

Yemen

QUEEN OF SHEBA
SAFE MOTHERHOOD PROJECT

OPERATIONS MANUAL

AUGUST 2008

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ABBREVIATIONS AND ACRONYMS

SMP	Safe Motherhood Project
GA	Grant Agreement
GPOBA	Global Partnership on Output-Based Aid
IVE	Independent Verification Expert
NGO	Non-Governmental Organization
OM	Operations Manual
SYHC	Saudi Yemeni Healthcare Company
AL MAWARID	Al Mawarid Company for Educational and Health Services
SOUL	SOUL for the Development of Women and Children

1. INTRODUCTION

1.1 Structure and Purpose of the Operations Manual

This project Operations Manual (OM) sets out the arrangements agreed by the signatories to the Grant Agreement (GA) and all related institutions involved in the implementation of this Project. The OM outlines the goals, milestones and relevant details for each phase of the Queen of Sheba Safe Motherhood Project. Additionally, the OM outlines the procurement, financial management, monitoring arrangements, disbursement, social and environmental management frameworks that will govern the actions of all parties involved.

This OM is intended to be a reference document for project partners and to delineate the key steps and requirements for successful implementation. The World Bank must approve any changes to the OM during the course of implementing this Project.

The GA is the formal legal document that regulates the relationship between the World Bank and the Grant Recipients: Saudi Yemeni Healthcare Company (SYHC), Al Mawarid Company for Educational and Health Services (Al Mawarid) and SOUL for the Development of Women and Children (SOUL). Any project parameters specified in the GA therefore supersede the terms of this OM. Changes to the GA cannot be made without a formal amendment process.

1.2 Project Overview & Objectives

The proposed project is a four year community based program which will support the provision of a defined 'Mother-Baby package' of essential quality services as defined by the World Health Organization (WHO). Services provided to eligible women of reproductive age in Sana'a, Yemen will include: antenatal care, attended childbirth, postnatal care, complicated care services and family planning. The primary objective of this project is expanding access to safe and attended childbirth to the target population. GPOBA's subsidy funding should result in approximately 40,000 safe child deliveries by two service providers over a four year period. The project has two main development objectives:

1. To provide quality maternal care to about 40,000 eligible women in targeted districts in Sana'a.
2. To design and implement a model of maternal care which demonstrates how Yemeni public policy on maternal and child care can be effectively integrated with private health provision.

1.3 Basic Structure of OBA Scheme

GPOBA's Grant will fund subsidies for service delivery, 50% of the capital costs for establishing satellite clinics, the project preparation / start-up costs, the cost of education and awareness campaigns, and the community outreach administrative costs. GPOBA will also provide funding to monitor, evaluate, audit and supervise the project.

GPOBA will disburse subsidies to the two Service Providers (SYHC and Al Mawarid) based on clinical services delivered to patients. GPOBA will disburse subsidies to the Service Providers upon completion of the satellite clinics. GPOBA will disburse subsidies to SOUL based on invoices for Community outreach Administrative Costs and the Education & Awareness Campaigns. Certain Performance Indicators and volume targets will trigger these disbursements

and will be monitored by an Independent Verification Expert (IVE), as specified in section 5.3 of this OM.

Furthermore, GPOBA will disburse an up-front subsidy to SOUL for the project preparation and start-up cost after signing of the GA.

1.4 Targeting

Income based targeting will ensure that subsidies reach target women who otherwise could not afford quality health care. Only women living in pre-identified districts in Sana'a will be eligible to benefit from GPOBA subsidies.

Sana'a city is composed of 12 districts. For the sake of the project, 8 districts were selected using the following selection criteria in the priority of order:

- (1) Population of districts
- (2) Availability of other health facilities per population density
- (3) Status of socio economic standards.
- (4) Accessibility to the service providers.

Table of Targeted Districts

Service provider	Year 1		Year 2		Year 3		Year 4	
	Name of district	# of women 15-49 years old	Name of district	# of women 15-49 years old	Name of district	# of women 15-49 years old	Name of district	# of women 15-49 years old
SGH	Bani alhareth	43,990	Althurah	40,565	Shua'ob	51,007	Sana'a old city	15,115
USTH	Ma'een	63,292	Alsabeean	74,196	Alssafia	26,013	Azal	27,431
Distribution of satellite clinics for each service provider	2- satellite clinics per district		2- satellite clinics per district		1-satellite clinic per district		1- satellite clinic per district	

2 PROJECT DESCRIPTION

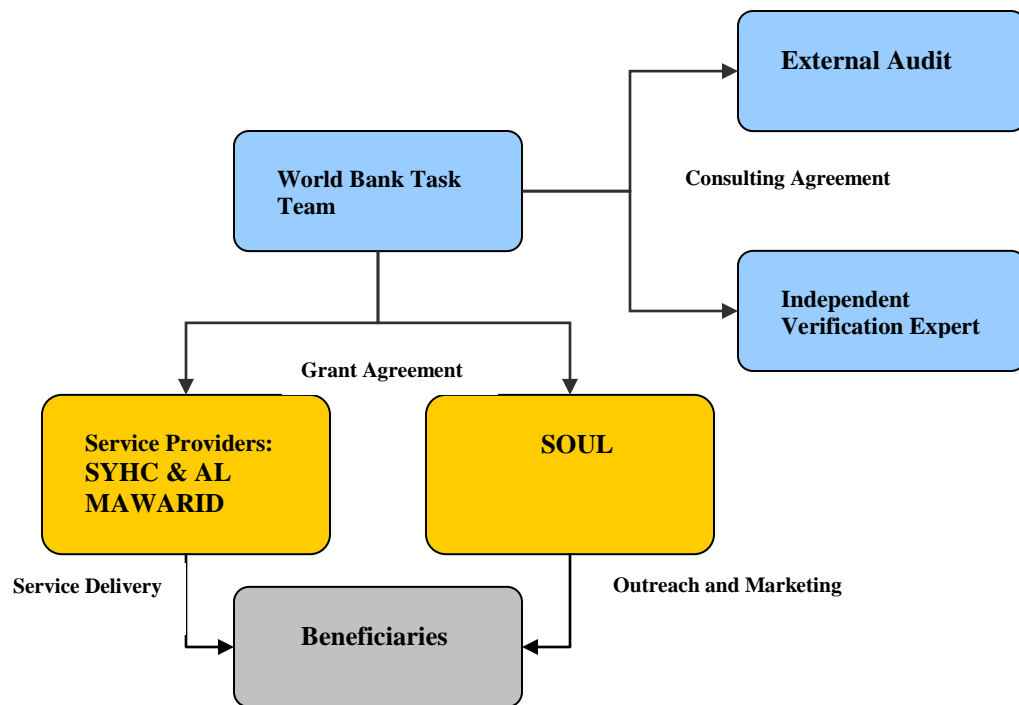
2.1 Project Overview

All services will be provided by the following private organizations:

- (1) Two private Yemeni hospitals: SYHC and AL MAWARID. These two service providers will provide clinical services during the first phase of the project.
- (2) SOUL, a reputable local Yemeni NGO, which will serve as community outreach unit to promote market and target the Project.
- (3) An IVE which will verify outputs and Performance Indicators.
- (4) An external auditor who will conduct annual audits and reviews of the project.

The World Bank Task Team will be responsible to manage the flow of project funds and supervise the project.

Implementation Arrangements



2.2 Product Description

The services provided by this scheme are based on the WHO's defined mother-baby package of 12 interventions, and may be modified to align with Yemeni national health guidelines and local needs as appropriate. These services include:

- Antenatal care – at least four antenatal visits providing basic care

- Treatment of syphilis, gonorrhoea, chlamydia, severe anaemia and malaria
- Normal delivery care – clean and safe delivery, basic newborn care, post-partum services and care
- Essential obstetric care – management of complications such as eclampsia, sepsis, hemorrhage, abortion complications and emergency conditions as deemed necessary
- Family Planning – information and education
- Nutritional education and supplementation

Community midwives, working through satellite clinics, will provide most primary care services. Patients with complications will be referred to in-house specialists based at these satellite clinics. Those patients requiring emergency or more advanced care will be referred to one of the project's two participating hospitals using the emergency transportation systems of those facilities¹.

The Safe Motherhood package consists of three levels of services: antenatal, obstetric and postnatal care. Each eligible beneficiary will be able to receive the antenatal care package over a period of 6 months. The antenatal care package consists of at least 4 regular visits where the following services will be provided:

- 1st Visit: Consultation, CBC, Blood group/RH typing, VDRL, Urine Ex and RBS
- 2nd Visit: Consultation, HB and Urine Analysis
- 3rd Visit: Consultation, Urine Analysis and RBS, sonography
- 4th Visit: Consultation, HB and Urine Analysis

Each consultation consists of checkups (history, BP examination, fundal level, measurement of weight and physical exam), iron /folate supplementation, tetanus toxoid immunization TT2, health and nutrition education, management of conditions and referral if needed.

Eligible beneficiaries will be able to receive obstetric care for either normal delivery or emergency obstetric care. The delivery care could either be provided at home of the eligible beneficiary, satellite clinic or the hospital. Emergency obstetric care would include the emergency referral and transport to the hospital, as well as:

- D & C for cases of abortion
- LSCS for obstructed labor
- Delivery at hospital with special care for complicated pregnancies (*i.e.*, eclampsia, gestational Diabetes, premature deliveries, APH, PPH, retained placenta, amniotic fluid embolism)
- Neonatal care (Resuscitation) for babies post LSCS, premature babies, babies of diabetic mother and obstructed labor.

Post delivery, the eligible beneficiary and their baby are able to receive the postnatal care package over a period of one month after the delivery of the baby. This will include immediate post partum care for at least 6 hours after delivery and one home visit after delivery by the 10th day for checkup of the mother's condition – BP, for any sign of puerperal sepsis, counseling and support of breast feeding and contraception advice. The received newborn care includes: child assessment, cord care, eye care and thermal regulation.

¹ A list of emergency and complicated obstetric cases is attached as annex G1

2.3 Service Package Cost, Co-payment and Subsidy Levels

The price of the Safe Motherhood package has been established at maximum of US\$150 for each beneficiary, based on a defined package of services. This figure is the weighted average price as it represents an approximate estimate based on an assumed caesarian section / emergency care maximum rate of 15%. Of the estimated US\$150 cost per package, beneficiaries will pay a fee of US\$15 in the first trimester (months 1-3) of their pregnancy. GPOBA will subsidize a maximum of US\$135 needed to cover the cost of care, based on services delivered from the defined package of services. The defined package of Safe Motherhood services as described in section 2.2 above is available to all eligible beneficiaries, regardless of the site or type of delivery.

The Service Providers will only be reimbursed for the services delivered within the definition and limits of the Safe Motherhood package. Any services not provided to a specific individual beneficiary can not be reimbursed. The table below provides an overview of the defined services that can be invoiced for reimbursement to GPOBA, with their agreed quantity and cost per service item. Only the services listed below are eligible for reimbursement by GPOBA, upon verification of service delivery by the IVE.

The Service Providers are eligible to submit invoices against these defined services and agreed prices for the specific service delivered for each eligible beneficiary. As such the maximum subsidy the World Bank will provide per eligible beneficiary is US\$135 in case all listed services have been provided to the said eligible beneficiary.

2.4 Project Components and Costs

The World Bank will extend to the Recipients a grant in an amount equal to US\$6,232,100 over four years. Beneficiaries are expected to pay US\$612,000 through co-payments, while the service providers will contribute an additional US\$233,100 toward the cost of new satellite clinics. GPOBA will provide funding as follows for the Recipient Executed project components:

2.4.1 Project preparation and start-up cost (US\$49,440)

GPOBA will provide funding to SOUL for project preparation and start-up activities, including: preparing a baseline study for community assessment of the targeted districts in Sana'a, the provision and installation of a biometric server and eye print/finger print equipment as well as office furniture and equipment.

Establishment of satellite clinics (US\$233,100)

Throughout the life of the project 12 satellite clinics will be established with a total cost of US\$466,200 according to the below mentioned table. GPOBA will provide service providers with a subsidy for establishing new satellite clinics. During the life of the project, GPOBA will pay 50% of the cost of establishing new clinics with service providers paying the remaining 50%. Each satellite clinic is expected to cost up to \$38,850. During the first two years of the project, each service provider is expected to establish two new satellite clinics annually, compared to one each in year 3 and 4. GPOBA will provide a maximum subsidy of US\$233,100 for the establishment of 12 satellite clinics. The service providers SYHC and AL MAWARID will provide funding for the remaining US\$233,100².

Year 1	Year 2	Year 3	Year 4	
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² The clinics' specifications and list of equipments and instruments are attached as annex G2 and G3

Service provider	2nd quarter	3rd quarter	1st quarter	2nd quarter	Ist quarter	1st quarter	Total # of Clinics
SGH	Clinic 1						
USTH	Clinic 1						
SGH		Clinic 2					
USTH		Clinic 2					
SGH			Clinic 3				
USTH			Clinic 3				
SGH				Clinic4			
USTH				Clinic 4			
SGH					Clinic 5		
USTH					Clinic 5		
SGH						Clinic 6	6 clinics for SGH
USTH						Clinic6	6 clinics for USTH
Total							12 Clinics

2.4.2 Service Delivery (US\$5,403,960)

GPOBA's Grant will subsidize the defined safe motherhood package. Invoices for services rendered and the verification of Performance Indicators will trigger reimbursements to service providers on an output basis.

Procedure	Particular	Qty	Item	\$ per item	Qty	Cost	
Antenatal care							
ANC	Consultation charge	1	visit	\$5.05	4	\$20.20	
	Ultrasound	1		\$10.11	1	\$10.11	
	CBC	1	test	\$5.00	2	\$10.00	
	HB	1	test	\$3.05	2	\$6.10	
	Urine analysis	1	test	\$2.50	4	\$10.00	
	RBS	1	test	\$2.50	2	\$5.00	
	Blood group & Rh	1	test	\$1.50	1	\$1.50	
	VDRL	1	test	\$3.66	1	\$3.66	
Tetanus toxoid Immunization	Tetanus toxoid	1	inj	\$0.00	2	\$0.00	
Iron/Folate supplementation	Anaemia	1	tab	\$0.04	200	\$8.43	
<i>Total ANC</i>							66.57\$
Obstetric care							
Normal Delivery or Emergency Obstetric Care		1		\$45.00	1	\$45.00	
Medication after Delivery	Ampiclox 500mg Cap	1	Cap	\$0.12	20	\$2.37	
	Flagyl 500mg tab	1	tab	\$0.05	20	\$0.91	
	Methergin 0.125mg tab	1	tab	\$0.12	10	\$1.23	
	Ponstan forte tab	1	tab	\$0.14	20	\$2.83	
After delivery New born							
	Suction catheter	1	pcs	\$0.13	1	\$0.13	
	Vit.K inj 1-Phytomeadonre	1	Inj	\$0.33	1	\$0.33	
	Delivery in warm room						
	Tetracycline eye oint.	1	pcs	\$0.38	1	\$0.38	
	Alcohol	1	5 ml	\$0.2	1	\$0.2	
	Cord care kit	1	pcs	\$5.05	1	\$5.05	

<i>Total Obstetric care</i>							\$58.88
Post-Natal Care							
	Post-natal home visit	1	visit	\$5.05	1	\$5.05	
	Cord dressing	1		\$1.07	1	\$1.07	
<i>Total Postnatal Care</i>							\$6.12
							\$135
Total Safe Motherhood Package Eligible for financing by GPOBA per Eligible beneficiary							
N B.: Cord care kit consists of: Cord clamp, Scalp , Cord dressing .							

2.4.3 Community Outreach Administrative Cost (US\$356,600)

GPOBA will provide funding to SOUL for the Community Outreach Unit. This component will include the following:

- (i) Conducting a community outreach for the identification, evaluation and documentation of eligible Beneficiaries under the Project,
- (ii) Establishing, managing and making available a database of such eligible Beneficiaries pursuant to the OM, (The database will be updated on the average every 6 months and
- (iii) Capacity Building to support the implementation of the project and the community outreach activity.

The US\$351,000 figure provided here includes a 5% contingency provision for SOUL's overhead cost.

2.4.4 Education and awareness campaigns (US\$189,000)

SOUL will receive Grant funds to conduct education and public awareness campaigns to promote quality maternal care and the project throughout the project in targeted districts in Sana'a. This cost figure includes a 5% contingency for SOUL's overhead cost.³

In addition, GPOBA will provide funding as follows for World Bank executed activities:

2.4.5 Independent Verification Expert

Disbursement of GPOBA's subsidy is subject to output verification by the IVE. The IVE will be directly procured by the World Bank.

