii) more efficient and rapid transmission of laboratory results to clinicians and patients.
- (d) Acquisition of pharmaceuticals and medical supplies as a backup to minimize stock outs for medicines and medical supplies for drug-resistant TB.

- (e) Strengthening the health care system response to COVID-19 pandemic including, acquisition of appropriate personal protective equipment for health care workers and community activists engaged in active case finding, screening and testing of suspected COVID-19 cases.
- (f) Providing training for health staff, community health workers, and other frontline workers involved in transportation of COVID-19 specimen to laboratories.
- (g) Institutionalizing innovations such as extension for community healthcare outcomes for TB care-based teaching and treatment monitoring and learning and exchange among specialists.
- (h) Strengthening monitoring and evaluation of infection control in facilities and scaling up health care workers screening, including testing for COVID-19.

1.2. Rolling out a Standardized Package of Occupational Health Services and Mining Safety Standards across Participating Countries, in particular:

- (a) Strengthening the capacity of public sector agencies responsible for mine safety to undertake mine health safety inspections and monitoring including dust control in line with international best practices including through provision and installation of equipment for inspections, and financing of inspection activities.
- (b) Expanding periodic screening and referrals for occupational lung diseases and other diseases in line with standards and protocols set within the sub-region and international best practices, including through provision and installation of equipment for screening and management of occupational lung diseases, and screening of, miners and their respective families.
- (c) Developing and strengthening standards of occupational health services and care programs for occupational lung diseases (including development and implementation of occupational health service databases and electronic record systems to strengthen referrals for compensation services).

Part 2: Regional Capacity for Disease Surveillance, Diagnostics and Management of TB and Occupational Lung Diseases

- 2.1. Improving Quality and Availability of Human Resources.** Support for the development of a skilled health workforce on areas related to the Project activities based on a regionally defined curriculum, Training, mentoring and knowledge sharing with a focus on: (a) case detection and management of TB; (b) mine health

regulation and occupational services; (c) disease surveillance; and (d) primary prevention of COVID-19 in the workplace including screening of health care workers.

2.2. Strengthening Diagnostic Capacity and Disease Surveillance, in particular:

- (a) Strengthening regional diagnostic capacity and networking, including:
 - (i) expanding microscopy networks;
 - (ii) use of new, faster and more accurate diagnostic technologies;
 - (iii) capacity building for and scaling up of the accreditation for laboratories through internationally recognized accreditation processes such as the *Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA)* and accompanying training and mentorship program for selected laboratories;
 - (iv) strengthening the network of national TB laboratories, including through provision of equipment and supporting accreditation; and
 - (v) carrying out refurbishment and rehabilitation of laboratory facilities including national TB reference laboratories, selected one stop centers, Drug Resistant TB centers, and medical waste disposal facilities.

- (b) Strengthening surveillance capacity through establishment of a mechanism for regional disease intelligence sharing among the Participating Countries, with a focus on:
 - (i) the upgrading of surveillance capacity of laboratories for drug resistance with a focus on Drug Resistant TB and improvements to laboratory-based monitoring of antimicrobial resistance;
 - (ii) the establishment of joint cross-border committees to carry out joint outbreak investigations, responding to disasters and other public health events and to conduct joint table-top simulations; and
 - (iii) establishment and reinforcing information and reporting systems across selected areas, including through the provision of information communications technology, infrastructure, equipment and software to strengthen surveillance reporting.

- (c) Strengthening coordination and information exchange regarding screening, contact tracing and treatment of COVID-19 cases, as well as the isolation measures taken to reduce the spread of infectious diseases, and strengthening the role of cross-border committees in disease surveillance and exchange of epidemiological information among the Participating Countries.

- (d) Improving the capacity of diagnostic laboratories to respond to infectious diseases and COVID-19, and acquisition of laboratory diagnostic equipment reagents, including test kits.

