GFR 2193 - HEALTHY MOTHER PROJECT

Team Leader: 00000188682 - Mr Alaa Mahmoud Hamed Abdel-Hamid

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This GFR includes the following sections: Attachments, Basic Data - TTL Comment, Basic Data Info, Components, Disbursement, GFR History, Outcome, Processing, Project Information, Allowed Expenses, Confirmation, Description, Email History, Financing, Program Specific, Sector/Theme.
DESCRIPTION

1. What is the Development Objective (or main objective) of this Grant?
   The Development Objective is to provide access and quality maternal health care to poor women in targeted districts in rural Sana’a Governorate. This is a four-year community-based pilot project.

2. Summary description of Grant financed activities
   Component 1. Beneficiaries Enrollment & Community Outreach:
   This component will support: (i) a baseline study for community assessment of the targeted districts in rural Sana’a; (ii) enrolment services through community outreach activities to identify eligible beneficiaries; and (iii) carry out education and public awareness campaigns to promote quality maternal and child health.

   Component 2. Service Delivery:
   This component will support the provision of defined quality services of Mother-Baby Package to women of reproductive age as defined by the World Health Organization (WHO) through contracting service providers. Services provided to eligible women of reproductive age in rural Sana’a, Yemen will include: antenatal care, attended childbirth, postnatal care, complicated care services and family planning.

   Component 3. Capacity Development, Monitoring, Verification, and Audit:
   This component will support the capacity building of SOUL and service providers in the area of independent monitoring of the project targets and verification of its results. It will also support accreditation and verification activities, annual external independent financial audit, and project management activities.

3. (Optional question) What can/has been done to find an alternative source of financing, i.e. instead of a Bank administered Grant?

4. What are the main risks related to the Grant financed activity? Are there any potential conflicts of interest for the Bank? How will these risks/conflicts be monitored and managed?
   The team does not foresee any potential conflicts of interest for the Bank. Moderate risks are expected in the area of: (i) the implementing agency’s capacity constraints to implement grant activities, and (ii) procurement and financial management. These risks will be mitigated by: (i) providing sufficient capacity building resources through Component 3 capacity building activities; and (ii) providing high level of procurement and financial management supervision. In addition, an Independent Verification Expert will be recruited. Various financial reports will be required: interim unaudited financial report, unaudited semi-annual financial report, and annual audit. This will be complemented by verification of an Independent Verification Expert for outputs-based disbursements.

   The project will address possible elite capture of benefit by contracting local NGOs in the target districts to identify and enroll beneficiaries selected based on given criteria. The target communities including beneficiaries will be sufficiently empowered through community outreach campaigns and education programs. A sequential and conditional disbursement of funds upon verification of results by an independent expert will ensure that the beneficiaries are benefiting from quality maternal health services.

   Activity Risk Rating: Modest Risk
5. Describe any significant environmental or safeguard issues related to this Grant and how they will be addressed? To what extent are these issues covered in the ISDS for the project supported by the Grant?

The Grant activities do not involve any physical structure, land acquisition, resettlement and environmental impacts.

**OUTCOME**

**Description of Grant Outcome Indicators**

Grant Specific Indicators Used

<table>
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<tr>
<th>% of targeted women who are enrolled</th>
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<tr>
<td>Baseline Value : 0</td>
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<tr>
<td>Date : 02/01/2009</td>
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<tr>
<td>Target Value : 70% or higher % of targeted women are enrolled</td>
</tr>
<tr>
<td>Date : 06/30/2013</td>
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<table>
<thead>
<tr>
<th>% of births assisted by skilled attendants</th>
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<tbody>
<tr>
<td>Baseline Value : Not available. National average was 27% in 2002. Target beneficiaries are expected to have not higher than 27% birth assisted by skilled attendants.</td>
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<tr>
<td>Date : 02/01/2009</td>
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<tr>
<td>Target Value : 50% or higher % of births assisted by skilled attendants</td>
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<tr>
<td>Date : 06/30/2013</td>
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<table>
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<tr>
<th>% of women that complete basic antenatal care visits (4 visits)</th>
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<tr>
<td>Baseline Value : Not available. 4 visits are standard/recommended.</td>
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<tr>
<td>Date : 02/01/2009</td>
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<tr>
<td>Target Value : 50% or higher % of women that complete basic antenatal care visits (4 visits)</td>
</tr>
<tr>
<td>Date : 06/30/2013</td>
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<table>
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<tr>
<th>% of women that complete basic postnatal care visits (1 visit)</th>
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<tr>
<td>Baseline Value : Not available. 1 visit is standard/recommended.</td>
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<tr>
<td>Date : 02/01/2009</td>
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<tr>
<td>Target Value : 40% or higher % of women that complete basic postnatal care visits (1 visit)</td>
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<tr>
<td>Date : 06/30/2013</td>
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<th>Rate of satisfaction as measured by periodic client surveys</th>
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<tr>
<td>Baseline Value : N/A</td>
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<tr>
<td>Date : 02/01/2009</td>
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<tr>
<td>Target Value : 60% or higher rate of satisfaction as measured by periodic client surveys</td>
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<td>Date : 06/30/2013</td>
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**COMPONENTS/OUTPUTS**

**Description of Components / Outputs**

Component / Output 1 : 1. Beneficiaries Enrollment & Community Outreach
The objective of this component is to support the enrolment services of poor women of reproductive health age who lack access to maternal health services to receive a defined quality service of Mother-Baby Package in two to three districts in rural Sana'a governorate. The target beneficiaries are poor or marginalized (Akhdam) pregnant women in the first trimester in reproductive age (15-49 years): (i) with a household daily income of no more than US$8 per household per day; (ii) who live in the selected project districts in rural Sana'a governorate; and (iii) who lack access to quality maternal health services.