2.4.6 Independent External Financial Auditor

GPOBA's grant will allocate funds to compensate an independent auditor for annually reviewing the safe motherhood project. The auditor will be directly procured by the World Bank.

2.4.7 GPOBA/World Bank supervision

These funds will support World Bank supervision efforts throughout GPOBA's projected four year involvement in this project. The World Bank Task Team will manage the flow of project funds and supervise the project.

³ A detailed education campaigns plan is attached as annex G4

Project Preparation and Start-up

Upon Grant Effectiveness, GPOBA will provide funding to SOUL for project preparation and start-up activities which will include a baseline study for community assessment of the targeted districts in Sana'a, as well as purchases of equipment / furniture for the project (as specified in table below). The baseline study parameters should be agreed upon with the World Bank before the study is conducted⁴.

The following activities and cost levels are expected for this component:

Summary of Project Start-Up Costs

Program preparation start-up costs	US\$
Baseline study (consultant+staff training+field work expenses)	13,400
Eye print/finger print equipment + installation	8,250
Biometrics Main Server	11,000
Furniture & equipment	8,990
Staff salaries for 2 months (4 people)	7,800
Total start up costs	49,440

2.5 Target Group Selection

The project is targeting poor pregnant women in the first trimester, in the reproductive age (15-49 years) with household daily income of US\$ 7-8 and living in the selected project districts.

All women as described above will be eligible for services with a cap on the number of caesarian section / emergency care to a maximum rate of 15% of all cases. Those cases that would require caesarian section / emergency care above that cap will be either referred to public health facilities or would be required to pay the additional cost of their own services. This is in compliance with section 2.3 Service Package Cost, Co-payment and Subsidy Levels which indicates that the price of services represents an approximate estimate based on an assumed caesarian section / emergency care maximum rate of 15%.

2.6 Community Outreach

SOUL will be responsible for the community outreach to the eligible beneficiaries in the targeted districts.

The following are the details of the above-mentioned activities. The staff who will be responsible for executing SOUL's role in the project are: the project manager, the coordinator, the accountant, the secretary, the MIS staff, the field work supervisors and the field workers "the project promoters".

This component of the Community Outreach activities will pass through;

- 1. Selection and hiring the listed above staff members**
- 2. Conducting Capacity building and training for the team:** The training⁵ themes including the following:

⁴ The scope of the baseline study is attached as annex G5

⁵ **The training activities will be for 36 days and will be distributed through the entire life of the project.** Training activities will also include on-job training. Additionally, senior staff members will participate in this kind of training as part of their responsibilities

- a) The project overall objectives, strategies and structure
- b) The target group and eligibility criteria
- c) Target group identification techniques and procedures
- d) Communication and promotional skills
- e) Development of field work daily action plans
- f) Development of needed application forms with the required data for the database
- g) Verification methodology that will be used for the supervisors , coordinator and manger to verify the field workers identification work
- h) Report writing
- i) Other training topics could be added later.

3. **Conducting a community outreach for the identification, evaluation and documentation of the eligible beneficiaries;**

a. **Studying the target districts ;**

- i. Through the baseline survey; an idea about the target districts' neighborhoods' geography and population density per neighborhood will be collected.
- ii. During the actual targeting work ,visits to the target districts and mapping of the areas will be done ad will follow the following plan;
 - a. The target districts will be divided to blocks.
 - b. The closest blocks to the satellite clinics will be thoroughly searched out to come up with a list of HHs with target women. Key informants could be Aqeal's wife, women community leader, TBA or health worker who live in the area"

b. **Targeting eligible women**

From house to house identification of the target women; this will be done as we mentioned by covering block by block to be sure that all eligible women are involved in the screening. This process will be planned to ensure the actual enrollment rate and the eligibility of the selected women. Subsequent data collection will be conducted from other blocks. The data will be updated every 6 months.

c. **Data collection and women identification**

- Each target district will have its field workers and a supervisor who can supervise more than one district

- The data collection is a daily process where data will be summarized and fed to the database personnel who should incorporate it within the dataset on daily bases.
- The filled questionnaires will be studied and reviewed every second day in a committee of the field workers and supervisors to agree on the cases or reject it.
- If the case is agreed upon, the field worker will go back to the women to fill in the application form and to invite her to the identification unit to get the ID.
- Percentage of these cases should be visited by the supervisors for double check and verification purposes.
- The data of the selected women will then be transmitted to the service providers. By the time women reach the clinic their data should have been received.
- Under any condition of rejection of serving the selected woman y the service providers, SOUL should be informed within 24 hours of the cancellation and about the reasons in formal way.

2.7 Establishment Satellite Clinics

SYHC and AL MAWARID will establish, own and operate 12 satellite clinics (6 for each service provider) which will render care to the target population. Satellite clinics will come online according to the following schedule:

- Four satellite clinics in each of the first two years, and
- Two clinics in each of the third and fourth years of the project.

To assist with this process, GPOBA will subsidize up to 50% of the capital costs required to establish new clinics during the life of the project. The anticipated cost of opening new clinics is as follows:

Breakdown of Satellite Clinic Establishment Costs

Satellite Clinic Establishment Capital Cost	US\$
Renovation	1,000
Furniture	2,052
Share in Ambulance Cost	13,000
Medical Equipment	9,660
Eye/Finger Equipment	8,250
Instruments	435
Linen items	123
Office Equipment	2,484
Contingency	1,850
Total capital cost per satellite clinic	\$38,854

2.8 Sustainability Funds

Satellite clinics will operate as individual profit centers. Providers will deposit 50% of any net profits into an escrow account which will fund legitimate, short term unexpected cost-overruns (e.g. expenses from an unusually large percentage of women requiring complicated and tertiary care). In the long run, this reserve will serve as a ‘sustainability fund’ that could attract co-financing. Although this project was designed such that satellite clinics will be providing services at cost, additional revenues from primary care patients outside the scheme may generate some profits.

2.9 Educational and Awareness Campaigns

Throughout the project, SOUL will be responsible for project promotion and awareness campaigns. GPOBA will fund the cost of such programs on a reimbursement basis.

The educational campaigns will cover four related maternal and children health topics. Suggested topics include: (i) Safe mother hood practices, (ii) Nutrition including breast feeding , (iii) Family planning , and (iv) Newborn care

2.10 Mothers Enrollment and Deliveries Projection Rates

The following tables show an overview of the anticipated enrollment levels for the project which will result in the envisaged 40,000 safe deliveries:

Enrollment Targets ⁶

Enrollment Levels by Years	Year 1	Year 2	Year 3	Year 4
Annual mothers enrollment	4320	10080	17100	8640
Cumulative mothers enrollment	4320	14400	31500	40140

Deliveries' projection rate ⁷

Deliveries projections by Years	Year 1	Year 2	Year 3	Year 4
Annual Safe Motherhood Packages	900	7740	13860	17640
Cumulative Safe Motherhood Packages	900	8640	22500	40140

2.11 Biometric Data Collection.

After being deemed eligible to participate in this project, mothers will have their biometric data (digital eye scans and finger print records) entered in a database managed by SOUL. This information will be shared with service providers at satellite clinics and hospitals to ensure proper patient identification and to combat fraud. For each visit/service sought by a registered woman, her eye/finger print will be required to match with recorded data before care is provided.

2.12 Service Provision

SYHC and AL MAWARID are responsible for providing the defined health services to beneficiaries without exclusion, under the conditions specified in the GA and this OM.⁸

⁶ Detailed data on mothers' enrollment is attached in annex G6

⁷ Detailed data on delivery projection rates is attached as annex G7

⁸ Staffing of satellite clinics is attached as annex G 8

2.13 Output Verification & Monitoring

2.13.1 Performance Indicators

Outputs will be measured semi-annually through specific performance indicators and service volume targets. The IVE will verify these figures and will issue reports that will trigger subsidy disbursements. The Performance Indicators and threshold targets listed below may be modified based on revised Government indicators following the first year of operations. Any changes made to the Performance Indicators throughout the life of the project are subject to a no objection from the World Bank.

Performance Indicators

#	Performance Indicator	Description	Semi-Annual Threshold Target
	Clinical		
1	% of births assisted by skilled attendants	Amongst registered women, % of births assisted by skilled attendants at clinics or homes (cumulative every six months).	≥80%
2	% of women with potential or acute obstetric complication referred to the hospital.	Amongst registered women, % of women with complicated cases referred to the hospital (cumulative every six months).	5-15%
	Patient Volume and Utilization		
3	% of women that complete basic antenatal care visits (4 visits)	% of registered women that complete at least four regular antenatal care visits during pregnancy from those supposed to complete antenatal care (cumulative every six months).	≥ 75%
4	% of women that complete basic postnatal care visits (1 visit)	% of registered women that receive at least one postnatal home visit within 10 days from delivery.	≥ 75%
	Client satisfaction		
5	Client satisfaction ⁹	Rate of satisfaction as measured by periodic client surveys. Clients to be categorized as satisfied if satisfaction index is 32 and above from a total score of 40 using a 10 questions survey.	≥75%
	Equipment		
6	Clinic Equipment	Percent of equipment which are maintained and functioning at any time of visiting clinic.	≥80% No more than 2 weeks for repairs

⁹ client satisfaction questionnaire for satellite clinics is attached as annex G9

	Facilities Management		
7	Medical and non-medical waste management ¹⁰	Rate of compliance with industry quality standards in satellite clinics	≥90%

Note: The IVE, once selected will be responsible for determining a clear methodology and describing the random sample process and size that will be used to assess compliance with the indicators (to ensure consistency and viability of the Performance Indicators).

2.13.2 *Monitoring and Tracking Indicators*

Additionally, in an effort to assess and improve upon the effectiveness of its Grants, GPOBA has an interest in tracking additional project indicators that are not triggers for disbursements. Therefore, this project will also incorporate a series of monitoring and tracking indicators (MTIs) to measure the overall impact that new services have on target communities. The project will collect MTIs data before service delivery (included in the baseline study) and will make subsequent assessments during project implementation for comparison. The World Bank Task Team leader will be responsible for reporting MTI to GPOBA semi-annually, based on information provided by the IVE and the three grant recipients. For a complete list of MTIs please see Annex A.

¹⁰ refer to environmental safeguard in OM Annex F

3 IMPLEMENTATION ARRANGEMENTS

3.1 Roles and Responsibilities

This section describes the roles and responsibilities of the different parties involved in implementing this project.

World Bank Task Team

- Oversee and coordinate compliance with the provisions of the GA and OM
- Manage the flow of project funds.
- Review and clear the reports submitted by the IVE
- Verify that all project implementers have adequate financial management systems and that project funds are used for their intended purpose
- Coordinate, on the basis of quarterly invoices and semi-annual output verification, the allocation of Grant funds as specified in the OM and the GA.
- Provide GPOBA semi-annually with the Monitoring and Tracking Indicators (as specified in annex A), based on information provided by the IVE and the three Grant Recipients.
- Responsible for procurement of and entering into a contract with an independent auditor, in accordance with World Bank procurement policies, to carry out annual project audits.
- Responsible for procurement of and entering into a contract with a consultant (in accordance with the World Bank procurement policies) to serve as the project's IVE.

Independent Verification Expert

- Independently verify outputs that will trigger GPOBA disbursements through semi-annual assessments of agreed performance indicators, as specified in the OM and GA.
- Provide the World Bank Task Team with semi-annual Output Verification Reports.
- Verify quarterly hospital records and invoices from Grant Recipients and advise the World Bank Task Team on output quality issues
- Provide the World Bank Task Team with quarterly Invoice Verification Reports.
- Upon completion of the establishment of satellite clinics, verify that said satellite clinics are fully commissioned, equipped and staffed according to specifications.
- Provide the World Bank Task Team with Satellite Clinics Verification Reports.
- Provide relevant project information in a timely manner for the Grant Recipients to fulfill reporting obligations on behalf of the project to World Bank Task Team, as specified in the OM or GA
- In a timely manner, provide the World Bank Task Team with the information needed to complete the Monitoring and Tracking Indicators, as specified in annex A.

Grant Recipient: Community Outreach Unit - SOUL

- Finalize the procurement plan, in a manner agreed with the World Bank.
- Manage budgeting, accounting, record keeping and reporting activities for the project in accordance with the GA and this OM.
- Make quarterly withdrawal applications to the World Bank based on anticipated project expenditures for the subsequent quarter.
- On a quarterly basis collect, compile and provide the IVE with invoices for activities that are eligible for project funding as specified in the OM and the GA.
- Fulfill reporting obligations on behalf of the project to GPOBA as specified in the OM or GA
- Share with the World Bank, for information and tracking purposes, information on Monitoring and Tracking indicators (annex A), service delivery projections, etc, as reasonably can be requested by the World Bank
- Ensure that all procurement documents are filed following the Bank's standard check list.

- Submit quarterly financial monitoring reports on the receipts and uses of funds, expenditure reports, as indicated in Sec. 6.3.4 below and as reflected in the legal agreements.
- Responsible for implementation functions, as specified in the OM and the GA
 - Prepare a baseline study for the current health care utilization and socioeconomic characteristics of beneficiaries in the targeted districts in Sana'a.
 - Provision and installation of a biometrics server and eye print/finger print equipment and office furniture and equipment
 - Conduct a community outreach for the identification, evaluation and documentation of eligible Beneficiaries under the project
 - Establish, manage and make available a database on eligible beneficiaries in targeted districts in Sana'a.
 - Conduct education and public awareness campaigns to promote quality maternal care in the targeted districts in Sana'a.
- Ensure that eligibility criteria are clearly defined and upheld. This will include efforts to record biometric information from eligible women using eye-scanning/finger printing technology.
- Monitor and evaluate basic data from the target population
- Procure goods and services eligible for project funding, in accordance to World Bank procurement rules, as specified and agreed upon in the procurement plan.

Grant Recipients: Service Providers (SYHC & AL MAWARID)

- Responsible for implementation functions, as specified in the OM and the GA
 - Establish, manage and operate satellite clinics.
 - Provide clearly defined maternal services to beneficiaries, as specified in the Safe Motherhood package as defined in the OM.
- Finalize the procurement plan, in a manner agreed with the World Bank.
- Manage all budgeting, accounting, record keeping and reporting activities for the project in accordance with the GA and this OM.
- Make quarterly withdrawal applications to the World Bank based on anticipated project expenditures for the subsequent quarter.
- On a quarterly basis collect, compile and provide the IVE with hospital records and invoices for activities that are eligible for project funding as specified in the OM and the GA.
- Fulfill reporting obligations on behalf of the project to GPOBA as specified in the OM or GA
- Share with the World Bank, for information and tracking purposes, information on Monitoring and Tracking indicators (annex A), service delivery projections, etc, as can be reasonably can be requested by the World Bank.
- Submit quarterly financial monitoring reports on the receipts and uses of funds, expenditure reports, as indicated in Sec. 6.3.4 below and as reflected in the legal agreements.
- Submit yearly audit report.
- Refer patients in need of advanced and tertiary care to participating private hospitals.
- Keep standardized medical records
- Procure goods and services eligible for project funding, in accordance to World Bank procurement rules, as specified and agreed upon in the procurement plan.
- Ensure that all procurement documents are filed following the Bank's standard check list

3.2 Procurement

Project procurement will be conducted in accordance with the World Bank's "Guidelines: Procurement under IBRD Loans and IDA Credits" dated May 2004, and the "Guidelines: Selection and Employment of Consultants by World Bank Borrowers," both dated May 2004, and the provisions stipulated in the GA.

The World Bank will competitively select an IVE and External Auditor, according to World Bank procedures.

Annex D shows the procurement arrangements as well as a detailed Procurement Plan. The Procurement Plan will be updated as required to reflect the project's actual implementation needs. Any required alterations must receive a 'no objection' from the World Bank.

4 FINANCIAL MANAGEMENT & DISBURSEMENT

4.1 Disbursement

The project's private care providers (AL MAWARID and SYHC) and SOUL will bear the operational risks of this program and will be compensated on an output basis following service delivery and performance target verification by the Independent Verification Expert (IVE). Grant disbursement will proceed as follows:

(i) Allocation of Proceeds. The Project will be implemented over a period of 4 years. Disbursements will be against the following expenditure categories: (i) Output-based subsidies to the service providers (Saudi Yemeni Healthcare Company - SYHC, Al Mawarid Company for Educational and Health Services - Al Mawarid) and the Community Outreach Unit SOUL for the Development of Women and Children (SOUL) and; (ii) Consultants' Services.

