

QUARTERLY PROGRAM REPORT

AmeriCares Mother and Child Community Health Services Project

Santiago de María, El Salvador

(October 1 to December 31, 2001)

Introduction:

This report is intended to examine AmeriCares' progress in the implementation of USAID Award No. 519-A-00-01-00213-00 during the first quarter of USAID Fiscal Year 2002. The report will make a comparison of actual accomplishments with targets established for the period by the Performance Monitoring Plan and the Action Plan, and examine reasons why any established targets were not met, as well as actions that will be taken toward their timely achievement.

While important progress was accomplished during this first quarter, a number of targets established in the Performance Monitoring Plan and the Action Plan were not met. In general, these shortcomings reflect more on the overly optimistic nature of the projections for the time required for the completion of tasks, than on the quality and efficacy of actions themselves, or the status of the project in general, which is deemed to be good.

Quarterly financial reporting (Forms 272 and 269a) for this period is included as Appendix I of this report.

Compliance with terms of the Award:

All terms and conditions as set forth in the USAID/AmeriCares Cooperative Agreement have been complied with during this period. Requirements specific to this grant during Q1 that have been met are as follows:

Program Reporting: Attachment 1 (1.5.1a) of the Cooperative Agreement stipulates: "The Recipient will submit to USAID a Monitoring and Reporting Plan for the entire activity period by October 31, 2001." This plan was submitted to USAID—El Salvador on schedule. A copy of the Performance Monitoring Plan can be found in Appendix II of this document.

Work Plans: Attachment 1 (1.16) of the Cooperative Agreement stipulates: "Action Plan No. 1: The first Action Plan shall be submitted not later than 10.31.01 and will comprise activities to be carried out from the signature date until 09/30/02. This plan was submitted to USAID—El Salvador on schedule. Action Plan No. 1 can be found in Appendix III of this document.

Accomplishments during Q1 of FY 2002:

Communication with USAID-El Salvador:

Communication with USAID-El Salvador continued at a healthy level of information sharing and discussion during Q1 of FY2002. Following the signature of the Cooperative Agreement in September of 2001, supervision of AmeriCares' program implementation was assigned to the USAID Office of Earthquake Reconstruction. (Prior to October 2001, AmeriCares' point-of-contact at USAID-El Salvador had been the Health Department.) Contact has been maintained throughout the quarter between AmeriCares and the Office of Earthquake Reconstruction, the Contracting Office, the Office of the Comptroller, the Office of Water and Environment, and the US Army Corps of Engineers.

Architectural Plans:

A full set of preliminary plans for the facility to be built in Santiago de Maria was completed. These document, including construction drawings, structural calculations and technical specifications, were submitted to USAID Office of Earthquake Reconstruction. Technical commentary from that office, as well as from the USAID Health Department has been returned to AmeriCares. Copies of the proposed plans have also been submitted to the Salvadoran Ministry of Health, the Ministry of Environment, Ministry of Housing (Vivienda), and the Santiago de Maria Municipality for their respective commentary and recommendations. Receipt of these commentaries was still pending at the close of Q1.

Permitting:

A complete survey of the requirements for all necessary permits for the construction and operation of a Mother and Child Community Health Services Project in Santiago de Maria—as described in the Program Description—has been conducted. Steps are being taken to ensure compliance with all rules and regulations, and applications to all relevant Salvadoran government agencies are being drawn up. Permit applications are to be submitted to the respective agencies in Q2, following finalization of construction documents.

Preparation for the competitive bidding process for the construction contract:

Based on recommendations by AmeriCares and ANESOM personnel, four potential candidates have been identified to participate in the competitive bidding process for the construction of the facility in Santiago de Maria. These construction companies have documented a strong track record of sound business practices, professional capacity, and fiduciary good standing necessary to carry out commitments related to the construction of the main project facility. Discussions have been undertaken with these companies to prepare for a speedy bidding process that will begin once all necessary approvals of the set of construction documents have been obtained. Preparatory discussions with the candidates covered the legal terms of the bidding process, initial site surveys and drawings, and terms and conditions of the draft of the contract for construction.

AmeriCares financial systems ramp-up:

- Letter of Credit: Following signature of Cooperative Agreement No. 519-A-00-01-00213-00 on September 27th, 2001, AmeriCares has established a Letter of Credit with the Department of Health and Human Services in Washington DC. AmeriCares is complying with all DHHS procedures for drawing down this letter of credit as expenses are incurred.
- Internal AmeriCares Cost Accounting: Full systems for cost accounting are in place for the tracking of program funds. AmeriCares has established a separate checking account for the El Salvador project and is recording all expenses relating to this project through its' accounts payable system and general ledger.
- Budget Management: AmeriCares has established a system to manage the program budget that will generate "Budget to Actual Variance Reports" for monthly review by the AmeriCares Comptroller, CFO, Grant Supervisor, and Project Director.
- Audits: As a result of understandings reached between AmeriCares and the Office of the Comptroller at the USAID Mission in El Salvador, a scope of work for in-country audits of program finances has been agreed upon. In addition to audits conducted in El Salvador, AmeriCares anticipates a full A-133 audit of its' general accounting systems at the end of its' fiscal year (June 30, 2002).
- Disbursements: Please see Appendix I for copies of Forms 272 and 269a, which give a summary of movements of funds during the period.