2.3. Strengthening mine health regulation, including strengthening the capacity for occupational health and mine inspections, including through: (a) the review and

revision (as needed) of existing and draft occupational health and safety legislation; (b) review and/or development of mechanisms and guidelines for mine health inspections, occupational health screening protocols and compensation systems; (c) development of information technology systems for compliance monitoring and mine health surveillance; and (d) provision and installation of equipment for mine health inspection.

- 2.4. Supporting COVID-19 response and integrated TB and OLD care, including enhancing case detection, contact tracing, port of entry screening and disease surveillance, *inter alia*, laboratory strengthening, occupational health and safety management, providing training to healthcare workers, provision of medical supplies and Operating Costs for ports of entry screening.

Part 3: Regional Learning and Innovation and Project Management

- 3.1. **Operational Research and Knowledge Sharing.** Support for carrying out baseline assessments and studies on selected topics to inform policy and practice through innovative knowledge sharing approaches.
- 3.2. **Centers of Excellence in TB and Occupational Lung Disease Control:** Support to Participating Countries to serve as Centers of Excellence in specific areas of TB and occupational lung diseases control including through demonstration pilots and the establishment of technical working groups to facilitate regional knowledge generation and dissemination and mentorship of technical and management staff from Participating Countries and regional organizations on mutually defined areas of joint interest.
- 3.3. **Project Management.** Strengthening the capacity of the PIU for Project implementation and management, including: (a) fiduciary aspects (i.e., financial management and procurement auditing including, risk-based auditing), monitoring and evaluation, environmental and social safeguards management, communication of Project activities, technical capacity for implementation of specialized activities, and preparation of Annual work Programs, all through the provision of Operating Costs, technical advisory services, acquisition of goods, and provision of training; (b) facilitating respective meetings of National Technical Committees and the Regional Advisory Committee; (c) facilitating joint annual review meetings at national level and interim reviews; (d) video-conferencing and other in-person and virtual learning facilities; and (e) development and maintenance of a website for the Project to disseminate knowledge.

SCHEDULE 2

Project Execution

Section I. Implementation Arrangements

A. Institutional Arrangements

1. The Recipient shall maintain throughout the period of Project implementation:
 - (a) Its representative or representatives in the Regional Advisory Committee;
 - (b) the National Technical Committee, to be responsible for oversight and technical guidance of Project implementation at the national level, as further set forth in the PIM;
 - (c) the National TB Program unit, to be responsible for technical leadership of the Project, as further set forth in the PIM; and
 - (d) the PIU to run the day-to-day management of the Project (including all fiduciary responsibilities for the Project at the national level), and provide secretariat services to the National Technical Committee;

all in a form and with functions, composition, membership, mandate and staffing (under terms of reference, qualifications and scope of responsibilities), and adequate resources satisfactory to the Association, and as further described in the Project Implementation Manual.
2. The Recipient shall ensure that the Project is carried out in coordination with:
 - (a) its relevant ministries, departments, agencies and institutions including, but not limited to, the MOH, MOL and MOM; and
 - (b) in collaboration with ECSA-HC, AUDA-NEPAD, and the Participating Countries, all as set forth in the PIM.
3. The Recipient shall cooperate and collaborate with other Participating Countries in accordance with the Cooperation Protocol, and shall uphold the Cooperation Protocol in the implementation of the Project.

B. Project Implementation Manual

1. The Recipient shall implement the Project in accordance with the Project Implementation Manual, containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, personal data collection and processing in accordance with good international practice, roles and

responsibilities for Project implementation, the indicators to be used in the monitoring and evaluation of the Project at the national level, selection criteria for non-governmental organizations, community based organizations, health facilities, labor organizations and private entities or institutions to be procured for Parts 1.1 of the Project; and such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association.

2. In the event that any provision of the Project Implementation Manual shall conflict with any provision of this Agreement, the provisions of this Agreement shall prevail. The Recipient shall not amend the Project Implementation Manual without the Association's prior written approval.