(ii) Initial request for advance. The Grant Recipient, SOUL, will submit a request to WB for an initial advance of US\$49,440 for project preparation and start-up, as agreed upon in the Grant Agreement and as indicated in the Operations Manual. This request will be paid upon signing of the Grant Agreement and will be subject to certification that the project's financial management system is in place (based on this assessment).

(iii) Reimbursement Requests. Further reimbursements will be requested with each subsequent quarterly IFR and WAs. These requests will be in the agreed IFR format, which will include the following for disbursement purposes: (i) actual disbursements – including actual outputs and milestones, as defined in the Grant Agreement and Operations Manual; (ii) disbursements to date as part of percentage project account reconciliation statement; and (iii) preliminary disbursement forecasts for the next IFR reporting period (applicable only to SOUL for the advances). Reimbursements will be in the currency of expenditures incurred by the recipients.

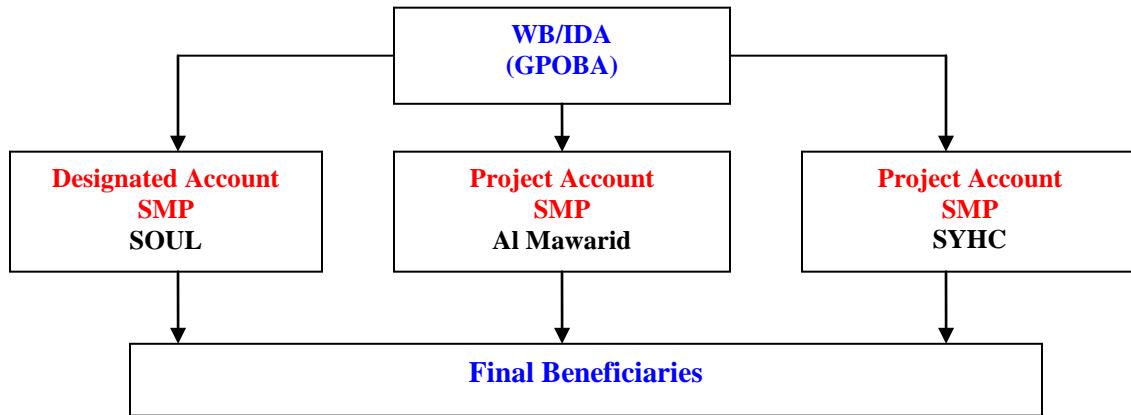
(iv) Designated Account Advances and reimbursements from the Grant Account will be deposited into the SOUL US dollar denominated bank account. This will be a segregated Designated Account which may only receive deposits from the WB/GPOBA in relation to this project. Advances to the recipient will be managed in accordance with Bank's "Disbursement Guidelines for Projects" (dated May 2006) and the Disbursement Letter. The other recipients (AL MAWARID and SYHC) will have their own Project Accounts, where reimbursements based on IFRs will be deposited, upon submission of WAs supported with IFR-Uses of Funds Statement and Verification Report (para.20).

4.2 Banking Arrangements and Flow of Funds

Payments from the GPOBA Grant would be administered by the WB. The funds will be deposited in a Designated Account (for SOUL), which would be opened in a commercial bank acceptable to the WB and for AL MAWARID and SYHC, funds will be deposited in their individual Project Account. SOUL's Designated Account will be maintained in US Dollars. The funds will be transferred to SOUL. AL MAWARID and SYHC upon request to facilitate the operations and to ensure prompt payments for the grant activities. Under this procedure, for the advances to SOUL, it will prepare reconciliation statements of the Designated Account.

Funds Flow: The WB, as administrator of grant funds provided under the GPOBA would make funds available to all three recipients under the Grant Agreements, governing the terms and conditions of the GPOBA.

Project funds would flow from (i) WB (GPOBA) through the individual Designated Account (SOUL) and Project Accounts (Al MAWARID and SYHC) established in a commercial bank acceptable to the WB; (ii) The recipients will transfer funds or use the funds for the benefit of the final beneficiaries, as illustrated below.



4.3 Disbursement Arrangements

The Safe Motherhood Project is expected to be implemented over a period of four years, plus four months for the completion of accounts and the submission of withdrawal applications. Disbursements from the GPOBA Grant Account will follow the IFR reimbursement disbursement procedures and advance disbursement procedure as outlined in the Bank’s Disbursement Handbook of May 2006 (para.21-iv). However, it has been agreed that at the start, SOUL will get an advance of US\$49,440, which will be deposited into its Designated Account after signing of the Grant Agreement with the WB. All Withdrawal Applications would be paid based on the Verification Report and IFR-Uses of Funds. Disbursements for each component of this project will be made in accordance with the provisions of the OM and the contractual agreements between the parties.

5.3.1. *Payments to Service Providers (SYHC and AL MAWARID):* GPOBA’s Grant will disburse funds to service providers as follows:

1. Capital costs of satellite clinics: During the life of the project, GPOBA will finance up to 50% of the capital costs associated with establishing new clinics up to US\$19,425 per clinic, and a maximum of US\$77,700 annually for four clinics in year one and two, and US\$38,850 annually for 2 clinics in year 3 and 4. Service providers will receive the 50% GPOBA subsidy upon completion of the satellite clinics (fully commissioned, equipped and staffed according to specifications) and ready to commence operations upon verification by an IVE.

2. Output-Based Payments for Service Delivery: The Service Providers will be reimbursed on a quarterly basis in proportion to the costs of services invoiced. However, the percentage of subsidy that each Service Provider receives will depend on semiannual Performance Indicator audits by the IVE. Payments will proceed as follows:

- a. *At the end of each quarter* the WB will pay Service Providers for invoiced care up to the project’s maximum subsidy of US\$135 per person for eligible beneficiaries who receive all services included in the program. Service Providers can only invoice those specific services (as defined in the Safe Motherhood

package in the OM) provided to each eligible beneficiary, against the agreed upon price per service (as defined in the OM). Disbursement from the WB will be based on the Independent Verification Expert's verification reports of the invoices submitted by the Service Providers.

- b. *On semi-annual basis*, the Independent Verification Expert will assess the extent to which service providers have achieved the project's Performance Indicator goals over the previous six months. Payment for the preceding quarter will be withheld against the Independent Verification Expert's Output Verification Report. According to each service provider's Performance Indicator metrics, the WB will determine the level of GPOBA's subsidy earned over the preceding period and will adjust the present Quarter's payment according to the following table:

Table 2. Performance Bands (Service Providers)

NUMBER OF QUARTERLY TARGETS MET	AMOUNT OF SUBSIDY RECEIVED	COMMENT
At least five of seven targets	100%	Clinic Indicators 1, 3 and 4 must be met for any subsidy to be paid at all.
Four of seven targets	75%	
Two or Three targets	50%	
Less than two targets	No Subsidy	

Project targets for Clinical Performance indicators (% of births attended by skilled attendants, % of women that complete basic antenatal care visits, % of women that complete basic postnatal care visit (one visit)) must be met at all times in order for any subsidy to be paid. Performance Indicator based payment adjustments will only apply to funds due in the quarter of each audit and will not affect payments from the preceding or subsequent period. Unearned subsidies cannot be recovered in later periods even if a Service Provider's performance improves.

Any changes made to the Performance Indicators or performance bands throughout the life of the project are subject to a no objection from World Bank.

5.3.2. Payments to SOUL

The World Bank will transfer funds to SOUL as follows:

1. Project preparation/design and start up costs (US\$49,440) will be disbursed to SOUL after signing the GA with the World Bank.
2. Output-Based Payments: The World Bank will compensate SOUL based on the project's overall performance indicators as follows:
 - a. *At the end of each quarter* the World Bank will pay SOUL based on invoices for service provided. Payments will be made on a reimbursement basis following expenditures which the IVE will verify. Payments to SOUL will be based on fixed cost recovery (for Community Outreach Unit administrative costs) and agreed costs for various promotional, education and awareness campaign activities. Disbursement from the World Bank will be based on the Independent Verification Expert's verification reports of the invoices submitted by SOUL.
 - b. *Every six months*, the project's IVE will use Performance Indicator Metrics to adjust the proportion of GPOBA's subsidy that SOUL is eligible to receive. SOUL will be required to meet targets for the Performance Indicators described in the following table in order to receive compensation for 100% of eligible project expenditures. In the event that SOUL fails to meet these targets, GPOBA's subsidy will be adjusted

on a sliding payment scale. As with Service Providers, payment adjustments will only apply to the quarter of a given audit and any un-earned subsidy funds cannot be recovered in later periods.

Payments to SOUL for Performance Indicator Achievements

#	Performance Indicator	Semi-Annual Threshold Target
1	% of total women targeted per six months which are enrolled/registered in the project	≥75%
2	% of total women as per the annexed table for the health education campaigns reached by the interpersonal communication	≥75%
3	Rate of satisfaction as measured by periodic client surveys. Clients to be categorized as satisfied if satisfaction index is 22 and above from a total score of 28 using a 7 questions survey. ¹¹	≥70%
4	% of women who are recommended to deliver in the satellite clinics , deliver there	≥50%
5	Rerecords of identified women at SOUL are consistent with records at the satellite clinics.	100%

¹¹ Client community outreach satisfaction questionnaire is attached as annex G10

Performance Bands (SOUL)

Number of Quarterly Targets	Amount of Subsidy Received	Comment
At least three of five targets	100%	Indicator 1 must be met for any subsidy to be paid at all
Two targets	75%	
Less than two targets	No subsidy	

Any changes made to the Performance Indicators or performance bands throughout the life of the project are subject to a no objection from the World Bank.

4.3.1 Payments to Consultants (IVE and External Auditors)

Contracts for consultant services will stipulate terms of payment as well as payment instructions, as per the Bank standard contact form for consultant small assignment. The World Bank Task Team will ensure that consultants are paid in accordance with their respective contracts.

4.4 Disbursement Plan

GPOBA's Grant funds will be contingent upon output verification as quantified by the project's Performance Indicators and certified by the IVE. In response to the IVE's reports, the World Bank Task Team will regulate payments to all other project parties. The project's disbursement plan is shown in the following table:

Time	Quarter of operations #	IVE Assessment #	Service Providers (SGH & USTH)		Community Outreach Unit (SOUL)	
			Services Invoiced	Capital Costs	Start up cost	Program Administration costs
Preparation phase	Establishment of satellite clinics			50% of incurred costs at commissioning of satellite clinics	\$49,440	
3 months of operations	1		100% of invoices of Q1			100% of invoices of Q1
6 months of operations	2	First assessment covering Q1 & Q2 of operations	Payments based on Performance indicators for Q1 & Q2			Payments based on Performance indicators for Q1 & Q2
9 months of operations	3		100% of invoices of Q3			100% of invoices of Q3
12 months of operations	4	Second assessment covering Q3 & Q4 of operations	Payments based on Performance indicators for Q3 & Q4			Payments based on Performance indicators for Q3 & Q4

Summary Project Targets & Disbursement Table

		Year 1				Year 2				Year 3				Year 4				Total
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Establishment of Clinics Subsidy	Planned		2	2		2	2			2				2				12
	Actual																	
Disbursement	Planned		38850	38850		38850	38850			38850				38850				233100
	Actual																	0
Services Delivery Subsidy	Planned	0	0	0	900	1800	1620	2160	2160	2880	2880	3600	4500	4500	4500	4320	4209	40029
	Actual																	0
Disbursement	Planned	0	0	0	121500	243000	218700	291600	291600	388800	388800	486000	607500	607500	607500	583200	568260	5403960
	Actual																	0
Start Up Cost	Planned																	0
	Actual																	0
Disbursement	Planned		49440															49440
	Actual																	0
Community Outreach	Planned																	0
	Actual																	0
Disbursement	Planned		23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	23773	356600
	Actual																	0
Education and Awareness Campaigns	Planned																	0
	Actual																	0
Disbursement	Planned		12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	12600	189000
	Actual																	0
Total Disbursement	Planned	0	124663	75223	157873	318223	293923	327973	327973	464023	425173	522373	643873	682723	643873	619573	604634	6232100
	Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

4.5 Financial Management Action Plan

The following actions will take place as per the table below:

	Action	Date due by	Responsible
1	Agreed with the Grant Recipients on the format and content of interim and annual audited financial statements to be provided throughout the implementation of the operation;	Prior to fund Disbursement	World Bank
2	SOUL will have to open a Designated Account, based on the Disbursement Letter and advise the World Bank of details of bank account and the authorized account signatories.	Prior to fund Disbursement	Grant Recipients
3	Al Mawarid has to be satellite clinic (SC)-registered to enable it to operate the satellite clinics.	Prior to operating satellite clinics	Al Mawarid

6 PROJECT MANAGEMENT

6.1 Safeguard Compliance

Throughout the duration of the project:

The Service Providers shall:

- (a) design, construct, operate, maintain and monitor the Project in compliance with the Government of Yemen and local requirements as well as the applicable International Finance Corporation's (IFC) Performance Standards on Social & Environmental Sustainability (April 30, 2006¹²), and the applicable Environmental, Health, and Safety General Guidelines (General Environmental, Health and Safety, and Health Care Facilities), and
- (b) provide Annual Monitoring Reports (AMR) to the World Bank, as specified in section 6.3.6 and Annex F of the OM. The AMR information has to be collected in a manner consistent with applicable IFC Environment and Health and Safety Guidelines (which include Environmental and Health and Safety – General Guidelines (April 2007¹³) and Environmental and Health and Safety Guidelines for Health Care Facilities (April 2007¹⁴)) and the requirements of the Country.

For each clinic, the Service Providers will ensure the following:

- (a) each clinic has, prior to opening, prepared written procedures dealing with sanitation, infection control and medical waste handling, and has trained the staff in application of these procedures; and
- (b) relevant aspects of the Environmental and Social Management Systems for the Service Providers (as detailed in the OM) will be applied in all aspects of the day-to-day operations of the clinics, including in particular:
 - (i) regular re-training of staff on sanitation, infection control and medical waste management;
 - (ii) regular internal auditing of environmental and social performance; and
 - (iii) appropriate record-keeping and reporting on sanitation, infection control and medical waste management.

6.2 Project Supervision

The project will be subject to World Bank supervision.

The Project implementation progress reports will be monitored in detail during regular supervision missions. IFRs will be reviewed on a regular basis by the country FMS and any issues arising will be followed up promptly. The frequency of on-site FM supervision missions will be determined based on the Project's FM risk rating. Audited financial reports of the Project will be reviewed and identified issues followed up.

¹² As has been separately provided to the Service Providers

¹³ As has been separately provided to the Service Providers

¹⁴ As has been separately provided to the Service Providers

The World Bank will conduct ex-post procurement reviews every six months or during the supervision mission. All procurement documents should be filed following the Bank's standard check list. All contracts above US\$50,000 are subject to Bank's prior review.

A Joint Technical Committee with representatives from SYHC, AL MAWARID and SOUL will coordinate and manage the early set-up and implementation of the project. Each of the aforementioned parties will appoint a primary representative and an alternate to serve on the Joint Technical Committee. Following the project's first six months of operations, the Joint Technical Committee will assess overall progress and will produce a report which GPOBA/IFC will use to make any needed revisions.

6.3 Reporting

Reporting obligations for GPOBA's Grant funds include:

6.3.1 Baseline Report

SOUL will furnish a detailed baseline report to the World Bank before the satellite clinics begin to offer care to the target population. SOUL will collect baseline data through its various targeting and promotional activities, surveys and research. The baseline study will capture information on the risk profiling, current health care utilization and relevant socioeconomic data of targeted beneficiaries. Where applicable this report will provide data for the project's Monitoring & Tracking (annex A), Performance Indicators (section 4.10 and 5.3.2 of the OM) and for mid term and end of project evaluations. The final parameters of the baseline study need to be agreed with the World Bank before the study can be conducted.

6.3.2 Midterm review report/ Joint Technical Committee Initial Report

After one year of service a midterm evaluation and review will be conducted to review the cost structure of services and evaluate results. Following the first year in which the project provides care to target mothers, the Joint Technical Committee will issue a critical assessment of progress to date. This report will include written recommendations for any necessary project improvements/ refinements. This report will be submitted to the World Bank no later than 45 days after the end of the first year of project operations. Any changes to the project will be subject to no objection from World Bank/GPOBA.