Only enrolled women who accepted to participate in this project will receive the defined services. The activities under this component include the following:

(a) preparing a baseline study for community assessment of the targeted districts in rural Sana'a; (b) conducting a community outreach for the identification, evaluation and documentation of eligible beneficiaries including establishing, managing and making available a database of such eligible beneficiaries, and building capacity to support the implementation of the project and the community outreach activity; and (c) conducting education and public awareness campaigns to promote quality maternal care throughout the project in targeted districts in rural Sana'a. The educational campaigns will cover four related maternal and child health topics. Suggested topics include: (i) safe motherhood practices, (ii) nutrition including breast feeding, (iii) family planning, and (iv) newborn care.

SOUL will act as a mother NGO that will contract out a number of local NGOs based in the target districts to enroll beneficiaries and to expand outreach services.

This component will finance the above activities against invoices verified by an Independent Verification Expert (IVE) toward quarterly performance indicators and performance bands as follows:

PERFORMANCE INDICATOR ACHIEVEMENTS

Performance Indicator 1: % of total women targeted per quarter who are enrolled under the project
Quarterly Threshold Target: not lower than 75%

Performance Indicator 2: % of total women targeted reached by the interpersonal communication
Quarterly Threshold Target: not lower than 75%

Performance Indicator 3: % of enrolled women who deliver in the providers clinics
Quarterly Threshold Target: not lower than 50%

Performance Indicator 4: Records of enrolled women at SOUL are consistent with records at the providers clinics
Quarterly Threshold Target: 100%

PERFORMANCE BANDS

Number of Quarterly Targets: At least 3 of 4 targets
Percentage of Payment Received: 100%  
(Indicator 1 must be met for any payment to be paid at all)

Number of Quarterly Targets: At least 2 of 4 targets
Percentage of Payment Received: 75%  
(Indicator 1 must be met for any payment to be paid at all)
Less than 2 targets
No payment

Planned Output/ Deliverables: Baseline study for community assessment; Documentation of eligible beneficiaries and capacity to support the implementation built; 12,000 eligible women enrolled; and Education and public awareness

Estimated Value: 360,000.00 USD
Start/End Date: 07/01/2009 to 06/30/2013

Component / Output 2: 2. Service Delivery
Description: The objective of this component is to provide maternal health services as per the defined safe motherhood package. The package will include: antenatal care, attended childbirth, postnatal care, complicated care services and family planning. Invoices for services rendered and the verification of performance indicators will trigger reimbursements to service providers (6-8 providers) contracted by SOUL on an output basis. Outputs will be measured quarterly through specific performance indicators and service volume targets. An Independent Verification Expert (IVE) will verify these figures and will issue reports that will trigger disbursements. The service providers will be reimbursed quarterly through SOUL in proportion to the costs of services invoiced verified against the performance indicators and bands mentioned below.

PERFORMANCE INDICATORS ACHIEVEMENTS

CLINICAL

Performance Indicator 1: % of births assisted by skilled attendants
Description: Amongst enrolled women, % of births assisted by skilled attendants at clinics or homes (cumulative).
Quarterly Threshold Target: not lower than 80%

Performance Indicator 2: % of women with potential or acute obstetric complication received care at the referral level
Description: Amongst enrolled women, % of women with complicated cases received care at the referral level (cumulative).
Quarterly Threshold Target: 5-15%

PATIENT VOLUME AND UTILIZATION

Performance Indicator 3: % of women that complete basic antenatal care visits
Description: % of enrolled women that completed at least four regular antenatal care visits during pregnancy (cumulative).
Quarterly Threshold Target: not lower than 75%

Performance Indicator 4: % of women that complete basic postnatal care visits
Description: % of enrolled women that receive at least one postnatal home visit within 10 days from delivery.
Quarterly Threshold Target: not lower than 75%

CLIENT SATISFACTION

Performance Indicator 5: Client satisfaction
Description: Rate of satisfaction as measured by periodic client surveys.
Quarterly Threshold Target: not lower than 75%

PERFORMANCE BANDS

Number of Quarterly Targets Met: At least 4 of 5 targets
Percentage of Payment Received: 100%
(Clinic Indicators 1, 3 and 4 must be met for any payment to be paid at all.)

Number of Quarterly Targets Met: 3 of 5 targets
Percentage of Payment Received: 75%
(Clinic Indicators 1, 3 and 4 must be met for any payment to be paid at all.)