C. Annual Work Plan and Budget

By not later than November 15 of each year until the completion of the Project, the Recipient, shall prepare and furnish to the Association for its approval, annual work plans and budgets setting forth Project activities to be undertaken in the following year, together with their implementation schedules and financing plans, and thereafter implement said annual work plans and budgets taking into account the Association's comments and views thereon.

D. Safeguards

1. The Recipient shall ensure that the Project is carried out with due regard to appropriate health, safety, social, and environmental standards and practices, and in accordance with the Safeguards Instruments.
2. Except as the Association shall otherwise agree, the Recipient shall ensure, and cause to ensure, that none of the provisions of the Safeguard Instruments is abrogated, amended, repealed, suspended or waived. In case of any inconsistencies between the provisions of any of the Safeguard Instruments and the provisions of this Agreement, the provisions of this Agreement shall prevail.
3. The Recipient shall ensure that: (a) all consultancies related to technical assistance, design and capacity building under the Project, the application of whose results could have environmental, social and health and safety implications, shall only be undertaken pursuant to terms of reference reviewed and found satisfactory by the Association; and (b) such terms of reference shall require the technical assistance, design and capacity building activities to take into account the requirements of the applicable Association's Safeguards Policies and EHS Guidelines.
4. Without limitation upon its other reporting obligations under this Agreement, the Recipient shall take all measures necessary on its part to regularly collect, compile, and submit to the Association, as part of the Project Reports and promptly in a

separate report whenever the Association may require, information on the status of compliance with the Safeguards Instruments. Such information shall include: (a) measures taken in furtherance of the Safeguards Instruments; (b) conditions, if any, which interfere or threaten to interfere with the smooth implementation of the Safeguards Instruments; and (c) remedial measures taken or required to be taken to address such conditions.

5. In the event that any provision of the Safeguards Instruments shall conflict with any provision under this Agreement, the provisions of this Agreement shall prevail.

E. Grievance Redress Mechanism

The Recipient shall maintain, throughout Project implementation, and publicize the availability of a grievance mechanism, in form and substance satisfactory to the Association, to hear and determine fairly and in good faith all complaints raised in relation to the Project, and take all measures necessary to implement the determinations made by such mechanism in a manner satisfactory to the Association.

Section II. Project Monitoring, Reporting and Evaluation

The Recipient shall furnish to the Association each Project Report not later than forty-five (45) days after the end of each calendar semester, covering the calendar semester. Except as may otherwise be explicitly required or permitted under this Agreement or as may be explicitly requested by the Association, in sharing any information, report or document related to the activities described in Schedule 1 of this Agreement, the Recipient shall ensure that such information, report or document does not include Personal Data.

Section III. Withdrawal of the Proceeds of the Financing

A. General

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

Category	Amount of the Grant Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, non-consulting services, consulting services, Operating Costs and Training for Part 1 of the Project	5,500,000	100%
(2) Goods, Works, non-consulting services, consulting services, Operating Costs and Training for Part 2 of the Project	8,200,000	100%
(3) Goods, non-consulting services, consulting services, Operating Costs and Training for Part 3 of the Project	6,100,000	100%
TOTAL AMOUNT	19,800,000	

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A above, no withdrawal shall be made for payments made prior to the Signature Date.
2. The Closing Date is December 31, 2023.