6.3.3 Project Progress Report

The Grant Recipients will report semi-annually to quantify project progress. The report will include verified figures for all Performance Indicators and Monitoring Indicators. Additionally, each project progress report will include information regarding the quality of each clinic and hospital facility. IVE will gather this information through random visits, patient / family satisfaction surveys, and utilization rates. The reports will also document any reported incidences of fraudulent behavior or abuse of the project. Annex A and C provides the format for the project progress reports.

6.3.4 Financial Reports

The three recipients will generate the following reports (from its computerized accounting and financial system) that should be prepared in compliance with international accounting standards:

Annual project financial statements: On an *annual basis*, each Grant Recipient will report cumulative figures for the year (and as of the end of that year). The annual financial statements will comprise of: (i) Summary of Sources and Uses of funds (by components/project activities/category); (ii) Designated Account Statement; (iii) Statement of Expenditures-Uses of Funds (by project category) and (iv) Statement of Withdrawals showing individual withdrawal applications by reference number, date and amount. These annual financial statements will also

include explanatory notes in accordance with the Cash Basis International Public Sector Accounting Standard (IPSAS). The Grant Recipients will issue a statement that grant funds expended during the period were used in accordance with the project's intended purposes as specified in the GA. These reports should be provided within 30 days after closing of books and at the same time of submission to the auditors. The financial statements, including the audit opinion, and management letter should be received by the World Bank, no later than six months after the end of the audited fiscal year

Quarterly Interim Financial Reports (IFRs). The interim financial statements include the financial reports described above (but for the quarter) to facilitate project monitoring. The IFRs should be submitted within 30 days of the end of the reporting period (Quarter) as per Attachment 3 of the Disbursement Letter. Both the format and content of these reports must be in accordance with World Bank guidelines

All documents and records relating to the SMP will be kept in a secured place in the offices of the recipients, and will be kept for at least five years after the closing of the SMP. Access will be provided to authorized staff and for audit purposes.

6.3.5 Output Verification Reports

Upon completion of the establishment of satellite clinics by the Service Providers, the IVE will verify that said satellite clinics are fully commissioned, equipped and staffed according to specifications. The IVE will provide the World Bank Task Team with Satellite Clinics Verification Reports.

On a quarterly basis, the IVE will verify the quarterly hospital records and invoices from Grant Recipients and will provide the World Bank Task Team with quarterly Invoice Verification Reports.

On a semi-annual basis, the IVE will produce Output Verification Reports which will cover the project's Performance Indicators. The IVE will prepare Output Verification Reports for the World Bank Task Team's review. As these reports will trigger the release of subsidy funds to project implementers (SYHC, AL MAWARID and SOUL), an Output Verification Report must accompany each disbursement request. Approval of the Output Verification Reports will trigger disbursement to the service providers (SYHC and AL MAWARID) and SOUL, as specified in the OM.

All output Verification Reports for a given six month period will accompany semi-annual project progress reports submitted to the World Bank.

6.3.6 Annual Monitoring Reports (AMR)

The Service Providers will need to provide to the World Bank Annual Monitoring Reports setting out the specific social, environmental and developmental impact reporting requirements of the Service Providers in respect to the Project; as described in the GA and section 6.1 of the OM. These reports should be provided annually, within three (3) months after the end of each calendar year (by March 31). Annex F provides the format for the Annual Monitoring Reports.

6.3.7 Project Completion Report

The Grant Recipients will furnish the World Bank with a Project Completion Report including details on service provision to the target community and the overall use of funds no later than six months after the Closing Date. This report will include a summary of Monitoring and Performance Indicators throughout the project's entire lifecycle.

In addition, the Grant Recipients shall prepare two (2) additional reports (“Post Project Reports”), each of such scope and in such detail as the World Bank shall reasonably request, not later than one month after the expiry of one year and two years, respectively, from the Closing Date.

6.4 External Audit

As specified in the GA, the World Bank will require audited Annual Financial statements for this project. The World Bank Task Team will retain the services of a financial Auditor to audit the project’s financial statements in accordance with the World Bank practice. The audit of Project financial statements will cover the period of one fiscal year, to be furnished to the WB not later than six months after the end of such period. The first audit report will cover the period July 1, 2008 – December 31, 2009. Subsequently, the audit report will cover each fiscal year until the end of the Project. The audit would be conducted by external private auditing firms in accordance with International Standards of Auditing and the new Guidelines describing Audit Policy and Practices for WB-finance Activities. The audited financial statements should reflect the activities supported by the Grant. The audit opinion will state whether the Financial Statements show true and fair presentation of the Project's financial position as of the end of the reporting period and funds receipts and expenditures incurred during the period then ending by the Grant recipients, SYHC, Al MAWARID and SOUL for the Queen of Sheba Safe Motherhood Program, in addition to an opinion on Statements of Expenditures (SOE) attesting that the expenditures have been incurred for the intended purpose.

6.5 Project milestones & Schedule

The project milestones and projected dates for various accomplishments are listed below:

Milestone	Expected completion
GPOBA provides panel endorsement subject to IFC funding availability	June 2007
IFC Subsidy Funding Available	June 2008
GPOBA GA signed	June 11, 2008
Grant Recipients to open special accounts	
Initial request for withdrawal Grant Recipients to the World Bank Task Team	
Preparation and start-up subsidy provided to SOUL	
GPOBA subsidy disbursement begins	
Procurement of IVE	
Commissioning satellite clinics Year 1 and trigger Subsidy for capex of satellite clinics	
Services start at satellite clinics Year 1	
Services start at hospital	
First payment to service providers by the World Bank for services.	
First independent verification to trigger 2 nd payment for services to satellite clinics	
Start semi-annual replenishment request, IFR and Project Progress report	
Commissioning satellite clinics Year 2 and trigger Subsidy for satellite clinics	
Services start at satellite clinics Year 2	

Commissioning satellite clinics Year 3 and trigger Subsidy for satellite clinics	
Services start at satellite clinics Year 3	
Commissioning satellite clinics Year 4 and trigger Subsidy for satellite clinics	
Services start at satellite clinics Year 4	
GPOBA disbursement ends	June 30, 2012

Please see annex B for the project implementation schedule.

ANNEX A: SECTION FOR MONITORING AND EVALUATION

Annex A: Monitoring & Tracking Indicators:

In addition to the project's Performance Indicators (PIs) which trigger Grant disbursements, the project will record a series of Monitoring & Tracking Indicators (MIs) to further gauge project effectiveness and quantify results. GPOBA will use these figures for ex-post monitoring and assessment. The project will provide the Monitoring & Tracking Indicators to GPOBA semi-annually.

Table 1: Output table (SOUL)

Year		20..				20..			
Indicator	Unit	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intermediate indicators									
Number of women enrolled in the project	#								
Average household income of beneficiary households	USD								
% of times that issuance of all agreed periodic progress reports are on time (Target of 75%)	%								
Performance based indicators for disbursement									
% of total women targeted per quarter which are enrolled in the project (Target of 75%)	%								
% of total women in the target areas reached by health education campaign (interpersonal communication) (Target of 70%)	%								
Rate of satisfaction measured by periodic (every six months) surveys of targeted women. Satisfaction index is 22 and above from a total score of 28 using a 7 questions survey (Target of 70%)	%								
% of women recommended to deliver in the satellite clinics, and deliver there. (Target of 50%)	%								
% of records of identified women at SOUL that are consistent with records at the satellite clinics. (Target of 100%)	%								
Mandatory performance target achieved	Yes/No								
Number of performance targets achieved [Target of 3 (incl. mandatory) out of 5]	#								

Table 2: Output table for Service Providers –A separate table is needed for each service provider.

Year		20..				20..			
Indicator	Unit	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intermediate Indicators									
# of satellite clinics in operation 1 st provider	#								
# of satellite clinics in operation 2 nd provider	#								
# of women who have paid the user fees/ copayment (US\$15)	#								
# number of antenatal care visits	#								
# of normal births/deliveries	#								
# of complicated births	#								
# of post-natal visits	#								
Percentage of population in target area with access to service	%								

% client medical records maintained (Target of >= 95%)	%								
Performance based indicators									
% of births assisted by skilled attendants (Target of >= 80%)	%								
% of women with potential or acute obstetric complication referred to the hospital (Target of 5-15%)	%								
% of women that complete basic antenatal care visits (4 visits) (Target of >= 75%)	%								
% of women that complete basic postnatal care visits (1 visit) (Target of >= 75%)	%								
% client satisfaction. Satisfaction index is 32 and above from a total score of 40 using a 10 questions survey. (Target of >= 75%)	%								
Clinic and Hospital Equipment (functional and well maintained) (Target of 80%)	%								
Medical and non-medical waste management (compliance with industry quality standards) (Target of 90%)	%								
Mandatory performance targets achieved by provider	Yes/No								
Total Number of performance targets achieved by provider[Target of 5 (incl. mandatory)out of 7]	#								

Table 3: Static data (to be provided at the beginning of the project and updated when necessary)

Outputs	Definition of outputs	What are the outputs on which subsidies are being paid? (e.g. Mother-baby package that includes antenatal care, obstetric care and postnatal care)
Targeting	Targeting	Geographic with an additional income based targeting - Only women living in pre-identified districts in Sana'a with household incomes below [US\$xx8/day] will be eligible to benefit from GPOBA subsidies.
	Average household expenditure on alternative service provision prior to the project	Please provide average expenditure by the targeted women on child birth (including any expenditure on antenatal and neonatal care or traditional informal service provision) prior to this intervention.
Aid efficiency	Average unit subsidy both with and without implementation and administration costs (over the four year period)	Please provide maximum and average unit subsidy
	Efficiency gains	For example - Reduction in unit costs due to direct negotiations.
	Comparator information from other output or input-based projects	Comparable average unit cost or unit subsidy experienced for similar 'mother-baby' package under similar circumstances.
	Time (months) to design OBA scheme	
	Cost of project development (TA)	
Provider selection	Name and Description of service providers	Private/public company, NGO, national, international
	How were the service providers selected	
	Type of contract/ certification	
Dev. impacts	Development impacts recorded by the project	Reduction in time spent or distance traveled for procuring service; health benefits; others, as recorded by the project.
	Gender impact	Please explain any specific impact this project has/will have on women/girl-children, both positive and negative

Table 4: Project funding sources (per period)

Year		Unit	Unit cost	Total
GPOBA subsidy	planned	Specify currency		
	actual			
User contribution	planned	Specify currency		
	actual			
Private financing	planned	Specify currency		
	actual			
Total	planned	Specify currency		
	actual			

ANNEX B: PROJECT SCHEDULE

The following table gives an estimated implementation schedule for the project's key activities and milestones.

Implementation Schedule

<i>Activities and Milestones</i>	2008		2009				2010				2011				2012	
	Q3	Q4	1Q	Q2	Q3	Q4	1Q	Q2	Q3	Q4	1Q	Q2	Q3	Q4	1Q	Q2
GPOBA provides panel endorsement																
IFC Subsidy Funding Available																
GPOBA provides subsidy commitment																
Open Special account by Grant Recipients																
GPOBA GA signed																
Initial request for withdrawal Grant Recipients to GPOBA																
Preparation and start-up subsidy provided to SOUL																
GPOBA subsidy disbursement begins																
Procurement of Independent Verification Agent																
Commissioning satellite clinics Year 1 and trigger Subsidy for satellite clinics		Clinic 1	Clinic 2													
Services start at satellite clinics Year 1																
Services start at hospital																
First independent verification to trigger 2nd payment satellite clinics																

Start semi-annual replenishment request, IFR and Project Progress report														
Commissioning satellite clinics Year 2 and trigger Subsidy for satellite clinics														
Services start at satellite clinics Year 2														
Commissioning satellite clinics Year 3 and trigger Subsidy for satellite clinics														
Services start at satellite clinics Year 3														
Commissioning satellite clinics Year 4 and trigger Subsidy for satellite clinics														
Services start at satellite clinics Year 4														
GPOBA disbursement ends														

ANNEX C: SEMI-ANNUAL PROJECT PROGRESS REPORT FORMAT

The semi-annual project progress report presents an opportunity for the Grant Recipients to document the status of the Project and provides the World Bank Task Team with important information to monitor the project.

1. Introduction

This section will describe:

- Details from the reporting period
- Summary highlights

2. Status of Project Activities

This section will describe the implementation status of key activities across all participating *Implementers* using milestones such as the following, but not limited to:

- i. Establishment of Satellite Clinics
- ii. Start-up and Preparation
- iii. Service provision
- iv. Submission of Outputs Verification Report (Output Verification Reports should be attached to semi-annual project progress report)
- v. Release of OBA subsidy

3. Status of Project Outputs

Status of project outputs for:

- Enrollment numbers and co-payment revenues
- Performance Indicators
- Changes in coverage levels relative to baseline conditions and any previous reporting periods.
- Change in the quality of service relative to baseline conditions and all previous reporting periods.

4. Summary of Financial Status

This section will provide a brief overview of the project's financial status (to be explained and justified in detail in the IFRs). For the Grant Recipient's Special accounts the following details will also be provided:

- Subsidy made available by GPOBA for reporting period
- Disbursements by category
- Account reconciliations

5. Constraints and Recommendations

- Summary of project challenges and constraints
- Recommended Actions to address upcoming challenges in the next reporting period

ANNEX D: PROCUREMENT

Procurement

Project procurement will be conducted in accordance with the World Bank’s “Guidelines: Procurement under IBRD Loans and IDA Credits” dated May 2004, and the “Guidelines: Selection and Employment of Consultants by World Bank Borrowers,” both dated May 2004, and the provisions stipulated in the GA.

Procurement Items**Independent Verification Expert**

The World Bank Task Team will hire a consultant to serve as the project’s IVE in accordance with the Bank’s guidelines: AMS15.00.

Auditor

The World Bank Task Team will also select an Independent Auditor. The Auditor will be selected according to the World Bank procedures: AMS15.00.

Procurement Plan

The procurement plan and any future procurement plan revisions will have to be agreed upon between the grant recipients (SYHC, AL MAWARID and SOUL) and the World Bank as part of the updates of this Operation Manual. The procurement plan shows the expected procurement for the first year of the project.

The procurement plan shows:

- The contracts to be procured under the project
- The indicative amounts
- The method of procurement
- The clearances required prior to contract signature
- The expenditure accounts to which the grant recipient should charge the contracts

The following procurement schedule is indicative only. The procurement plan can be updated in agreement with the World Bank as required to reflect the actual project implementation needs.

It should never be divulged to prospective contractors, and should be kept confidential at all times.

WORLD BANK TASK TEAM PROCUREMENT PLAN
CONSULTANT SERVICES

S/ N	DESCRIPTION	ESTIMATED COST (\$)	PROCUREMENT METHOD	REVIEW BY BANK PRIOR/POST	PERIOD
1	Independent Verification Expert		Following AMS15.00		2008 – 2012
2	External Auditor		Following AMS15.00		2008 – 2012
	Sub Total				

SERVICE PROVIDERS (SYHC & AL MAWARID) PROCUREMENT PLAN**A GOODS**

S/ N	DESCRIPTION	ESTIMATED COST (\$)	PROCUREMENT METHOD	REVIEW BY BANK PRIOR/POST	PERIOD
1	Package 1 FURNITURE	2,175	NS	Post	01/01/2009
2	Package 2 AMBULANCE	26,000	NS	Post	01/01/2009
3	Package 3 EQUIPMENTS & INSTRUMENTS	10,095	NS	Post	01/01/2009
4	Package 4 OFFICE EQUIPMENTS	2,434	NS	Post	01/01/2009
5	Package 5 OFFICE EQUIPMENTS	50	NS	Post	01/01/2009
6	Package 6 EYE/FINGER PRINT EQUIPMENT	1,850	NS	Post	01/01/2009
	Sub Total	42,604			

B. WORKS

S/N	DESCRIPTION	ESTIMATED COST (\$)	PROCUREMENT METHOD	REVIEW BY BANK PRIOR/POST	PERIOD
1	RENOVATIONS	1,000	NS	Post	01/01/2009
	Sub Total	1,000			

NS: National Shopping

SOUL PROCUREMENT PLAN**A GOODS**

S/N	DESCRIPTIO N	ESTIMATED COST(\$)	PROCUREM ENT METHOD	REVIEW BY BANK PRIOR/POST	PERIOD
1	Furniture	4000	NS	Post	20th of September to 1st of November ,2008
2	Office equipment	24240	NS	Post	20th of September to 10th of December ,2008
	Sub Total	28,240			

B. CONSULTANT SERVICES

S/N	DESCRIPTION	ESTIMATED COST (\$)	PROCUREMENT METHOD	REVIEW BY BANK PRIOR/POST	PERIOD
1	Start-up and project preparation (Baseline Study)	13,400	SOUL in-house staff	Post	20 th of September 2008 to 30 th of January 2009
	Sub Total				

SOUL can contract external assistance for some activities to complete the baseline study.