Number of Quarterly Targets Met: Less than three targets
Percentage of Payment Received: No Payment

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) must be met at all times in order for any payment to be paid.

Planned Output/ Deliverables: 12,000 mother-baby service packages provided to enrolled women.
Estimated Value: 1,980,000.00 USD
Start/End Date: 01/01/2010 to 06/30/2013

Component / Output 3: Capacity Development, Monitoring, Verification, and Audit
Description: The objective of this component is to build the capacity of SOUL and service providers in the area of independent monitoring of the project targets and verification of its results. Independent verification will be the basis for performance-based disbursement for SOUL and service providers, and will be carried out by an Independent Verification Expert (IVE).

Specifically, this component will build the capacity in the following areas: (i) verification of outputs and its management for future projects and scaling up activities; (ii) establishing post payment mechanisms for enrolled beneficiaries to enhance the project sustainability; (iii) identification and enrolment schemes of poor beneficiaries; and (iv) contracting service providers. In addition, the component will finance an accreditation expert to certify the quality of service providers and an Independent Verification Expert (IVE). It will also support activities related to conducting annual external independent financial audits for the project, developing a project operations manual, and project management support for SOUL.

Planned Output/ Deliverables: Capacity of SOUL and service providers developed; Accreditation expert certifying the
Deliverables: quality of service providers; IVE recruited and conducting independent verification; Annual financial audit

Estimated Value: 510,000.00 USD
Start/End Date: 07/01/2009 to 06/30/2013

JSDF

Resubmission: No
Fiscal Year: 09
Round: 27
JSDF Grant Type: Project

Is the Implementing Agency a Government entity? #(in case of joint implementation by government and NGO(s), please provide details on the legal status of each agency under Grant Implementation Arrangements below): No

Administrator: International Development Association

Does this grant proposal qualify for the special allocation for Africa?: No

1. Was a JSDF Seed Fund used to prepare this grant? If so, please indicate the TF number.
   No.

2. Justification for Incremental Bank Costs - Under exceptional circumstances, if additional resources are needed, incremental Bank costs can be requested up to 9% of the grant amount.

   Given the technical complexity of the project and design, and the innovative nature of the project, additional resources beyond the supervision budget for the project would be needed to cover fees and travel cost of a number of consultants that will join the Bank supervision team in the field of performance-based disbursements, post-payment schemes, contracting of providers, maternal health, and monitoring and evaluation.

3. Rationale and Participatory Approach - Briefly present (a) the origin and rationale for the proposal;

   Yemen's population of 20.9 million is predominantly rural (73 per cent), with GNI estimated at US$600 per capita (July 2005) and about 42% of people living in poverty (per 1998 Household Survey estimates) with limited access to basic health services. Yemen ranked 151st out of 177 countries on the 2005 UNDP Human Development Index. 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).
Yemen has a pluralistic fragmented healthcare system with several different public and private providers and financing agents. The number of quality health service providers (either public or private) in Yemen is very limited. The facilities are generally substandard and characterized by lack of capacity, equipment and supplies. This problem is compounded by a scarcity in the number of physicians and other medical professionals and the poor quality and standards of medical training in the country. Amongst those Yemenis that can afford to, many travel abroad for private treatment.

In the poorest communities in Yemen, poor access to quality services, lack of confidence in the healthcare providers and lack of affordability of care are contributory factors to the high maternal mortality ratio and key barriers to safe maternal care and services. There are also certain cultural specificities in health seeking behavior - these include the state of pregnancy not being viewed as requiring any medical attention, the choice to seek medical care is often made by the husband or mother-in-law, the lack of female doctors and a distrust of the providers that are exacerbating factors. As a result, amongst poorer communities it is not uncommon to find women not seeking any medical care during pregnancy and delivering at home.

SOUL, a national NGO working in Sanaa Governorate at community level, has identified, through rapid participatory approach (RPA) instrument, the demand of poor pregnant women to quality maternal health services as one of the highest priorities that need to be addressed, and has defined the barriers to access of these women to these services.

The proposed project will seek to address some of these barriers by providing defined quality maternal services including working with the targeted communities to increase utilization of these services and ensuring birth attendance by skilled birth attendants amongst the targeted communities.

4. Rationale and Participatory Approach - (b) participatory activities which led to the proposal concept;

In addition to surveys and focus group discussions in target districts with potential beneficiaries, a number of meetings were held between SOUL and a selected group of interested service providers that were attended by the Bank during a field visit conducted by the Bank. These meetings started in August 2008 and continued in October 2008. In these meetings the Bank discussed the results of the situation analysis of maternal health in Sana'a, the barriers to access quality maternal health services, the plan to pilot the model in rural areas, and the resources required. A workshop was held to explore willingness of service providers to participate in the project, and to be paid based on performance to ensure their commitment to the objectives of the project.

5. Rationale and Participatory Approach - (c) its innovative features in responding rapidly to the needs of the poor and vulnerable groups;

Three features were defined: (i) provision of quality maternal health services through contracting service providers for public health services in rural settings; (ii) piloting innovative performance-based disbursements to pay service providers for maternal health services based on performance indicators and volume targets monitored by an Independent Verification Expert (IVE).; and (iii) piloting a post payment scheme that enables enrolled beneficiaries to pay the cost of service provision on installments based on affordability and seasonality for project sustainability.