APPENDIX

Definitions

1. “Anti-Corruption Guidelines” means, for purposes of paragraph 5 of the Appendix to the General Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants”, dated October 15, 2006 and revised in January 2011 and as of July 1, 2016.
2. “Assembly Decision” means the Decisions regarding the transformation of the New Partnership for Africa’s Development (NEPAD) into the African Union Development Agency -New Partnership for Africa’s Development (AUDA-NEPAD), the technical body of the African Union into the structures and processes of the African Union, namely Assembly/AU/Dec.691(XXXI) and Ext/Assembly/AU/Dec.1(XI).
3. “AUDA-NEPAD” means the African Union Development Agency - New Partnership for Africa’s Development established and operating pursuant to the Assembly Decision.
4. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.
5. “Centers of Excellence” means a demonstration pilot of TB control activities and/or occupational lung diseases management in each Participating Country, to showcase best practices in TB and occupational lung diseases control, focusing on the following strategic topics: Community-based management of TB (in the Kingdom of Lesotho); community TB care and integrated disease surveillance (in the Republic of Malawi); MDR-TB and childhood TB management (in the Republic of Mozambique); and occupational health and safety (in the Republic of Zambia); or such other topics as may be agreed between the Participating Countries by mutual agreement and in agreement with the Association.
6. “Cooperation Protocol” means the protocol dated March 12, 2018, among the Participating Countries, and such other countries or stakeholders as may be selected in agreement with the Association, to serve as a Project-specific framework setting forth cooperation modalities and mechanisms to facilitate cross-border activities for the Project.
7. “COVID-19” means the coronavirus disease caused by the 2019 novel coronavirus (SARS-CoV-2).
8. “Drug Resistant TB” means any tuberculosis cases found to be resistant to at least one agent used in the treatment of tuberculosis.

9. “ECSA-HC” means East, Central and Southern Africa Health Community, a regional organization established and operating under the ECSA Convention.
10. “ECSA Convention” means the Convention of the East, Central and Southern Africa Health Community dated November 22, 2002, which entered into force and effect as at July 1, 1980, in accordance with Article 17 of the Convention, pursuant to which ECSA-HC was established and is operating.
11. “EHS Guidelines” means the World Bank Group Environmental, Health and Safety Guidelines published on www.ifc.org/ehsguidelines, as said guidelines are updated from time to time.
12. “Environmental and Social Management Framework” or “ESMF” means the framework prepared and adopted by the Recipient, satisfactory to the Association, dated March 16, 2020, disclosed in-country, and the Association’s website on March 14, 2016, as updated and redisclosed in-country, and the Association’s website on April 16, 2020, setting out the principles, rules, guidelines and procedures to screen and assess the potential adverse environmental and social risks and impacts (including health and safety issues) of Project activities, including the risks of gender-based violence and sexual exploitation and abuse, adopt measures to avoid, reduce, mitigate or offset environmental and social adverse risks and impacts , including measures that endeavor to prevent and respond to gender-based violence and sexual exploitation and abuse, procedural, budget and institutional arrangements and actions needed to implement these measures, and information on the agency or agencies responsible for addressing the Projects’ risks and impacts; as well as for the preparation of environmental and social management plans, as such framework may be amended by the Recipient from time to time, with the prior written agreement of the Association.
13. “Environmental and Social Management Plan” or “ESMP” means, the plan to be prepared and adopted by the Recipient setting out details of the specific actions and measures including measures that endeavor to prevent and respond to gender-based violence and sexual exploitation and abuse, as well as policies designed to facilitate the achievement of the objectives of the respective ESIA’s under the Project, along with the procedural and institutional measures needed to implement such actions, measures and policies, including any schedules to such plans, and as such plan may be amended by the Recipient from time to time, with the prior written approval of the Association.
14. “Environmental and Social Impact Assessment” or “ESIA” means the document to be prepared and adopted by the Recipient 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 Project activities, 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 by the Recipient from time to time, with the prior written approval of the Association.