Review by the World Bank of Procurement Decisions

All contracts above US\$50,000 are subject to Bank's prior review, while all other contracts will be subject to ex-post review. The ex-post review will be conducted every six months or during the supervision mission. All procurement documents should be filed following the Bank's standard check list.

Procurement Action Plan

	Action	Responsibility	Due Date
1	Review of Service Providers' Internal Procurement Procedures	World Bank	Done
2	Procurement Orientation Workshop by the World Bank for Grant Recipients.	World Bank	Done
3	Preparation of Project GPOBA Operations Manual and agreed with project.	GPOBA / World Bank, agreed by Grant Recipients (SYHC, AL MAWARID and SOUL)	Before GA Effectiveness
4	Procurement Plan for the project is prepared and agreed with the Bank	Grant Recipients (SYHC, AL MAWARID and SOUL)	

ANNEX E: FINANCIAL MANAGEMENT ASSESSMENT

FINANCIAL MANAGEMENT ASSESSMENT
REPUBLIC OF YEMEN
QUEEN OF SHEBA SAFE MOTHERHOOD PROGRAM
(GPOBA GRANT NO. **TF092181-YEM**)

INTRODUCTION

1. The Bank policy requires borrowers and project implementing entities¹⁵ to maintain acceptable financial management arrangements - including accounting systems and record keeping, financial reporting, internal controls, and compliance with auditing - adequate to ensure that they can provide to the Bank accurate and timely information regarding project resources and expenditures.

2. The objective of the assessment is to determine whether the three implementing entities which will be responsible for the implementation of the Queen of Sheba Safe Motherhood Program have acceptable financial management arrangements including the system of accounting and record keeping, financial reporting, internal controls, and auditing. The three entities provided their completed self-assessments questionnaires which were the basis of the financial management assessments, as reflected in Annex 1- FM Assessment. In addition, interviews were conducted with the accountants and finance staff of the entities.

BACKGROUND

3. The Project is a four year community based program which will support the provision of a defined 'Mother-Baby package' of essential quality services as defined by the WHO. The project has two main development objectives:

3. To provide quality maternal care to eligible women in targeted districts in Sana'a during the first year and to include other districts in Sana'a to the extent possible in the following years.
4. To design and implement a model which provides key lessons and effectively demonstrates how Yemeni public policy on maternal and child care can integrate with private healthcare provision.

4. GPOBA's Grant will provide financial subsidies for service delivery, 50% of the capital costs for establishing satellite clinics, the cost of education and awareness campaigns, program preparation/start-up costs as well as the community outreach administrative costs. GPOBA will also provide funding to monitor, evaluate, audit and supervise the project. GPOBA will disburse subsidies to project implementers based on clinical services delivered to patients. Certain performance indicators and volume targets will trigger these disbursements and will be monitored by an Independent Verification Expert. The implementers (entities) are:

- 1) Two private Yemeni hospitals: the Saudi Yemeni Healthcare Company (SYHC) and Al Mawarid Company for Educational and Health Services (Al Mawarid). These two providers will provide clinical services during the project.

¹⁵ The mission conducted the FM assessment of three implementing entities: SOUL for the Development of Women and Children (SOUL) (NGO), Al Mawarid Company for Educational and Health Services (Al Mawarid) and Saudi Yemeni Healthcare Company (SYHC).

- 2) SOUL for the Development of Women and Children (SOUL), a reputable local Yemeni NGO, which will serve as community outreach unit to promote, to market and target the program.

5. Project Components and Costs. This project is estimated to cost US\$7,077,200 over four years, with beneficiaries' contribution of US\$612,000. Service providers will contribute an additional US\$233,100 toward the cost of new satellite clinics and GPOBA will fund the remaining US\$6,232,100 as follows:

<i>(in US\$)</i>	GPOBA FINANCING		CONTRIBUTIONS		TOTAL PROJECT COSTS
	SOUL <i>(NGO)</i>	Service Providers AL MAWARID/SYHC	Service Providers AL MAWARID/SYHC	Beneficiaries	
1. Program preparation and start-up cost: baseline study and purchases of new equipment/furniture for the project	49,440				49,440
2. Establishment of 12 satellite clinics		233,100	233,100		466,200
3. Service delivery		5,403,960		612,000	6,015,960
4. Community Outreach Unit Administrative Cost	356,600				356,600
5. Education and Awareness Campaigns	189,000				189,000
TOTAL	595,040	5,637,060	233,100	612,000	7,077,200

6. The individual role and responsibilities of the recipients are:

SOUL (NGO)	Service Providers (AL MAWARID and SYHC)
<ul style="list-style-type: none"> ▪ Promote the program through awareness campaigns, targeting efforts, and identification of beneficiaries; ▪ Conduct community outreach efforts, educational activities (including safe mother hood practices, family planning and good nutrition practices) and program promotion. ▪ Record biometric information from eligible women using eye-scanning/finger printing technology. 	<ul style="list-style-type: none"> ▪ Establish, manage and operate satellite clinics. ▪ Provide clearly defined primary and secondary maternal care services to beneficiaries. ▪ Refer patients in need of advanced and tertiary care to participating private hospitals. ▪ Keep standardized medical records <p><i>Each provider will establish, own and operate six satellite clinics (total of 12 in all) based on the following schedule:</i></p> <ul style="list-style-type: none"> ▪ <i>Four satellite clinics in each of the first two years,</i> ▪ <i>Two clinics in each of the third and fourth years of the project.</i>

GPOBA will subsidize up to 50% of the capital costs required to establish new clinics during the duration of the project. The anticipated cost of opening new clinics is as follows:

Table 1. Breakdown of Satellite Clinic Establishment Costs

SATELLITE CLINIC ESTABLISHMENT CAPITAL COST	US\$
Renovation	1,000
Furniture	2,052
Share in Ambulance Cost	13,000
Medical Equipment	9,660
Eye/Finger Equipment	8,250
Instruments	435
Linen Items	123

Office Equipment	2,484
Contingency	1,850
Total Capital Cost per Satellite Clinic	US\$38,854

PROJECT MANAGEMENT

7. Implementing Entities – Grant Recipients. The three recipients are SOUL, AL MAWARID and SYHC, as described below.

SOUL (NGO)	AL MAWARID	SYHC
SOUL is a local Yemeni non-governmental organization (NGO) established in 1997, and licensed by the Ministry of Social Affairs. It has previously worked on the Bank's Education Sector Project in 1998 as well as with the IFC Investment Climate Project, conducting survey for the latter. It also gets funding from other organizations, i.e., the Social Fund for Development, OXFAM, UNICEF, CARE International and .	AL MAWARID has a hospital registration but not SC registration. It has statutory reporting requirements from the Ministry of Health, as health centers. This will be AL MAWARID first project with the WB.	SYHC is considered the largest Healthcare company in the MNA region. It is a multi-functional Healthcare firm that constructs, develops and operates its own hospitals and finances its developments with support of local Government and development Banks. It is a Yemeni closed joint stock company. Similarly with AL MAWARID, this will be SYHC first project with the WB.

FINANCIAL MANAGEMENT

8. Organization and Staffing. All three recipients have accounting staff, though SOUL would need to recruit additional staff to effectively manage the SMP. The SYHC would be recruiting additional accountant to provide assistance in the SMP implementation.

INTERNAL AUDIT

9. There are internal auditors in SOUL, AL MAWARID and SYHC, but Soul's internal auditor is a part-time staff. SOUL would increase the hours of work of its internal auditor to accommodate the needs of the SMP.

EXTERNAL AUDIT

10. The audit of Project financial statements will cover the period of one fiscal year, to be furnished to the WB not later than six months after the end of such period. The first audit report will cover the period July 1, 2008 – December 31, 2009. Subsequently, the audit report will cover each fiscal year until the end of the Project. The audit would be conducted by external private auditing firms acceptable to the WB, in accordance with International Standards of Auditing and the new Guidelines describing Audit Policy and Practices for WB-finance Activities. The audited financial statements should reflect the activities supported by the Grant. The audit opinion will state whether the Financial Statements show true and fair presentation of the Project's financial position as of the end of the reporting period and funds receipts and expenditures incurred during the period then ending by the Grant recipients, SYHC, Al MAWARID and SOUL for the Queen of Sheba Safe Motherhood Program, in addition to an opinion on Statements of Expenditures (SOE) attesting that the expenditures have been incurred for the intended purpose.

REPORTING AND MONITORING

11. The three recipients will generate the following reports (from its computerized accounting and financial system) that should be prepared in compliance with international accounting standards:

- a) **Annual financial statements** comprising:
- 1) Summary of Sources and Uses of funds (by components/project activities/category) – applies to SOUL only
 - 2) Designated Account Statement
 - 3) Statement of Expenditures - Uses of Funds (by project category)
 - 4) Statement of Withdrawals showing individual withdrawal applications by reference number, date and amount

b) **Quarterly IFRs**

The interim financial statements include the interim financial reports (IFRs), described above (but for the quarter) to facilitate project monitoring. The IFRs should be submitted within 30 days of the end of the reporting period (Quarter).

INFORMATION SYSTEMS

12. All three recipients have integrated financial management system capable of recording and generating in a timely manner all financial reports required for managing and monitoring project activities.

ACCOUNTING POLICIES AND PROCEDURES

13. Except for SOUL, both AL MAWARID and SYHC use accrual basis accounting. SOUL uses cash basis accounting. The accounting systems of all three recipients comply with generally accepted accounting standards. Both AL MAWARID and SYHC have Financial Manuals that describe inter alia the outline of the computerized accounting system, the accounting policies to be followed, the formats of books and records, the Chart of accounts, the financial reporting and relevant information to facilitate record keeping and maintenance of proper control over assets. There is staff training to ensure better understanding and proper application of all procedures described in the manual. SOUL has very simple procedure in place to provide guidance to its accounting and financial staff.

14. All three would be able to produce timely financial information required for managing and monitoring project activities, using their accounting software. They would also be able to make any necessary adjustments, to meet the needs of the SMP and the Bank's reporting requirements. The SYHC will have its own accounting module for the SMP.

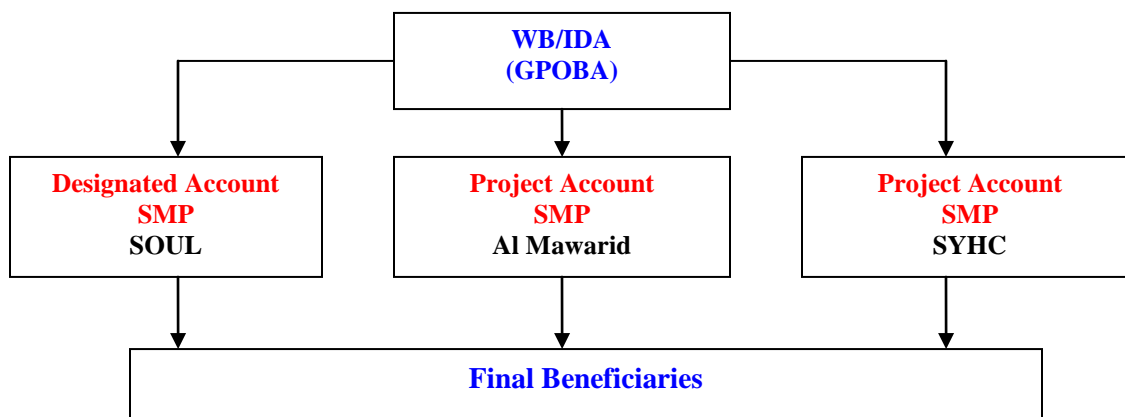
15. **Recordkeeping.** All documents and records relating to the SMP will be kept in a secured place in the offices of the recipients, and will be kept for at least five years after the closing of the SMP. Access will be provided to authorized staff and for audit purposes.

DESIGNATED AND PROJECT ACCOUNT

16. Payments from the GPOBA Grant would be administered by the WB. The funds will be deposited in a Designated Account (for SOUL), which would be opened in a commercial bank acceptable to the WB and for AL MAWARID and SYHC, funds will be deposited in their individual Project Account. SOUL's Designated Account will be maintained in US Dollars. The funds will be transferred to SOUL, AL MAWARID and SYHC upon request to facilitate the operations and to ensure prompt payments for the grant activities. Under this procedure, for the advances to SOUL, it will prepare reconciliation statements of the Designated Account.

17. **Funds Flow.** The WB, as administrator of grant funds provided under the GPOBA would make funds available to all three recipients under the Grant Agreements, governing the terms and conditions of the GPOBA.

18. Project funds would flow from (i) WB (GPOBA) through the individual Designated Account (SOUL) and Project Accounts (Al MAWARID and SYHC) established in a commercial bank acceptable to the WB; (ii) The recipients will transfer funds or use the funds for the benefit of the final beneficiaries, as illustrated below.



DISBURSEMENT

19. The SMP is expected to be implemented over a period of four years, plus four months for the completion of accounts and the submission of withdrawal applications.

Method of Disbursement

20. Disbursements from the GPOBA Grant Account will follow the IFR reimbursement disbursement procedures and advance disbursement procedure as outlined in the Bank's Disbursement Handbook of May 2006 (para.21-iv). However, it has been agreed that at the start, SOUL will get an advance of US\$49,440, which will be deposited into its Designated Account after signing of the Grant Agreement with the WB. Detailed disbursement procedures are described in the Operations Manual. All WAs would be paid based on the Verification Report and IFR-Uses of Funds.

CATEGORY	AMOUNT OF THE GRANT ALLOCATED (expressed in US\$)	PERCENTAGE OF EXPENDITURES TO BE FINANCED
(A) Project Preparation and Start-up - SOUL	49,440	100%
(B) Community Outreach Administrative Cost-SOUL	356,600	100%
(C) Education and Awareness Campaigns-SOUL	189,000	100%
(D) Establishment of Satellite Clinics		
D-1 AL MAWARID	116,550	50%
D-2 SYHC	116,550	
(E) Service Delivery Subsidies	5,403,960	90%
TOTAL	6,232,100	

21. The project's private care providers (AL MAWARID and SYHC) and SOUL will bear the operational risks of this program and will be compensated on an output basis following service delivery and performance target verification by the Independent Verification Expert (IVE). Grant disbursement will proceed as follows:

(i) Allocation of Proceeds. The Project will be implemented over a period of 4 years. Disbursements will be against the following expenditure categories: (i) Output-based subsidies to the service providers (Saudi Yemeni Healthcare Company - SYHC, Al Mawarid Company for Educational and Health Services - Al Mawarid) and the Community Outreach Unit SOUL for the Development of Women and Children (SOUL) and; (ii) Consultants' Services.

(ii) Initial request for advance. The Grant Recipient, SOUL, will submit a request to WB for an initial advance of US\$49,440 for project preparation and start-up, as agreed upon in the Grant Agreement and as indicated in the Operations Manual. This request will be paid upon signing of the Grant Agreement and will be subject to certification that the project's financial management system is in place (based on this assessment).

(iii) Reimbursement Requests. Further reimbursements will be requested with each subsequent quarterly IFR and WAs. These requests will be in the agreed IFR format, which will include the following for disbursement purposes: (i) actual disbursements – including actual outputs and milestones, as defined in the Grant Agreement and Operations Manual; (ii) disbursements to date as part of percentage project account reconciliation statement; and (iii) preliminary disbursement forecasts for the next IFR reporting period (applicable only to SOUL for the advances). Reimbursements will be in the currency of expenditures incurred by the recipients.

(iv) Designated Account. Advances and reimbursements from the Grant Account will be deposited into the SOUL dollar denominated bank account. This will be a segregated Designated Account which may only receive deposits from the WB/GPOBA in relation to this project. Advances to the recipient will be managed in accordance with Bank's "Disbursement Guidelines

for Projects” (dated May 2006) and the Disbursement Letter. The other recipients (AL MAWARID and SYHC) will have their own Project Accounts, where reimbursements based on IFRs will be deposited, upon submission of WAs supported with IFR-Uses of Funds Statement and Verification Report (para.20).