6. Rationale and Participatory Approach - (d) describe the intended beneficiaries and provide an estimated number of beneficiaries and cost per beneficiary.

The target beneficiaries are poor or marginalized (Akhdam) pregnant women in the first trimester in reproductive age (15-49 years): (i) with a household daily income of no more than US$8 per household per day; (ii) who live in the selected project districts in rural Sana'a governorate; and (iii) who lack access to quality maternal health services. As a result, utilization of these services would be expected to increase and would contribute to reduction of maternal and child mortalities (due to decrease of neonatal mortalities) related to MDGs 4 & 5.

The project intends to target 12,000 women (around 3,000 women per year) with an average cost of US$165.00 per beneficiary for service provision (estimated to US$75.00 for normal delivery and US$640.00 for caeseran sections) and...
an average cost of US$30.00 per beneficiary for enrolment, promotion, and community outreach. This cost includes SOUL’s operating cost.

Enrollment Target by Years
Year 1: 1500
Year 2: 3500
Year 3: 4500
Year 4: 2500
Total: 12,000

Mother-baby Service Package Delivery Projection by Year
Year 1: 500
Year 2: 2500
Year 3: 4500
Year 4: 4500
Total: 12,000

7. Sustainability - Indicate the mechanism for sustainability of the proposed activities after the completion of the grant. This should include a description of the exit strategy and mechanism for long-term sustainability with specific measures and cost.

The project will pilot a rural model, which is critically important as most of Yemen is rural. The successful implementation of this model will provide a sound design for results-based financing and lessons learned for scale-up and replication to be adopted by the Government of Yemen as well as to attract other bilateral/multilateral donors to ensure sustainability. This project would also provide models for contracting and payment mechanisms for public and private providers that could be further scaled up by the new IDA project (Health and Population Project) that aims to provide quality services in rural Sana’a and Aden governorates. The lessons learned will be disseminated through a national workshop inviting all stakeholders.

Furthermore, SOUL will establish a Sustainability Fund that aims to recover the cost of the services provided to the beneficiaries based on a post payment scheme that enables enrolled beneficiaries to pay the cost of service provision on installments based on affordability and seasonality. These installments will feed into the Sustainability Fund. In addition, SOUL will seek donations from those in a somewhat better financial situation to cover the cost of those who cannot afford to pay or partially pay identified by the community. It is customary in Islamic countries that better off people are obliged to pay a percentage of their income to the poor as part of the social protection mechanism in Islamic religion. Part of this is devoted to cover the cost of health services of the poor. Oversight will be provided to the Sustainability Fund by a Board of Directors which consists of community leaders, members of local council and selected experts in the field. Experience from the ongoing Yemen Safe Motherhood Project currently implementing an urban model based on the provision of subsidies to cover the cost of maternal health services showed that this is not sustainable and recommendation was provided to pilot the establishment of post payment mechanism for sustainability.

8. Country/Sector Background - Provide any specific information related to country and sector strategies which may support this proposal.

Yemen is a country with a diverse geographical topography, ranging from high mountainous regions to coastal terrains or deserts. Based on 2007 population data, it has a population of 23.6 million inhabiting approximately 136,000 settlements over an area of around 500,000 square kilometers. Poverty is a nation-wide phenomenon with an estimated 42 percent of the population of 19.2 million (in 2004) living in poverty with a higher concentration in rural areas (where 73 percent of Yemenis live). Yemen is facing a number of key challenges that affect its development. Those most prominent and population-related are: (i) high and stagnated maternal, infant, and child mortality; (ii) high child malnutrition prevalence; (iii) rapid population growth; and (iv) high prevalence of Malaria and Schistosomiasis.
The project would respond to the second pillar of the Country Assistance Strategy - Improving Human Development through More Efficient Service Delivery and Improved Safety Nets. The project directly supports one of the results supporting the second pillar which is - Improving Access and Quality of Health.

The Grant would complement the Health and Population Project (P094755) which is planned to be presented to the Board on March 31, 2010. The objective of the proposed project is to improve access to and utilization of a package of maternal, neonatal, and child health (MNCH) services in selected regions in Yemen by 2015. The project will (i) support priority national interventions aimed at accelerating the achievement of MDGs 4 and 5, (ii) contribute to strategic development of health workforce to manage and deliver MNCH services, and (iii) upgrade models for delivery of a core package of MNCH services, with improved coordination and integration of these services at governorate level.

9. Rationale for Grant Funding versus Bank Lending - Briefly describe why the proposed JSDF activities could not be financed under the Bank-financed operation or by other sources.

The JSDF Grant will pilot an innovative approach to contract service providers for the provision of public health services based on their performance. Payments are made based on achievement of agreed upon outputs and performance indicators. This is a new approach in Yemen where inputs based expenditures through public providers is the norm. The Bank’s new project, Health & Population (HPP), will focus on health systems strengthening and availing public infrastructure for quality health services through the MOPHP. At this stage, the MOPHP is reluctant to apply the proposed approach under the HPP without evidence of the success of the proposed model for contracting providers based on performance. The JSDF grant will allow piloting such an approach that could be scaled up under the HPP.