15. “General Conditions” means the “International Development Association General Conditions for IDA Financing, Investment Project Financing”, dated December 14, 2018.
16. “Infection Control and Waste Management Plan” or “ICWMP” means the document prepared and adopted by the Recipient, disclosed on March 14, 2016, and redisclosed on April 16, 2020, which outlines the general implementation procedures, mitigation measures and monitoring procedures for infection control and medical waste management, as said plan may be amended from time to time with the Association’s prior written approval.
17. “MOH” means the Recipient’s Ministry of Health and includes any successor thereto.
18. “MOL” means the Recipient’s Ministry of Labour and Manpower Development and includes any successor thereto.
19. “MOM” means the Recipient’s Ministry of Natural Resources, Energy and Mining and includes any successor thereto.
20. “National TB Program” means the national TB program, a technical unit within the MOH to provide technical leadership in Project implementation.
21. “National Technical Committee” means the national technical committee referred to in Section I.A.1(b) of Schedule 2 to this Agreement, as further described in the Project Implementation Manual.
22. “Operating Costs” means recurrent costs of the Project, all based on periodic budgets acceptable to the Association: (i) operation and maintenance of vehicle, repairs, fuel and spare parts; (ii) computer maintenance, including hardware and software; (iii) communication costs and communication equipment, and shipment costs (whenever these costs are not included in the cost of goods); (iv) office supplies; (v) rent and maintenance for office facilities; (vi) utilities and insurances; (vii) travel and per diem costs for technical staff carrying out training, supervisory and quality control activities; (viii) reasonable expenditures for community health workers involved in carrying out the Project, directly related to Project activities, including a stipend, transportation costs including local travel, per diems and accommodation costs; and (ix) salaries of support staff for the Project, but excluding salaries of the Recipient’s civil servants or regular staff for ECSA-HC and NPCA.

23. “Original Financing Agreement” means the financing agreement for the Original Project between Malawi and the Association dated August 5, 2016, as amended (Credit No. 5864-MW and Grant No. D1170-MW).
24. “Original Project” means the Project Described in Schedule 1 to the Original Financing Agreement.
25. “Participating Countries” means the Kingdom of Lesotho, Republic of Malawi, Republic of Mozambique and Republic of Zambia.
26. “Personal Data” means any information relating to an identified or identifiable individual. An identifiable individual is one who can be identified by reasonable means, directly or indirectly, by reference to an attribute or combination of attributes within the data, or combination of the data with other available information. Attributes that can be used to identify an identifiable individual include, but are not limited to, name, identification number, location data, online identifier, metadata and factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of an individual.
27. “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.
28. “Project Implementation Unit” or “PIU” means the project implementation unit created within the administrative structure of the Recipient’s MOH referred to in Section I.A.1 (d) of Schedule 2 to the Agreement.
29. “Project Implementation Manual” or “PIM” means the manual dated November 30, 2016, as modified in accordance with Section I.B of Schedule 2 to this Agreement, for the implementation of the Project at the national and regional level.
30. “Regional Secretariat” means a secretariat established to run the day-to-day management of the Project at the regional level, and to provide secretariat services to the Regional Advisory Committee, consisting of two teams working together, one team housed at ECSA –HC and another team housed at NPCA.
31. “Regional Advisory Committee” means the Regional Advisory Committee for the Project, in charge of providing overall strategic guidance, oversight and governance functions for the Project at the regional level, as further detailed in the PIM.
32. “Safeguard Policies” means, the Operational Policies (Ops) and Bank Procedures (BPs) of the Bank, namely OP/BP 4.01 (Environmental Assessment), OP/BP 4.04 (Natural Habitats), OP/BP 4.09 (Pest Management), OP/BP 4.10 (Indigenous Peoples), OP/BP 4.11 (Physical Cultural Resources), OP/BP 4.12 (Involuntary

Resettlement), OP/BP 4.36 (Forests), and OP/BP 4.37 (Safety of Dams); they can be found at <https://policies.worldbank.org>.

33. “Safeguard Instruments” means collectively the ESMF, an ESMP, ESIA and the ICWMP and “Safeguard Instrument” means any one of them.
34. “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.
35. “TB” means tuberculosis.
36. “Training” means the training of persons involved in Project-supported activities, based on the Annual Work Program approved by the Association, such term including scholarships, seminars, workshops, and study tours, and costs associated with such activity including local and international travel and subsistence costs for training participants, per diems, costs associated with securing the services of trainers, rental of training facilities, preparation and reproduction of training materials, and other costs directly related to training preparation and implementation.