22. **Payments to Service Providers (SYHC and AL MAWARID).** GPOBA’s Grant will disburse funds to service providers as follows:

Capital costs of satellite clinics: During the life of the project, GPOBA will finance up to 50% of the capital costs associated with establishing new clinics up to US\$19,425 per clinic, and a maximum of US\$77,700 annually for four clinics in year one and two, and US\$38,850 annually for 2 clinics in year 3 and 4. Service providers will receive the 50% GPOBA subsidy upon completion of the satellite clinics (fully commissioned, equipped and staffed according to specifications) and ready to commence operations upon verification by an IVE.

Output-Based Payments for Service Delivery: The Service Providers will be reimbursed on a quarterly basis in proportion to the costs of services invoiced. However, the percentage of subsidy that each Service Provider receives will depend on semiannual Performance Indicator audits by the Independent Verification Expert. Payments will proceed as follows:

- c. *At the end of each quarter* the WB will pay Service Providers for invoiced care up to the project’s maximum subsidy of US\$135 per person for eligible beneficiaries who receive all services included in the program. Service Providers can only invoice those specific services (as defined in the Safe Motherhood package in the OM) provided to each eligible beneficiary, against the agreed upon price per service (as defined in the OM). Disbursement from the WB will be based on the Independent Verification Expert’s verification reports of the invoices submitted by the Service Providers.
- d. *On semi-annual basis*, the Independent Verification Expert will assess the extent to which service providers have achieved the project’s Performance Indicator goals over the previous six months. Payment for the preceding quarter will be withheld against the Independent Verification Expert’s Output Verification Report. According to each service provider’s Performance Indicator metrics, the WB will determine the level of GPOBA’s subsidy earned over the preceding period and will adjust the present Quarter’s payment according to the following table:

Table 2. Performance Bands (Service Providers)

NUMBER OF QUARTERLY TARGETS MET	AMOUNT OF SUBSIDY RECEIVED	COMMENT
At least five of seven targets	100%	Clinic Indicators 1, 3 and 4 must be met for any subsidy to be paid at all.
Four of seven targets	75%	
Two or Three targets	50%	
Less than two targets	No Subsidy	

23. Project targets for Clinical Performance indicators (% of births attended by skilled attendants, % of women that complete basic antenatal care visits, % of women that complete basic postnatal care visit(one visit)) must be met at all times in order for any subsidy to be paid. Performance Indicator based payment adjustments will only apply to funds due in the quarter of each audit and will not affect payments from the preceding or subsequent period. Unearned subsidies cannot be recovered in later periods even if a Service Provider’s performance improves.

24. Any changes made to the Performance Indicators or performance bands throughout the life of the project are subject to a no objection from WB.
25. Payments to SOUL. The WB will transfer funds to SOUL as follows:
- 1) Program preparation/design and start up costs (US\$49,440) will be disbursed to SOUL after signing the Grant Agreement with WB.
 - 2) Output-Based Payments: The WB will compensate SOUL based on the project's overall performance indicators as follows:
 - c. *At the end of each quarter* the WB will pay SOUL based on invoices for service provided. Payments will be made on a reimbursement basis following expenditures which the Independent Verification Expert will verify. Payments to SOUL will be based on fixed cost recovery (for Community Outreach Unit administrative costs) and agreed costs for various promotional, education and awareness campaign activities. Disbursement from the WB will be based on the Independent Verification Expert's verification reports of the invoices submitted by SOUL.
 - d. *Every six months*, the project's Independent Verification Expert will use Performance Indicator Metrics to adjust the proportion of GPOBA's subsidy that SOUL is eligible to receive. SOUL will be required to meet targets for the Performance Indicators as defined earlier in the OM in order to receive compensation for 100% of eligible project expenditures. In the event that SOUL fails to meet these targets, GPOBA's subsidy will be adjusted on a sliding payment scale. As with Service Providers, payment adjustments will only apply to the quarter of a given audit and any un-earned subsidy funds cannot be recovered in later periods.

Performance Bands (SOUL)

NUMBER OF QUARTERLY TARGETS	AMOUNT OF SUBSIDY RECEIVED	COMMENT
At least three of five targets	100%	Indicator 1 must be met for any subsidy to be paid at all
Two targets	75%	
Less than two targets	No subsidy	

Any changes made to the Performance Indicators or performance bands throughout the life of the project are subject to a no objection from the WB.

26. The WB agrees to extend to the Recipients, on the terms and conditions set forth or referred to in this Agreement, a grant in an amount equal to six million two hundred thirty two thousand and a hundred United States Dollars (\$6,232,100) ("Grant") to assist in financing the Project.

27. The Financial Management Specialist (FMSs) conducted the FM assessment of the three recipients and assures that the Bank's requirements are met. The FM assessment is summarized below, with the individual self-assessments provided by the recipients in Annex 1.

28. The Project implementation progress reports will be monitored in detail during regular supervision missions. IFRs will be reviewed on a regular basis by the country FMS and any issues arising will be followed up promptly. The frequency of on-site FM supervision missions will be determined based on the Project's FM risk rating. Audited financial statements of the Project will be reviewed by the Bank and identified issues will be followed up.

STRENGTHS, RISKS AND WEAKNESSES

29. The country and project risks were identified and the mitigating measures provided:

COUNTRY/PROJECT RISK	RATING	MITIGATING MEASURE
Lack of capacity in the country.	M	AL MAWARID and SYHC are able to recruit staff from other countries, if there are no qualified financial staff in the country.
Weak capacity of the recipients.	L	AL MAWARID and SYHC provide better pay and benefits to its staff and are able to keep highly qualified financial staff. The financial system is computerized and sufficient training is provided to enable staff to produce timely reports.

H=High Risk; S=Substantial Risk; M=Modest Risk; N=Low or Negligible Risk

ACTION PLAN

30. SOUL will increase the work hours of the part-time internal auditor and recruit additional accountant to assist in the SMP. SYHC will recruit additional accountant to assist the Chief Accountant in the implementation of the SMP.
31. Al Mawarid has to be satellite clinic (SC)-registered to enable it to operate the satellite clinics.
32. SOUL has to open the Designated Account, based on the Disbursement Letter.

**GPOBA Yemen Queen of Sheba Safe Motherhood Program
Financial Management Assessment Report**

SOUL (NGO)	UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL (AL MAWARID)	GERMAN SAUDI HOSPITAL (SYHC)
ORGANIZATION		
<p>1. SOUL is a local Yemeni non-governmental organization (NGO) established in 1997, and licensed by the Ministry of Social Affairs. A copy of the organization set-up was provided during the mission and filed (SOUL-Annex 1)</p> <p>2. It previously worked on the Bank's Education Sector Project in 1998 as well as with the IFC Investment Climate Project, conducting survey for the latter. It also gets funding from other organizations, i.e., GTZ, OXFAM, UNICEF, CARE International and the Social Fund for Development.</p> <p>3. SOUL will serve as community outreach unit to promote and market the Safe Motherhood Program (SMP).</p>	<p>1. AL MAWARID has a hospital registration but not SC registration.</p> <p>2. It has no prior experience working with the WB.</p> <p>3. AL MAWARID has statutory reporting requirements from the Ministry of Health, as health centers. The organization chart of AL MAWARID is shown in AL MAWARID-Annex 1.</p>	<p>1. SYHC is considered the largest Healthcare company in the MNA region. It is a multi-functional Healthcare firm that constructs, develops and operates its own hospitals and finances its developments with support of local Government and development Banks.</p> <p>2. It has no prior experience working with the WB.</p> <p>3. SYHC is a Yemeni closed joint stock company.</p>
STAFFING		
<p>1. SOUL has an Accountant, a Cashier and an Internal Auditor. The Accountant reports to the Executive Director, while the Cashier reports to the Accountant. A copy of the responsibilities and roles of each staff was submitted and filed (SOUL-Annex 2). The job descriptions of the individual staff were also provided and filed. Only the accountant has a Bachelor's degree on accounting; the Cashier is experienced and has a 2-year degree on accounting. There was no data provided on the qualification of the internal auditor.</p> <p>2. SOUL would need a part-time accountant to assist in the accounting of</p>	<p>1. AL MAWARID has about 22 Finance and Accounting staff, whose position descriptions are currently being written to clearly define duties, responsibilities, lines of supervision, and limits of authority for all of the officers, managers, and staff.</p> <p>2. All project accountants and finance staff are properly trained on Bank procedures.</p> <p>3. The job descriptions and CVs of the supervisor account receivables, billing officers/accountants, and revenue accountants were provided to the WB (AL MAWARID-Annex 2).</p>	<p>1. SYHC has its own accounting department, but for purposes of implementing the Safe Motherhood Program, it would recruit additional accountant to assist the Chief Accountant in keeping the books.</p> <p>2. SYHC has job descriptions of its staff, and will provide the WB with the job description of the additional accountant. The Chief Accountant, who has a Bachelor degree also, has his own job description.</p> <p>3. SYHC will request WB assistance if there is a need to train staff on Bank procedures.</p>

the SMP and for the preparation of the financial management reports.		
SOUL (NGO)	UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL (AL MAWARID)	GERMAN SAUDI HOSPITAL (GSH)
FUNDS FLOW		
<p>1. SOUL will open a designated account in a commercial bank; funds from WB will be deposited into this account.</p> <p>2. The procedures for the transfer of proceeds are described in Section 5.2 and 5.3.2 of the Operational Manual.</p> <p>3. SOUL has experience in completing the WAs to obtain funds from the WB.</p> <p>3. SOUL will get funds immediately after the signing of the legal agreement to finance its start-up costs.</p>	<p>1. AL MAWARID will open a project account in a commercial bank, for SMP funds to be deposited.</p> <p>2. The procedures for the transfer of proceeds are described in details in Section 5.2 and 5.3.1 of the Operational Manual.</p> <p>3. Funds will be provided on a quarterly basis in proportion to the costs of services invoiced by AL MAWARID, which will be pre-financing the SMP.</p> <p>4. This will be the first experience of AL MAWARID to work on WB project.</p>	<p>1. SYHC will open a project account in a commercial bank, for SMP funds to be deposited.</p> <p>2. The procedures will adhere to the requirements under Section 5.2 and 5.3.1 of the Operational Manual.</p> <p>3. Funds will be provided on a quarterly basis in proportion to the costs of services invoiced by SYHC, which will be pre-financing the SMP.</p> <p>4. This will be the first project of SYHC with the WB.</p>
ACCOUNTING POLICIES AND PROCEDURES		
<p>1. SOUL uses the cash basis accounting. It has its chart of accounts that can be used for the SMP project activities and disbursement.</p> <p>2. There is proper documentation and record-keeping system in place.</p>	<p>1. UTHS is using HIS (ATS) which serves according to International Financial Reporting Standards (IFRS); changes can be made based on Project needs. It has its chart of accounts.</p> <p>2. UTHS keeps its accounting and supporting documents on a permanent basis and can be accessed by authorized staff.</p>	<p>1. SYHC uses Wipro Customized Accounting Software; SYHC will develop a separate module to control the accounting and financial transactions of the SMP. It has its own chart of accounts.</p> <p>2. SYHC has its own procedures in maintaining its accounting and supporting documents on a permanent basis for access by authorized staff.</p>
SEGREGATION OF DUTIES		
<p>1. There is segregation of responsibilities as indicated in the Annex 2. There are two staff in Finance and Accounting, one who enters the transactions and one who reviews, prior to the final signature or authorization of payments by the Director for Financial Affairs.</p>	<p>1. Functional responsibilities are performed by different staff, with separate duties, (a) authorization to execute a transaction; (b) recording of the transaction; and (c) custody of assets involved in the transaction</p>	<p>1. The operational manual of SYHC indicates segregation of duties. It has functional responsibilities performed by various staff, with separate duties, i.e., separate, authorized staff to record, execute transactions and staff responsible for custody of assets involved in the transaction.</p>
POLICIES AND PROCEDURES		
<p>1. SOUL uses the cash basis accounting and follows an acceptable standard accounting system</p> <p>2. It has very simple policies and procedures,</p>	<p>1. AL MAWARID accounting basis is accrual. It follows the IFRS.</p> <p>2. It has accounting and financial management manual of policies and procedures to guide the staff. It includes the roles and</p>	<p>1. SYHC uses the accrual basis accounting, consistent with the international accounting standards.</p> <p>2. SYHC maintains its own accounting and financial management Policy and Procedures</p>

quite suitable for the type of operation of a small sized NGO. The simple procedures provide adequate safeguards to protect the integrity of SOUL.	responsibilities of the staff, the definition of conflict of interest, and safeguards of the hospital assets.	Handbook. It consists of the responsibilities and roles of the various staff, definition of conflict of interest and safeguards of hospital assets.
SOUL (NGO)	UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL (AL MAWARID)	GERMAN SAUDI HOSPITAL (GSH)
CASH IN BANK		
<p>1. For the SMP, SOUL has to open a designated account in a commercial bank; SOUL has to provide the information to the WB. It has provided the following authorized signatories to WAs and in the designated bank account:</p> <ul style="list-style-type: none"> ▪ Dr. Arwa Yahya Al-Deram Executive Director ▪ Yasmeeen Al-Akwa'a Accountant <p>2. There is a risk in having the accountant as one of the authorized signatories; in order to mitigate this risk, the internal auditor should review all payment transactions and provide a report on the use of funds on a monthly basis.</p>	<p>1. For the SMP, AL MAWARID has to open a project account in a commercial bank, and will inform the WB, as soon as this is completed.</p> <p>2. AL MAWARID is currently preparing the names of the authorized signatories to the WAs as well as the project account.</p> <p>3. The policies and procedures of AL MAWARID that indicates there are existing controls for the collection, timely deposit, and recording of receipts. This will also be adopted for SMP.</p>	<p>1. SYHC will open a project account in a commercial bank and will inform the WB, when completed.</p> <p>2. SYHC has provided the names of the signatories to the WAs as well as the project account:</p> <ul style="list-style-type: none"> ▪ Dr. Salah Hamid, the Chief Executive Officer of SYHC-Sanaa and ▪ Mr. Burhan Ud Din, Chief Accountant <p>3. SYHC will adopt the same strict procedures and policies that provide controls on the collections, timely deposit and recording of receipts in the SMP.</p>
SAFEGUARDS OVER ASSETS		
<p>1. SOUL is a very small NGO, but it has internal auditor and external auditor to provide adequate safeguards to protect the assets from fraud, waste and misuse. An annual inventory of assets is conducted by the internal auditor, as well as the external auditor.</p> <p>2. SOUL will issue a memo to its staff to encourage them to report any suspect fraud, waste, or misuse of project resources or property.</p>	<p>1. The AL MAWARID manual of policies and procedures includes a system that ensures there are adequate safeguards to protect the hospital assets from fraud, waste, and abuse.</p> <p>2. It provides information to staff on how to report any suspect fraud, waste and abuse of hospital resources.</p>	<p>1. The procedures and policies handbook of SYHC ensures there are adequate safeguards from fraud, waste and abuse of the hospital assets.</p> <p>2. It provides information to staff on ways to protect hospital resources, by encouraging staff to report on any suspect fraud, waste and abuse of hospital resources.</p>
INTERNAL AUDIT		
1. There is job description	1. AL MAWARID has internal	1. SYHC has internal auditors who