10. Grant Implementation Arrangements - Grant Recipient

SOUL for the Development of Women and Children

11. Grant Implementation Arrangements - Name and Address of Implementing Agency

SOUL for the Development of Women and Children
New University Area - AL-Horia Street, Sana’a,
Republic of Yemen
Fax: +967 1 227918
Email: soul-yemen@y.net.ye

12. Grant Implementation Arrangements - Please provide the rationale for the selection of the implementing agency

SOUL was selected because it is a credible national NGO that has capacity in terms of qualified staff and accumulated experience through implementation of a number of successful community driven development projects including preventive health care and awareness. SOUL has commissioned a constitution to guide its direction, as well as a complete manual of operation which assists in governing daily execution of business. SOUL assesses societal needs and develops project proposals accordingly. They have an adequate financial management system and qualified financial officers although their experience in output-based disbursement is limited. However, sufficient technical assistance will be provided in this area. They have managed a number of development partners’ projects including the Bank's Queen of Sheba Safe Motherhood Project (Global Partnership on Output-based Aid). The same financial system will be used and it meets the Bank's requirements. They also offer technical assistance, research/analysis, educational training/ workshops and complete or partial project implementation in support of other organizations with similar missions.

13. Grant Implementation Arrangements - Briefly describe the organization's mission, country/sector experience, program of activities, sources of financing, and evidence of financial management capacity to assure appropriate...
use of JSDF funds.

SOUL for the Development of Women and Children is a non-profit, non-governmental Yemeni organization established in February 1997 which is licensed and operating in the Republic of Yemen. Its mission is to achieve a higher quality of life for Yemeni women and children. It is committed to raise the quality of life of Yemeni women and children through the implementation of development projects and creating partnerships with civil society, government, private sector, and international organizations focusing on sustainability and cost effectiveness.

SOUL intends to fulfill its mission by enhancing the quality and quantity of services within the health, education and social-development fields. Their general sector goals are: (i) command a leading role in the development work in Yemen and the world; (ii) assess societal needs and develop projects and proposals accordingly; (iii) advocate and promote the rights of women and children in each sector; (iv) assess current status of each sector by obtaining accurate statistics through quantitative and qualitative research and analysis; and (v) promote and cooperate with Community Based Organizations.

SOUL has 6 technical staff who are mainly project coordinators, 14 admin staff which include accountants, secretarial, HR and the other support staff in headquarters. It also has about 40 long-term program staff. The staff are specialized in community health, Early Childhood Development (ECD), pharmaceuticals, medicine, IT, linguistics, law, accounting and management. SOUL’s service has been covering all governorates. Currently it has ongoing projects in Sana’a, Aden, Hadramout, Hajaa and also working with local NGOs in Taiz, Marib, Hodidah, Ibb and Aden. To date SOUL has worked with 40 local NGOs and is currently working with 24 local NGOs.

SOUL’s sectoral focus areas are as follows:

HEALTH
Provide quality primary health care services through improving the quantity and quality of healthcare services and facilities for women and children.
Participate in reducing the mortality and morbidity rates among mothers and children.
Participate in reducing the fertility rate.
Participate in reducing behavioral and environmental health risks.
Promote the well being of women and elderly women with disabilities or debilitating disease.

EDUCATION
Promote and improve educational services for women and children.
Participate in increasing enrolment rates and decreasing dropout rates.
Support higher education enrolment rates among women.
Promote feasible literacy and vocational training programs for women.

SOCIAL DEVELOPMENT
Promote women's participation in civil society institutions and in the decision-making process.
Improve social status of women.
Sensitize incorrect social stigmas/concepts about women.
Reduce poverty amongst women and children.
Promote programs to assist street children and orphans.
Promote programs, which help to eradicate socially deviant behavior.
Promote Community Based Rehabilitation programs.

SOUL’s track record positions it among the leading national NGOs in Yemen through the successful implementation of a number of projects. Among these projects are Child Rearing Practices, Community Based Integrated Development, Promoting Girls Education Project, Hot-Line Services, Nutrition Outreach & Health Education Project, Public Health Education Campaign, Rational use of Prescription Drugs, From Child to Child, AIDS Health Education, Traditional Midwives Training, Unlimited Potential Program, Women in Technology Yemen Program, Back to School Project, Khamer Education and Cultural Center for Women, Improving School Management Training Project, Environmental
Health in Schools, Poverty Reduction through Micro-credit, Protection of Street Children, NGOs Capacity Building Project, Japan-Clothing Donation Project. In addition, SOUL has conducted a number of assessments, evaluations, baseline surveys, Knowledge, Attitude and Practices studies (KAPs), Rapid Participatory Appraisals (RPAs), researches for different organizations, and training and development of training curricula and manuals.


14. Grant Implementation Arrangements - If the grant will be implemented by more than one entity, briefly describe the responsibilities of each implementing agency.