Contracting of local personnel:

A search for qualified candidates for the Project Coordinator and Construction Supervisor positions has been carried out. A pool of candidates was identified, and preliminary screening conducted. Several strong candidates were identified. Please see below, under Benchmark Nos. 2 and 3, for further detail on the progress achieved in contracting of local personnel to fill these positions.

Procurement of Equipment and Supplies:

Section C.1.a of Action Plan No. 1 (Contract for procurement of major medical equipment and devices) describes the program benchmark for an agreement with a supplier of the major medical devices. This benchmark has been achieved ahead of

schedule. A contract with the supplier was signed in December 2001 for the delivery and installation of a Logic 200, a Silhouette VR and a Stenographe 700T with Processor (Ultrasound, X-Ray and Mammogram) upon completion of the necessary stages of construction in Santiago de Maria. Training sessions for the personnel who will operate the devices are also covered under the terms of this purchase agreement.

Conversations have continued with other vendors for other categories of equipment and supplies covered by the Program Description, as described in Action Plan No. 1, Section C.1.b and c.

Action Plan Benchmarks during Q1:

In the Action Plan, the three ramp-up activities were to have been completed during Q1. The following points examine causes for delays experienced, mitigating measures taken, and any postponements resulting from more and better information:

Benchmark No. 1: Contract for construction of the facility in Santiago de Maria

Target date for completion: 12.15.01

Target date for completion not met.

Reasons for this date not being met: Primarily, the date set for meeting this benchmark was too optimistic and did not adequately account for all the necessary steps required prior to the signing of a construction contract. These steps included obtaining the approval for finalized architectural plans by USAID Office of Earthquake Reconstruction, Salvadoran Ministry of Health, Vice-Ministry of Housing (Vivienda), Ministry of Environment, and Santiago de Maria Municipality. It is necessary for each of the above-mentioned bodies to conduct a full review of all design, structural, and technical specifications for the facility and to provide recommendations. These recommendations are to be incorporated in revisions of the architectural plans, and a final, definitive set of plans is to be undertaken by the architect. At the close of Q1, the only recommendations that had been returned to AmeriCares were those from USAID. All other approvals remained outstanding. Once all bodies have reached a consensus on the details of the construction documents, permits must be solicited from and granted by a number of Salvadoran government agencies, both on the national and the local level.

Once these two important preparatory steps are accomplished, the stage is set to conduct the competitive bidding process that will result in the negotiation and award of the construction contract. Following an analysis of the bids submitted by the construction companies and the negotiation of the contract for construction of the facility in Santiago de Maria, Benchmark No. 1 will be met.

Actions taken toward the achievement of this goal:

- Active discussions with all above-mentioned bodies have been conducted throughout Q1 and will be continued into Q2.
- In preparation for the competitive bidding process, as much preliminary work as possible has been completed, so as to ensure a speedy process once all necessary approvals have been obtained. The four construction contractors who will participate in the competitive bidding process have been selected and pre-screened. All four have already begun their preparation for the bidding process, including reviewing terms and conditions of the bidding process, conducting site visits, and evaluating preliminary architectural drawings. A draft of the construction contract has been drawn up and submitted to the participants in the bidding process for preliminary commentary.
- Hiring the Construction Supervisor was given priority and the search process accelerated. Originally, this position was to begin upon initiation of construction in Santiago de Maria, rather than during the preparatory phase we currently find ourselves in. Further analysis indicated that this position would be enormously beneficial to the project during the ramp-up phase of approvals, permits, competitive bidding and contract negotiation. The expertise of the Construction Supervisor would also help better project time periods necessary for the accomplishment of stages of the project, so as to avoid establishing unrealistic benchmarks for the project. The Construction Supervisor is expected to be contracted early in Q2.

Benchmark No. 2: Contract with a qualified Construction Supervisor

Target date for completion: 12.31.01

Target date for completion not met.

Reasons for this date not being met:

Again, the date set for meeting this benchmark was too optimistic and did not adequately account for all the necessary steps required prior to undertaking construction. The start-date the Construction Supervisor was originally intended to follow the completion of *Benchmark No. 1* (Contract for construction of the facility in Santiago de Maria). As *Benchmark No. 1* was postponed pending approvals, permitting and contract negotiation, contracting the Construction Supervisor was similarly delayed. The initial contemplation of this position as strictly a supervisor of the physical construction was reassessed to take into account the complexity of the phase prior to initiating construction (approvals, permits, competitive bidding and contract negotiation). By having the Construction Supervisor assume expanded responsibility for these preliminary steps, the profile and start-date of Project Coordinator (*Benchmark No. 3*) was also amended. (For further discussion of *Benchmark No. 3*, please see corresponding comments below.)