<p>of the internal auditor (IA) provided and included in Annex 2. The IA of SOUL works part-time. The IA reports to the Executive Director, though this is not indicated in the organization chart. SOUL will add the IA in the organization chart. The SMP will be included in future audit of the IA to ensure funds are spent according to the legal agreement.</p>	<p>auditors, who have 3-5 years of auditing experience prior to joining AL MAWARID. 2. The internal auditors report to the Executive Director and Board of Trustees. 3. There is no decision yet if the internal auditors would include the audit of the SMP in their work program. AL MAWARID will inform the WB. 4. AL MAWARID has deputed one internal auditor who will work in order to ensure the internal controls of the Project.</p>	<p>will work on the SMP in order to ensure there is effective internal controls in the SMP. 2. The internal auditors have post graduate professional studies and report directly to the SYHC Group top management and partners.</p>
<p>SOUL (NGO)</p>	<p>UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL (AL MAWARID)</p>	<p>GERMAN SAUDI HOSPITAL (GSH)</p>
<p>EXTERNAL AUDIT</p>		
<p>1. Ernst & Young conducted the 2007 audit of SOUL; it was mentioned that the submission of the audit depends on the schedule of the auditor. 2. It was agreed that the audit of SMP should be based on a TOR and contract with the external auditor that covers the period for submission of the audit, to be consistent with the SMP requirement. SOUL submits the audit report to the Ministry of Social Affairs.</p>	<p>1. AL MAWARID has external auditors who conduct the annual audit of their books, in accordance with the international standards of audit. 2. There were no major accountability issues or recommendations from the management letter in the last three years. 3. AL MAWARID will prepare the TOR of the audit based on the requirement of the WB, for the audit of SMP.</p>	<p>1. SYHC engages external auditors (Associated Accountants) to conduct its annual audit, in accordance with the international standards of audit. 2. The audit reports for the last three years did not major accountability issues or recommendations from the management letter. 3. SYHC will send a draft TOR of the audit based on the requirements of the WB for the audit of SMP.</p>
<p>REPORTING AND MONITORING</p>		
<p>1. The financial statements are prepared for SOUL in accordance with standard accounting practices. 2. Financial reports are prepared monthly, quarterly and annually and submitted to the various financiers, as previously agreed. For the SMP, it was agreed that quarterly and annual financial reports will be sent to the WB. These reports are specified in the Operational Manual of SMP.</p>	<p>1. AL MAWARID issues financial reports regularly, in accordance with accounting standards. 2. AL MAWARID is flexible in terms of satisfying the SMP financial reporting requirements, and can easily reformat its reports. 3. AL MAWARID is currently preparing the financial management reporting responsibilities that specify the reports to be prepared, types of data required, when and where to send the reports.</p>	<p>1. SYHC regularly issues financial reports for management (monthly and annually), in accordance with accounting standards. 2. SYHC's system has the capability to produce the financial reports required for the SMP. For the SMP, it will follow the WB formatted financial monitoring reports.</p>
<p>INFORMATION SYSTEMS</p>		
<p>1. The financial and accounting system is computerized. The financial</p>	<p>1. AL MAWARID has a computerized accounting system that is able to generate financial reports.</p>	<p>1. SYHC has been using its computerized accounting system for many years, and is able to</p>

<p>reports are generated from the system. It is maintained by a contracted private systems developer.</p> <p>2. The accountants are properly trained on the use of the computerized accounting system.</p> <p>3. There is currently only one password used by the staff for the computerized accounting system. It was agreed that SOUL would request the developer to change the password and distinguish among users, i.e., who is allowed to input data, correct the data, view data, etc.</p>	<p>2. It has trained staff responsible for maintaining the system.</p> <p>3. The computerized accounting system has a built in management organization and processing system to safeguard the confidentiality, integrity, and availability of the data.</p>	<p>generate financial management reports.</p> <p>2. SYHC has experience, trained and qualified staff operating its information systems.</p> <p>3. The system has built-in management organization and processing system to safeguard the confidentiality, integrity, and availability of funds.</p>
<p>SOUL (NGO)</p>	<p>UNIVERSITY OF SCIENCE AND TECHNOLOGY HOSPITAL (AL MAWARID)</p>	<p>GERMAN SAUDI HOSPITAL (GSH)</p>
<p>LIST OF PEOPLE MET</p>		
<p>Dr. Arwa Yahya Al-Deram, Executive Director Tel. 9671-223999/255568; Mobile ph. 711 101 264 E-mail: Soul-Yemen@y.net.ye</p> <p>Afrah Abdulazez Al Zouba, SOUL Project Unit</p> <p>Yasmin Aha Akwaa, Accountant</p>	<p>Prof. Dr. Mohamed Shamsuddin, Medical Director Mobile ph. 967 733 221 475 E-mail: mahamsuddin06@comcast.net</p> <p>Raja Anwar ul Haque, Finance Director Mobile ph. 734 936 655 – 771 144 411 E-mail: ianwarpk@yahoo.com</p>	<p>Dr. Salah Hamed, Chief Operating Officer Mobile ph. 967 734 200 077 E-mail: cco.san@sghgroup.net</p> <p>Burhan Udin, Accountant Mobile ph. 967-734 222 916 E-mail: finance2.san@sghgroup.net</p>

**ANNEX F: ENVIRONMENTAL AND SOCIAL PERFORMANCE ANNUAL
MONITORING REPORT (AMR)**

**Environmental and Social Performance
Annual Monitoring Report (AMR)**

Queen of Sheba Motherhood Project
GPOBA Grant Number TF-092181-YEM
IFC#559785
Republic of Yemen

REPORTING PERIOD:

AMR COMPLETION DATE:



Environment and Social Development Department
2121 Pennsylvania Avenue, NW
Washington, DC 20433 USA
www.ifc.org/enviro

CONTEXT

The following points should assist you in completing this form. Please be descriptive in your responses and attach additional information as needed.

GPOBA's GA requires the Saudi Yemeni Healthcare Company (SYHC) and Al Mawarid Company for Educational and Health Services to complete and submit an Annual Monitoring Report. The main purpose of completing this form is to provide the following information:

1. Environmental and Social Management
2. Occupational Health and Safety (OHS) Performance
3. Significant Environmental and Social Events
4. Compliance with World Bank Group and local environmental and social requirements as specified in the GA
5. Data Interpretation and Corrective Measures
6. General Information and Feedback

1 ENVIRONMENTAL AND SOCIAL MANAGEMENT

To be completed by a representative¹⁶ with overall responsibility for environmental, social and occupational health and safety issues	Name and Title: Phone: Email:
Office physical address Web page address	

I certify that the data contained in this AMR completely and accurately represents the Queen of Sheba Motherhood Project operations during this reporting period and that information and data presented here have been collected in a manner consistent with applicable IFC Environment and Health and Safety Guidelines¹⁷ and the requirements of the Country.

Employee Name

Signature

¹⁶ SYHC and Al Mawarid Company for Educational and Health Services to each appoint or provide the names and details of the person/s who will be responsible for environment, social, occupational health and safety issues of the Queen of Sheba Motherhood Project

¹⁷ These include Environmental and Health and safety – General Guidelines (April 2007) and Environmental and Health and Safety Guidelines for Health Care Facilities (April 2007)

1.1 Summary of Current Operations

Please provide a short summary of the state of development of the Queen of Sheba Motherhood Project (the Project), including a list of Clinics that are operational, under construction and planned. For operational Clinics please summarize the services provided and number of staff present.

1.2 Environmental and Social Responsibility

Please attach a chart (or describe) that identifies how overall responsibilities and accountabilities for environmental and social aspects are managed by the two respective hospitals for the Project. For example details of who has responsibility at each of the clinics and how they report to senior management on environmental and health and safety matters to each parent hospital.

The Social and Environmental Management System (SEMS) that the parent hospitals have developed should provide the basis for this section.

For each clinic, the sponsors (the respective hospitals) will ensure the following:

- (a) each clinic has, prior to opening, prepared written procedures dealing with sanitation, infection control and medical waste handling, and has trained the staff in application of these procedures; and
- (b) relevant aspects of the Environmental and Social Management Systems for the SYHC and AL MAWARID hospitals (as detailed in the IFC's Environmental and Social Review Summaries (ESRSs) for those projects) will be applied in all aspects of the day-to-day operations of the clinics, including in particular:
 - (i) regular re-training of staff on sanitation, infection control and medical waste management;
 - (ii) regular internal auditing of environmental and social performance; and
 - (iii) appropriate record-keeping and reporting on sanitation, infection control and medical waste management.

1.3 Summary of Grievances and Complaints

If the Project has been subject to any grievances or complaints in relation to environment (e.g noise, traffic, pollution) or social issues please summarize these below.

1.4 Summary of Training and Staff capacity Building

Please summarize training and capacity building efforts that the Clinics have implement this year in relation to environment and occupational health and safety. If it is useful please use the table below to report these activities.

Training in environmental and social (including Fire and Life Safety) issues for this reporting period

Employees or contractor employees?	Description and date of training (e.g. Environment, health and safety, etc)	Number of employees that attended

2 OCCUPATIONAL HEALTH AND SAFETY PERFORMANCE (OHS)

SYHC and Al Mawarid Company for Educational and Health Services are required to monitor, record, and report occupational health and safety (OHS) incidents and workplace conditions throughout the reporting period.

2.1 Country Compliance

Please list any reports submitted to Yemen authorities, e.g. on OHS, fire and safety inspections, compliance monitoring, emergency exercises, as well as comments received and corrective actions taken. If any of the information requested in the AMR (Section 2.2 - Section 2.5) is already provided in reports sent to Yemen authorities, please submit the applicable section of the report.

2.2 Incident Statistics Monitoring

Total Amounts

REPORT TOTAL NUMBERS FOR EACH CATEGORY	This reporting period		Reporting period- 1 year ago		Reporting period- 2 years ago	
	Employees	Contractor employees ¹⁸	Employees	Contractor employees	Employees	Contractor employees
Employees and contractors						
Man-hours worked						
Fatalities						
Non-fatal injuries ¹⁹						
Lost workdays ²⁰						
Vehicle collisions ²¹						
Incidence ²²						

1. Fatality details for this reporting period

Employees or contractor employees?	Time of death after accident (e.g. immediate, within a month, within a year)	Cause of fatality	Corrective measures to prevent reoccurrence

2. Non-fatal injuries details for this reporting period

¹⁸ Including construction workers

¹⁹ Incapacity to work for at least one full workday beyond the day on which the accident or illness occurred.

²⁰ Lost workdays are the number of workdays (consecutive or not) beyond the date of injury or onset of illness that the employee was away from work or limited to restricted work activity because of an occupational injury or illness.

²¹ Vehicle Collision: When a vehicle (device used to transport people or things) collides (comes together with violent force) with another vehicle or inanimate or animate object(s) and results in injury (other than the need for First Aid) or death.

²² Calculate incidence using the following equation: incidence= total lost workdays/ 100,000 man-hours worked.

Use the total lost workdays to calculate the incidence for this reporting period, reporting periods 1 year ago and 2 years ago, as required above.

Employees or contractor employees?	Total workdays lost	Description of injury	Cause of accident	Corrective measures to prevent reoccurrence

3. Vehicle collision details for this reporting period

Employees or contractor employees?	Cause of collision	Corrective measures to prevent reoccurrence

2.4 Life and Fire Safety

Fire Safety Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies ²³	Corrective Actions and Schedule For Implementation ²⁴
Fire Drills	Minimum: three (3)/year			
Inspection and certification of fire detection and electrical and mechanical systems.	Minimum: one (1)/year			
Inspection and recharge of fire extinguishers	Minimum: two (2) inspections/year			

2.5 Significant OHS Events

If there were other OHS events (accidents, training, issues relating to contractors etc) that occurred this year please summarize them here.

3 Significant Environmental and Social Events

Please describe any significant environmental and or social events in the past year (for example fines, penalties for poor environmental performance, awards for good environmental management etc)

²³ Please provide details of any adjustments to fire safety planning or management that have been initiated

²⁴ Please attach additional sheets as needed to fully describe corrective actions and implementation.

4 COMPLIANCE WITH IFC/WBG ENVIRONMENTAL POLICIES AND GUIDELINES AND HOST COUNTRY REGULATIONS

4.1 Waste Water Effluents

Please confirm that for each Clinic of the Project, that waste water is treated and discharged to a functioning municipal sewer and that appropriate permits and approvals have been obtained for each clinic according to the table below.

Name of facility/ Clinic	Approximate volume of effluents/month and details of any pre-treatment (e.g. disinfection) that is undertaken	Confirmation that relevant approvals in place

If waste water is disposed of in other ways (i.e. not through a municipal sewer) please describe how waste effluents are treated in detail.

4.2 Hazardous Materials Management

Hazardous materials are materials (such as fuel, radioactive matter, flammable or toxic chemicals) that represent an excessive risk to property, the environment or human health because of their physical and/or chemical characteristics. Please summarize (for all sites) in the table below how hazardous materials are managed in the Clinics.

Hazardous Material (Name and Number UN/CAS)	Class or division ²⁵	Annual Quantity	Maximum Quantity Stored on Site
Hazardous Materials Used			
<i>e.g X-ray materials</i>			
<i>Fuel</i>			
<i>Solvents</i>			
Hazardous Waste Produced			
<i>e.g X-ray fluids</i>			

4.3. Solid Waste Management

Please summarize the amount of solid waste generated for the Clinics operations and describe how it is treated and disposed of in the table below

²⁵ UN classification (1. Explosives; 2. Gases ; 3. Flammable liquids ; 4. Flammable solids ; 5. Oxidizing substances ; 6. Toxic and infectious substances ; 7. Radioactive material; 8. Corrosive substances; 9. Miscellaneous hazardous materials.)

Solid Waste Management Summary

Solid Waste Type <i>Include description</i>	Annual Quantity	Method of Storage ²⁶ , Handling and/or Treatment
<i>Class B medical wastes</i>		<i>Please describe for each facility how wastes are managed including:</i> <ul style="list-style-type: none"> • <i>efforts to reduce or recycle waste generated,</i> • <i>on site storage,</i> • <i>collection and disposal (even if these tasks are undertaken by companies other than the Clinics)</i>
<i>Paper</i>		<i>Please describe for each facility how wastes are managed including:</i> <ul style="list-style-type: none"> • <i>efforts to reduce or recycle waste generated,</i> • <i>on site storage,</i> • <i>collection and disposal (even if these tasks are undertaken by companies other than the Clinics)</i>
<i>Glass</i>		<i>Please describe for each facility how wastes are managed including:</i> <ul style="list-style-type: none"> • <i>efforts to reduce or recycle waste generated,</i> • <i>on site storage,</i> • <i>collection and disposal (even if these tasks are undertaken by companies other than the Clinics)</i>
<i>Metals</i>		<i>Etc</i>
<i>Used solvents</i>		
<i>Etc</i>		

Please confirm that the Project does not generate highly hazardous (Class V) wastes at any of its Clinics. If it is generated please outline how it is disposed of, through contractors? Are they licensed and what is the process?

4.3. Cultural Heritage

²⁶ State how hazardous materials / waste is stored on site (e.g. drums, bins, and other containers) and handled (including transported). Provide additional sheets as needed to fully describe disposal, organizations involved in management, facility permits and agency authorizations.

The WBG is concerned that its investments do not adversely affect cultural property or heritage. Please provide a summary of activities that have been implemented to ensure the cultural heritage has been protected.

Has the company been cited or fined for violations of laws or regulations governing cultural property. If yes, provide details.

4.4. Employment Practices and Working Conditions

Please confirm that there have been no significant changes in employment or working conditions in the Clinics (e.g. retrenchment of staff, changes in human resources policy or contract terms). If there have been please provide details.

5 DATA INTERPRETATION AND CORRECTIVE MEASURES

If there have been failures of compliance with either the environmental/ occupational health and safety laws and regulations of Yemen or World Bank Group's (WBG)/IFC's guidelines, please describe these in the table below and summarize efforts that have been put in place to address compliance failings.

Monitoring parameter that exceeds WBG/IFC guidelines and local regulations	Cause for monitoring parameter exceedance	Corrective action plan	Completion date	Cost	% Complete/ Status

6 GENERAL INFORMATION AND FEEDBACK

If there are other environmental, OHS or social issues that you feel the WBG needs to understand, please provide details below.