The Grant will be implemented by SOUL for the Development of Women and Children. However, it will act as a mother NGO and contract a number of local NGOs based in the target districts to enroll beneficiaries and to expand outreach services.

15. Grant Implementation Arrangements - Other institutions (if any) involved in grant implementation. If sub-grants are a component, describe how they will be managed.

Not applicable.

16. Consultation with Other Development Partners - Describe consultations with Japanese embassy, JICA, as well as other MDBs (e.g., ADB, IDB, AfDB, EBRD) in the design of grant activities (indicate names of officials contacted at Japanese embassy and dates).

During a field visit which took place on October 11-31, 2008, a mission from the World Bank visited the Embassy of Japan and consulted on the rationale of the grant proposal and its objectives, the activities proposed under the grant, and monitoring of its implementation. The mission met with the Third Secretary of the Embassy and received his support on the grant proposal. His contact information is:

Hiroki Haruta
Third Secretary
Embassy of Japan
P.O. Box 817
Sana'a - Republic of Yemen

17. Consultation with Other Development Partners - Explain the division of labor among the various partners in order to avoid overlap between programs.

Not applicable.

18. Financial Arrangements (Should be filled out in consultation with FM Specialist) - Are interim unaudited financial reports required? If yes, indicate frequency. Note: These reports should normally be used to support disbursement.

On a quarterly basis, Interim Financial Reports (IFRs) are required to be issued to IDA within 45 days from the end of the quarter. The IFR will show receipts by source and disbursements by category and by activity, DA Bank Statement Reconciliation, Statement of withdrawals made on the basis of SOEs, and cash forecast for the next two quarters.

19. Financial Arrangements (Should be filled out in consultation with FM Specialist) - Describe the audit
requirements.

- Separate accounting system will be maintained to account for the funds receipts and disbursements of this Grant.
- Financial Reporting will be done separately on a quarterly (Un-audited IFRs) and on an annual basis (Audited Financial Statements). The quarterly IFRs are due within 45 days from the end of the quarter and the Annual Audited Financial Statements are due within 6 months of year-end.
- Annual audits of the Grant will be conducted by independent private auditors. The external audit report should encompass all activities under the grant agreement and should be conducted in accordance with and according to International Standards on Auditing. The report should be accompanied by management comments letter issued by the auditor on observations noted on the Agency's internal control procedures.

20. Disbursement Arrangements (Should be filled out in consultation with the Finance Officer) - Will advances to a Designated (e.g., Special) Account be required?

Yes.

21. Disbursement Arrangements - What is the proposed ceiling for advances? (This can be a specific amount or a period if interim unaudited financial reports are used to support disbursement).

US$100,000 in a segregated designated account at a bank acceptable to IDA.

22. Disbursement Arrangements - If a Designated Account will not be used, specify how disbursements will be made (e.g., direct payments, reimbursement for prefinanced expenditures).

N/A

23. Disbursement Arrangements - Specify the type of documentation that will be provided to support disbursements, e.g., interim unaudited financial report, SOE, or copies of records (e.g., actual invoices).

Statements of expenditure for all contracts below US$20,000 and for all training and operating costs. SOEs will be supported by the IVEs certificate on expenditures reported for Component/Output 1 Beneficiaries Enrollment & Community Outreach, and Component/Output 2. Service Delivery.

24. Additional Obligations - Covenants drafted by the lawyer can be inserted in this space when, exceptionally, any additional obligations of the Recipient need to be specified.

N/A

25. SDV Technical Reviewer: Please comment on the proposal as per the JSDF Specific Instructions. TTL: Please indicate, in capital letters, where in the proposal the comment has been reflected. Please provide tab and field references.

This is a highly commendable initiative. As we know women in Yemen are in a vulnerable situation; and health indicators are quite low compared other countries in the region. People also reside in remote areas; away from services. So health service at the household level is a major challenge.

This initiative will be implemented by a single NGO - SOUL. I see several risks for this initiative

1. What is the capacity and reach of SOUL. There is not description of its capacity; staffing; outreach etc; no assessment. Has there been any assessment/evaluation of NGO sector in Yemen? Any evaluation of SOUL? It would have been better if assessments of SOUL and other NGOs were incorporated in the project document. Lack of capacity of SOUL was described as M; which means sufficient capacity building effort has to be included.

TEAM COMMENTS ON COMMENT #1: THE PROJECT BY REQUIREMENTS OF TECHICAL DESIGN WILL NEED ONE UMBRELLA COMPETENT NGO TO MANAGE THE SOLIDARITY FUND; ESTABLISH PAYMENT SCHEMES; AND MANAGE A NETWORK OF
LOCAL NGOS. MORE INFORMATION ABOUT SOUL’S CAPACITY IS ADDED UNDER THE RELEVANT SECTION.

IN ADDITION; SOUL IS ALREADY IMPLEMENTING AN ONGOING BANK FINANCED PROJECT; QUEEN SHEBA SAFE MOTHERHOOD PROJECT (USD 6.2 MILLION); WHICH; IS PILOTING CONTRACTING SERVICE PROVISION OF MATERNAL HEALTH SERVICES IN URBAN AREAS. SOUL HAS CONTINUOUSLY ATTRACTED DEVELOPMENT PARTNERS SUCH AS THE BANK; UNICEF; EU; AND OTHERS LISTED ABOVE TO IMPLEMENTING A SUBSTANTIAL NUMBER OF INITIATIVES BECAUSE OF THE CREDIBILITY OF THE ORGANIZATION TO IMPLEMENT PROJECTS SERVING WOMEN AND CHILDREN. SOUL IS A WELL KNOWN NATIONAL UMBRELLA NGO IN YEMEN THAT HAS A NETWORK OF LOCAL NGOS THAT SOUL IS PARTNERING WITH TO PROVIDE OUTREACH OF THEIR SERVICES. SOUL’S CAPACITY WAS ASSESSED UNDER THAT PROJECT AND WAS FOUND ACCEPTABLE TO IMPLEMENT THE PROPOSED PROJECT.

AN ‘M’ RISK WAS PROVIDED NOT DUE TO LACK OF CAPACITY; BUT DUE TO THE INNOVATIVE NATURE OF THE PROJECT IN TERMS OF PILOTING CONTRACTING PROVIDERS AND ESTABLISHING PREPAYMENT/ POSTPAYMENT MECHANISMS. THIS RISK IS MITIGATED BY PLANNING CAPACITY DEVELOPMENT ACTIVITIES.

2. Since sufficient resources will be invested on capacity building for SOUL; which is only one NGO. Perhaps it would have been better to have a few more competent NGOs from different parts of the country to get capacity building support; so that outreach of this activity can be much higher. The project can have a component; where SOUL will provide capacity building for other NGOs and help them provide service to needy areas.

TEAM COMMENTS ON #2: THIS COMMENT BUILDS ON THE PREVIOUS RESPONSE. CAPACITY DEVELOPMENT ACTIVITIES FOR SOUL ARE PLANNED FOR ACTIVITIES THAT BY THEIR TECHNICAL AND ORGANIZATIONAL NATURE NEED TO BE PROVIDED BY ONE UMBRELLA OR MOTHER NGO INCLUDING CONTRACTING MECHANISMS; DESIGN OF PREPAYMENT/POSTPAYMENT SCHEMES; AND VERIFICATION TO MANAGE THE IVE FOR THIS PILOT. THOSE ACTIVITIES THAT ARE RELATED TO ENROLMENT AND IDENTIFICATION OF BENEFICIARIES WILL BE FIRST PROVIDED TO SOUL WHICH LATER WOULD DEVELOP THE CAPACITY OF ITS NETWORK OF LOCAL NGOS.

3. Ambitious target: The project targeted 12; 000 women and M&E indicate that at the end of the project 80% of them will be have delivery by skilled birth attendants. In Yemen; currently only 1% of women have delivery by skilled attendant. So seems like a difficult indicator to achieve. Similarly; indicators of pre- and post-natal care visits are very high. I would suggest the task team make more practical outcome indicators.

TEAM COMMENTS #3: IN 2003; SKILLED ATTENDED DELIVERY IN YEMEN WAS 22 PERCENT. WE AGREE THAT IN A COMMUNITY BASED SURVEY IN TARGET DISTRICTS TARGETS OF 80 PERCENT WOULD NOT BE PRACTICAL AND MIGHT NOT INCREASE DRAMATICALLY. IN RESPONSE; WE HAVE LOWERED THE PROJECT OVERALL TARGETS TO LOWER LEVELS. HOWEVER; WE MAINTAINED THOSE LEVELS FOR PERFORMANCE TARGETS THAT ARE USED TO PAY SERVICE PROVIDERS. THE PERFORMANCE TARGETS ADDRESS A SUBSET OF A GROUP OF WOMEN WHO WILL BE PARTICIPATING IN THE PROJECT AMONG A BROADER GROUP OF WOMEN IN REPRODUCTIVE AGE LIVING IN THE PROJECT TARGET AREAS TO RECEIVE SKILLED ATTENDED DELIVERY AND TO CONTRIBUTE THROUGH A PREPAYMENT SCHEME TO PAY FOR THESE SERVICES. THUS; THIS WOULD PRESENT A FACILITY BASED GROUP (NOT A HOUSEHOLD) THAT WON’T PROVIDE A TRUE REPRESENTATION OF A COMMUNITY BASED STATUS AND ACCORDINGLY SHOULD BE EXPECTED TO BE MUCH HIGHER. THE TARGET GROUP OF 12; 000 WOMEN WILL BE ACHIEVED ON FOUR YEARS OF IMPLEMENTATION REACHING AROUND 3000 WOMEN PER YEAR.

4. Data on other human development: The project would benefit from more information on education and literacy of women in Yemen. Studies indicate that education of the mother is the key factor driving health-seeking behavior and impact on infant; child and maternal mortality rates. Also these data can be divided by regions and urban-rural; so that the initiative can be better targeted.