ANNEX G: PROJECT TARGETS & PLANS

Annex G1: List of emergency and complicated obstetric cases

Annex G2: Infrastructure of Satellite Clinics

Annex G3: List of Satellite Clinics Equipment

Annex G4: Detailed community Education Campaigns Plans

Annex G5: TOR Baseline Survey

Annex G6: Detailed Data on Beneficiaries Enrollment/ Deliveries and Clinics (attached excel sheet)

Annex G7: Detailed Data on Soul and Providers Disbursement Projections (attached excel sheet)

Annex G8: Staffing of Satellite Clinics

Annex G9: Client Satisfaction Questionnaire for Satellite Clinics

Annex G10: Client Satisfaction Questionnaire for Community Outreach

Annex G1**Emergency and complicated obstetric cases****Definition:**

Life-threatening medical conditions that occur in pregnancy or during or after labor

Emergency and complicated cases include:

- 2- Ectopic pregnancy
- 3-Molar pregnancy (Vesicular mole)
- 4- Pre-eclampsia , Pregnancy with chronic HTN
- 5-Gestational diabetes, Pre-gestational diabetic mother
- 6- APH (Abruptio placenta , placenta praevia)
- 7-Pemature delivery
- 8- Previous LSCS
- 9-Multiple pregnancy
- 10-Malpresentation and mal-position
- 11-Prolonged rupture of membrane
- 12-Amiotic fluid embolism
- 13-Invertion and rupture uterus
- 14-Cord prolapse and cord presentation
- 15-Retained placenta
- 16-Obstructed labor
- 17-Prolonged labor
- 18-PPH
- 19-Cervical tear
- 20-Mother and fetal distress

Annex G2**Infrastructure of Satellite Clinics****Sign of the clinic****At least one waiting area , 5 rooms and a WC.****1-Waiting area:**

Well ventilated
 Windows, good illumination
 Waiting chairs (at least 6)

2- ANC Room:

Not less than 6m² (2X3m)
 Wall with washable paint
 Good illuminations and sufficient light
 Adequate ventilation
 Sink
 Electrical sockets (At least 3 sockets)
 Well furnished following the list of equipment in Annex G 3

2- Delivery room

Measures at least 20m²
 Water supply and basin
 Good illumination
 Good ventilation
 Electrical supply (at least 3 sockets)
 Well furnished following the list of equipment in Annex G 3

3-Pre- and Post-delivery room:

Measure at least 9m²
 Good illumination
 Good ventilation
 Electrical sockets
 Well furnished following the list of equipment in Annex G 3

4- Room for medical supply and vaccination :

Measure 6m²
 Good illumination
 Good ventilation
 Electrical sockets
 Well furnished following the list of equipment in Annex G 3

5- Room for sample collection :

Measures (1.5x1m) at least 1.5m²
 Good illumination

Adequate ventilation
Electrical supply (Sockets)
Water supply

Annex G3

1. List of Equipments and Instruments
2. List of Consumables
3. List of Clinic Furniture
4. List of Office Equipments
5. List of linen

1-List of Equipments and Instruments

	Equipment	Quantity required
1	Ultrasound machine+gel	1
2	Sphygmomanometer	2
3	Adult stethoscope	2
4	Neonatal stethoscope	1
6	Pinard	1
7	Adult scale(Wt. &Ht)	1
8	Baby weighing scale	1
9	Oral thermometer	2
10	lights	2
11	IV stand	2
12	Ambu bag for baby	1
13	Sharp container	2
15	Small Refrigerator	1
17	Oxygen cylinder	2
18	Oxygen regulator	1
19	Oxygen wrenches	1
20	Suction machine	1
21	Oven for sterilization	1
22	Ice box for lab sample and vaccines	2
23	CTG- Machine	
24	Doppler	
25	Handling forceps	1
26	Speculum (Cusco)	2
27	Artery forceps straight	2x5=10
28	Forceps Kocher	1 x5= 5
29	Forceps toothed,	1 x5=5
30	Scissor straight	1 x5=5
31	Scissors, Episiotomy	1 x5=5
32	Needle Holder	1 x5=5
33	Kidney Dish	1 x5=5
34	Scissors for umbilical cord(stand by)	1 x5=5

2. List of Consumables

	Description
1	Syringe 3ml
2	Syringe 5ml
3	Syringe 10ml
4	Canula
5	Plastic apron
6	Vicryl suture
7	Oxygen mask
8	Gloves (Surgical(
9	Gloves Unsterile
10	Alcohol swab
11	Sticking plaster
12	Blue pad
13	Specimen bottles
14	Urine specimen container
15	Gauze
16	Suction catheter
17	Catheter Nelaton
18	Betadin
19	Soap
20	Disinfection solution
21	Cord care kit
22	Cord dressing
23	Xylocain 2%
24	Mackintosh
25	Gel for Ultrasound
26	Medication after delivery (as specified in the package)

3. List of Clinic Furniture

	Furniture Items	Quantity required
1	Doctor table	1
2	Doctor chair	1
3	Patient chair	2
4	Examination couch	1
5	Bed Side table	1
6	Steps	2
7	Delivery bed	1
8	Baby crib	1
9	Curtain with Rail	1(at least for every room)
10	Dust Bin	2
11	Waste receptacle	3
12	Bowl with stand	1
13	Swivel chair	2
14	Sink with Tap and fitting (source of hot and cold water)	3
15	Waiting area chair	At least 6
16	Post natal bed	1
17	Instruments cabinet	1
18	Instrument table	1
19	Ultrasound table	1
20	Paravan	2
21	File cabinet	1
22	Medicine cabinet	1

4. List of Office Equipment

	Equipment	Quantity
1	Computer set	1
2	Printer Dotmatrix	1
3	Computer software	1
4	Telephone set	1
5	UPS	1
6	Clock	2
7	Ambulance	1

5. List of Linen Items

	Items	Quantity
	Bed sheet	3
	Pillow with cover	2
	Patient suit	3
	Scrub suit	3
	Cover for the patient	3

Annex G4

Plan of Action for the Education and awareness component

Health awareness subjects	Objectives	Target group/s	IEC materials	Activities	Number of target audience	Time frame
Safe mother hood practices	Educate women / raising the awareness about : ANC Clean safe delivery Dangerous signs and symptoms Emergencies Birth preparedness	Women in the reproductive age	Interpersonal communication	On households level direct delivery of the message will be done for the mother and her influential relatives	40,000 target women And around 80,000 relatives.	Year 1- 4
			4000 Posters	Distribution in the: 1. Satellite clinics 2. Public & private health facilities	12 satellite clinics " 40,000 target women ". About 20 health facility " public and private" " <u>about 20,000 women "</u>	Year 1- 4
			4000 Leaflets	Distribution during the 1. Educational sessions 2. Out reach activities	8000 women	Year 1- 4
			20 Educational sessions	Conduct 20 session on the community level	400 women	Qs 2- 4
Family planning	Educate women about family planning benefits/ methodologies	Women in the reproductive age	Interpersonal communication	On households level direct delivery of the message will be done for the mother and her influential relatives	35,000 target women And around 70,000 relatives.	Year 2- 4
		Traditional birth attendants Mothers in low Men at mosques	1000 Posters	Distribution in the: 3. Satellite clinics 4. Public & private health facilities	12 satellite clinics " 350,000-40, 000 target women ". About 20 health facility " public and private" " <u>about 20,000 women "</u>	Year 2- 4

			1000 Leaflets	Distribution during the 3. Educational sessions 4. Out reach activities	2000 women	Year 2- 4
			30 Session	Communities mosques Communities gatherings	20 Session for women " mothers, mothers in low and TBAs" 400 women and 10 mosque lesson	Year 2 quarters 2-4
2---Nutrition including breast feeding	Raising women awareness about their/ and their children nutritional needs especially in the pregnancy. The wrong nutritional practices during after giving birth. The breast feeding importance, techniques ,...	Women in the reproductive age Traditional birth attendants Mothers in low	Interpersonal communication	On households level direct delivery of the message will be done for the mother and her influential relatives	40,000 target women And around 80,000 relatives.	Year 3- 4
			1000 Posters	Distribution in the: 5. Satellite clinics 6. Public & private health facilities	12 satellite clinics " <u>25,000 target</u> women ". About 20 health facility " public and private" " <u>about 20,000 women</u> "	Year 3- 4
			2000 Leaflets	Distribution during the 5. Educational sessions 6. Out reach activities	4000 women	Year 3- 4
			20 Educational sessions	Conduct 20 session on the community level including show cases for food preparation	400 women	Qs 10- 12
Newborn care		Women in the reproductive age Traditional birth attendants				

		Mothers in low	1000 Posters	Distribution in the: 7. Satellite clinics 8. Public & private health facilities	12 satellite clinics " <u>15,000 target</u> women ". About 20 health facility " public and private" " <u>about 5,000 women</u> "	Year 3- 4
			1000 Leaflets	Distribution during the 7. Educational sessions 8. Out reach activities	2000 women	Year 3- 4
			20 Educational sessions	Conduct 20 session on the community level	400 women	Qs 13- 16

Annex G5

Base line Community Assessment Yemen Queen of Sheba Safe Motherhood Project

I. Background

Yemen's population of 20.9 million is predominantly rural (73 per cent), with about 42% of people living in poverty (per 1998 Household Survey estimates) and have limited access to basic health services. Yemen ranked 151st out of 177 countries on the 2005 UNDP Human Development Index²⁷. Yemen also has one of the highest maternal mortality ratio at 570/100,000 live births (2000 estimates) with only 27% of births attended by skilled birth attendants (2003) as well as a high fertility rate (average of 7 children/woman). Poor access to quality services, lack of confidence in the healthcare providers and lack of affordability of care as well as cultural barriers are contributing factors to the high maternal deaths and key barriers to safe maternal care and services. As a result, amongst poorer communities it is not uncommon to find women not seeking any medical care during pregnancy and delivering at home.

The *Queen of Sheba Safe Motherhood Project* is a four year community based project which will support the provision of a defined 'Mother-Baby package' of essential quality services as defined by the World Health Organization (WHO). Services will be provided to eligible women of reproductive age (15-49 yrs) in selected districts in Sana'a, Yemen and will attempt to address some of the barriers to safe motherhood by providing a defined package of quality maternal services including working with the targeted communities to increase utilization of these services and to ensure birth assistance by skilled birth attendants.

The baseline assessment will provide input to designing appropriate interventions and setting up measurable indicators for the project outputs.

II. Introduction to the Project

1. Project Development Objectives

The primary objective of this project is to expand access to safe and attended childbirth to the target population. The Global Partnership on Output-Based Aid (GPOBA) is providing subsidy funding amounting to USD 6.68 million, originally granted by the International Finance Corporation (IFC), that should result in approximately 40,000 safe child deliveries by two service providers over a four year period.

The project has two main development objectives:

- To provide quality maternal care to eligible women in 4 targeted districts in Sana'a
- To design and implement a model which provides key lessons and effectively demonstrates how Yemeni public policy on maternal and child care can integrate with private healthcare provision.

²⁷ World Bank, WHO sources

2. Project Description

To fulfill the project's objectives, quality maternal care services will be provided to eligible women in the selected districts and an outreach community promotion intervention will be implemented. Eligibility criteria include poor first trimester pregnant women in the reproductive age (15-49) with household daily income of US\$7-8 and living in the selected project districts.

Specifically, all services will be provided by the following private organizations:

- Two private Yemeni hospitals: SYHC and AL MAWARID. These two service providers will provide clinical services during the first phase of the project.
- SOUL, a reputable local Yemeni NGO, which will serve as community outreach unit to promote, market, and target the Project.

All project details are outlined in the Project Operations Manual which will be handed separately as part of this TORs.

III. Purpose of the Assignment

The overall purpose of the assignment is to provide baseline data that will provide input to designing appropriate interventions and setting up measurable indicators for the project outputs.

The objectives of the base line study are to:

1. Assess the socio demographic and economic characteristics of the targeted communities.
2. Describe the availability, accessibility, and perceived quality of antenatal, delivery and postpartum care, neonatal care provided to women and newborn babies.
3. Describe the utilization pattern of safe motherhood services, place of delivery.
4. To assess community knowledge, attitude, about reproductive health care and utilization pattern of safe motherhood services.
5. To assess the maternal health and pregnancy outcomes: neonatal tetanus, still births, abortion.
6. Assess the response of the health services to needed emergency obstetric care.

IV. Scope of work

The consultant is expected to give a rapid assessment of the profile of the targeted communities in reference to the stated objectives. Study tools will be developed that facilitate both quantitative and qualitative data collection from a representative sample of the community. To fulfill the stated objectives the following should be done:

- Objective 1: description of the profile of the targeted communities in terms of the socio demographics with an overview of the reproductive aged women. Stratifying communities according to poverty levels should be done using a specially designed questionnaire that describes average daily household earnings.

- Objective 2: quantitative and qualitative description of the available safe motherhood services at the different levels and types of services (public – private) delivery. This would entail assessing services available per targeted district, geographic accessibility.
- Objective 3: description of the utilization pattern of the available services for the different safe motherhood services i.e. ANC, delivery care and site of delivery, postpartum care, neonatal care and FP: public – private- preference.
- Objective 4: assessment of KA of women of reproductive age about aspects that are considered as safe practices for safe motherhood such as maternal, neonatal and FP. This would be done using quantitative methods and qualitative FGDs with groups of the community.
- Objective 5: description of the outcome of last pregnancy whether favourable or unfavourable by asking about what were the results of pregnancy as they relate to mothers' health and results of conception : abortion , still birth, low birth weight, neonatal death.
- Objective 6: identification of the quality and accessibility of services in terms of responding to complicated or emergency obstetric cases in the last pregnancy. An important issue is to establish a community figure for CS.

V. **Suggested Methodology** It is expected that a purposive sample of about 1500 women in the reproductive age from the targeted districts will be drawn. Concurrent baseline assessments will be conducted each in the 4 targeted districts per service provider.

VI. **Outputs**

Two baseline reports for the targeted communities and a combined inclusive report with the required assessment in Arabic and English languages.

Annex 6 & 7 are attached as an excel sheet that includes:

Annex 6: Project Targets

- **Targets for Satellite Clinics Establishment**
- **Targets for Enrollment & Deliveries of Beneficiaries**

Annex 7: Disbursement Projections

- **Projects for Soul Disbursements**
- **Projections for Providers Disbursements**
- **Total projections for Project Disbursements**

Annex G8

Staffing of Satellite Clinics

Worker	NUMBER (First 6 months)	NUMBER (After month 6)	Qualifications	Experience
GP in Gyn & obst	1	1	MBcs	3 Years at least
Nurse	2	2	Diploma in Nursing	1 Year at least
Mid wives	1	4	Course in delivery assessment& licensed	5 years at least
Driver	0	2	License for driving	
Cleaner	1	1		

Annex G9

**Queen of Sheba Safe-motherhood Project
Client Satisfaction Questionnaire (satellite clinics)**

District:

Date:

Clinic:

Name of client:

1. How would you rate the quality of services you have received?
Excellent (4) Fair (2) Poor (0) ()
2. To what extent have the services met your needs?
All (4) Not all (2) None (0) ()
3. How satisfied are you with the amount of help you received?
Very (4) To an extent (2) Dissatisfied (0) ()
4. How would you rate the ability of the staff to listen to and understand your problems?
Excellent (4) Fair (2) Poor (0) ()
5. How satisfied are you with the waiting time?
Very (4) To an extent (2) Dissatisfied (0) ()
6. How satisfied are you with the time you spent with staff?
Very (4) To an extent (2) Dissatisfied (0) ()
7. How satisfied are you with the physical environment of the clinic?
Very (4) To an extent (2) Dissatisfied (0) ()
8. Have the services you received helped you to deal more effectively with your problems?
To a great extent (4) Somewhat (2) Not at all (0) ()
9. If you were to seek similar services would you come back here?
Yes (4) Maybe (2) No (0) ()
10. Overall, how satisfied are you with the services you received?
Very (4) To an extent (2) Dissatisfied (0) ()

The overall score of the satisfaction index is from 40 – 0 where 40 is the highest score of satisfaction and 0 the least. Clients are to be categorized as satisfied if satisfaction index is 32 and above i.e. 80% satisfaction.

- *Data will be collected using the survey questionnaire using client exit interviews and household interviews.*

- *Data will be collected over a one week period from to every quarter.*
- *Clients should give their consent prior to being interviewed (written or verbal). Thus a consent form should be prepared.*

Annex G10

**Queen of Sheba Safe-motherhood Project
Client Satisfaction Questionnaire (community)**

District:

Date:

Clinic:

Name of client:

1. How would you rate the quality of interaction between you and the field worker ?

Excellent (4) Fair (2) Poor (0) ()

2. How satisfied are you with the level of information that was disseminated about the provided services during the identification period?

Very satisfied (4) To an extent (2) Dissatisfied (0) ()

3. How would you rate the quality of the process of enrolment?

Excellent (4) Fair (2) Poor (0) ()

4. How would you rate the waiting time until you received your ID?

Excellent (4) Fair (2) Poor (0) ()

5. How satisfied are you with the content of the health education sessions?

Very satisfied (4) To an extent (2) Dissatisfied (0) ()

6. Are you satisfied with the level of interaction between you and health educator ?

Very satisfied (4) To an extent (2) Dissatisfied (0) ()

7. To what extent has the health education information you received at the community level met your needs?

All (4) Not all (2) None (0) ()

The overall score of the satisfaction index is from 28 – 0 where 28 is the highest score of satisfaction and 0 the least. Clients are to be categorized as satisfied if satisfaction index is 22 and above i.e. about 80% satisfaction.

- *Data will be collected using the survey questionnaire using household and or client exit interviews .*
- *Data will be collected over a one week period from to every quarter.*
- *Clients should give their consent prior to being interviewed (written or verbal). Thus a consent form should be prepared.*

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