TEAM COMMENTS #4: A SOCIO-ECONOMIC BASELINE IS PLANNED TO BE CONDUCTED AT THE EARLY STAGE OF THE PROJECT WHICH WILL MEASURE THE STATUS OF EDUCATION AND LITERACY OF WOMEN IN THE TARGET DISTRICT AREAS. THIS WILL BE USED AMONG THE CRITERIA FOR ENROLMENT TO TARGET BENEFICIARIES AND WILL BE REFLECTED IN THE PROJECT OPERATIONS MANUAL.
26. Directions for TTLs: Please provide the name and area of specialization of the SDV Technical Reviewer.

Name of SDV Reviewer: Nilufar Ahmad
Specialization: Social Development

27. Thematic Technical Reviewer: Please comment on the proposal as per the JSDF Specific Instructions. TTL: Please indicate, in capital letters, where in the proposal the comment has been reflected. Please provide tab and field references.

This is an excellent proposal based on some previous regional work. I had a number of questions on the proposal which I discussed with the team. The issues were adequately answered.

1- I was concerned that one IVE is enough. This is a pilot project to learn from. The target population is small (12,000 women; i.e. 3000 women per year). Only 6-8 providers (clinics) are expected to be contracted. The project is expected to be implemented in only two districts; so should not be an issue.

2- I was concerned about provider understanding about indicators. However; discussions have already been done with providers and they understand the performance indicators. They are easy to track and understand. A Facility Accréditor; for fees; will ensure that the knowledge of providers about quality and performance indicators will be known and measured against. The concept has been applied in Egypt before.

3- A questionnaire was already developed for client satisfaction. Probably; this survey will measure perceptions about service quality. Not sure how useful it will be; but clinical quality will be measured by the Facility Accréditor and appears to be adequate.

4- I was concerned about measures of affordability and seasonality. Patient and community payments are requested to enhance the sustainability of the project. This payment scheme will be designed to allow patients to start paying either before receiving the services or after. This will be a community based scheme that will be run by the implementing agency; SOUL. Affordability will determine the amount of installment and the time period required to pay. In that sense; the payment from the project (grant) will be recovered in a manner that the client/ community could pay it back in principles similar to repayments to micro-credit. Given the credibility of the organization; they already receive donations that are being allocated to cover the cost of services of the poor. These will be channeled to the Sustainability Fund. A similar approach has been applied in Egypt under a Social Fund project and the communities proved to better organize similar funds especially when the services covered does not include insurable events with low risk. In addition; the solidarity in Yemen is very high given the structure of these communities.

5- Provider payment is new in Yemen. It has not been implemented yet. It would be important to pilot that in the context of Yemen. The prices should be market based and competitive which would attract providers to contract services and renew their contracts. The team might consider blending performance indicators and utilization patterns to mitigate risk against gaming or fraud. The team can go deeper into exploring that when the project begins.

THE TEAM CONFIRMS THIS HAS BEEN TAKEN CARE OF IN COMPONENT 3.

28. Directions for TTLs: Please provide the name and area of specialization of the Thematic Technical Reviewer.

Name of Thematic Technical Reviewer: John C. Langenbrunner
Specialization: Health Economics/HNP

**DISBURSEMENTS**
World Bank - Grant Funding Request (GFR)

Ref.           :   2193 Status :    Approved
Printed on : 11/10/2011

Date From   Date To   Amount in USD   Amount in USD
Date From   Date To   Amount in USD   Amount in USD

ALLOWED EXPENSES

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RELATED PROJECT INFORMATION

Basic Project Information

Project Definition          P116110
Project Description         RY Healthy Motherhood JSDF
Project Type                RE-Recipient Executed Activities
Region/Cty                  RY-Yemen, Republic of
Status                      Lending
Company code                IBRD
Team Leader                 00260281 - Mr Alaa Mahmoud Hamed Abdel-Hamid

Project Description

The Development Objective is to provide access and quality maternal health care to poor women in targeted districts in rural Sana’a Governorate. This is a four-year community-based pilot project.

grant agreement will be signed/countersigned.

fully funded from JSDF.

Project Milestones

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### Total Cost

- **Total Cost**: 3,000,000.00
- **Finance**: 3,000,000.00
- **Financing Gap**: 0.00

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### CHECKLIST

The agreement governing the use of funds under this Donor fund requires, inter alia, that:
- I confirm that the grant is linked to the RE product line.
- I confirm that I attached a detailed cost table (for Recipient#executed grants), and a Risk Assessment Worksheet.
- I confirm that the technical reviewers’ comments have been incorporated into the proposal, and that changes were annotated next to each comment.

As Task Team Leader (TTL) for this grant, I confirm that the activities this grant will finance and the proposed use of grant funds comply with the above requirements.

*Mr Alaa Mahmoud Hamed Abdel-Hamid on 05/13/2009*

As Window Manager for this grant, I confirm that the activities this grant will finance and the proposed use of grant funds comply with the above requirements.

*Mr David Potten on 07/20/2009*
World Bank - Grant Funding Request (GFR)

Ref.: 2193
Printed on: 11/10/2011

Status: Approved

PROCESSING

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DOCUMENTS ATTACHED

Notice of Approval - JSDF Round 26 and 27 July 10 2009.pdf
0000002193_TF094846.pdf
Risk Identification_SM_Mar18.doc
Mar23_CostTable_SM_RE.xls