Actions taken toward the achievement of this goal:

- A reassessment of the role of the Construction Supervisor was conducted.
- This reassessment indicated that the understanding of the Project's profile during this stage (as primarily a construction project) needed to be reevaluated to incorporate the Construction Supervisor as soon as possible to assist in the preparations for construction.
- A new, expanded, profile of duties and responsibilities for the Construction Supervisor was drafted.
- The search process was accelerated to find the individual with the appropriate qualifications to effectively carry out the duties assigned to the position.
- Contracting the Construction Supervisor was given priority for Q2.

Benchmark No. 3: Contract with the Project Coordinator

Target date for completion: 12.15.01

Target date for completion not met.

Reasons for this date not being met:

As a result of the reassessment of the role that the Construction Supervisor would play in the Project, along with the need to prioritize the initiation and timely implementation of construction goals, a reevaluation of the role of the Project Coordinator has been undertaken. The contemplation of the profile of the Project Coordinator as a public health specialist focused on the best possible delivery of improved public health in the Santiago de Maria area has remained unchanged. However, the individual likely to be most qualified to carry out these duties of the Project Coordinator would probably not be adequately qualified to direct the initial stage of the project—in which we currently find ourselves—of preparation for, and supervision of, construction. Interviews with a field of candidates for the position of Project Coordinator confirmed this—qualified public health specialists who would excel in managing and building the capacity and service delivery of the project were often unfamiliar with the complex arena of preparing construction documents, seeking building permits, conducting environmental impact studies, etc.

Upon close examination of the projected workload for the project over the upcoming periods, our reassessment indicates that the Project Coordinator's effectiveness in developing the medical curriculum and referral system with the MOH, hiring program staff, supervising equipment ordering, delivery, installation and training, etc., would not be compromised by postponing his/her start date. On the contrary, the risk of making the Project Coordinator's health-focused profile redundant during the lengthy construction process would be avoided.

Conservative estimates for the period of construction, from groundbreaking to the opening of the facility, range from six to seven months. Therefore, an effort to avoid downtime on the part of the Project Coordinator and to minimize personnel costs to the project has led to the decision to postpone the start date for the Project Coordinator until mid-way through the construction process. In our estimation, this realignment of duties will give the Project Coordinator a minimum of three months lead-time before the beginning of service delivery to prepare for day-to-day operations of the project. This provides ample time to effectively complete all necessary preparations for service delivery, as detailed above.

Actions taken toward the achievement of this goal:

- A pool of applicants for the Project Coordinator position has been pre-screened, and selected finalists have all indicated their availability for the new tentatively scheduled start-date.
- Any adverse effect resulting from the postponement of the start-date of the Project Coordinator has been avoided by reassignment of duties and the following mitigating measures:
 - (a) El Salvador point-of-contact for USAID during the current phase of the project has been effectively shifted to the Construction Supervisor.
 - (b) The Construction Supervisor's duties will include, during this period, the project's general administrative duties of financial oversight, reporting, and the coordination between AmeriCares' U.S.-based staff, USAID, ANESOM, and relevant Salvadoran government agencies.
 - (c) During the pre-construction phase and the first months of construction, tasks related to project development will be assigned to the Project Director, in collaboration with a number of local medical consultants, AmeriCares medical staff and ANESOM professionals.

Summary of Accomplishments:

During Q1 of FY2002, AmeriCares continued to advance toward the overall goal of the Mother and Child Community Health Services Project: to improve the health of Salvadorans in the area surrounding Santiago de María. The first phase of the project establishing a primary healthcare clinic, which will improve the health of the general population through better and more accessible clinical services, is well underway.

A large portion of the work undertaken during Q1 was dedicated putting in place an administrative foundation that will ensure the smooth, effective and efficient accomplishment of all program goals. Strong lines of communication have been established with US Government agencies, Salvadoran government agencies, other NGO's and contractors. One result of these relationships has been the development of a more accurate program timeline, particularly in regards to establishing achievable benchmarks for the construction of the facility in Santiago de Maria.

AmeriCares closes Q1 and enters Q2 with a framework in place to successfully navigate the critical path of approvals and permitting required for construction to begin. Q2 will see a continuation of this preliminary phase of the project, with increased professional capacity brought to bear by the participation of the Construction Supervisor.

APPENDIX II

PERFORMANCE MONITORING PLAN

AmeriCares
Mother and Child Health Services Project
Santiago de María
Usulután, El Salvador

Introduction

This document is intended to present a framework for gauging the results of a community-based health services project in Santiago de María. By implementing an effective system for performance monitoring during the course of the Program, intermediate results can be effectively measured and changes can be made to better attain the achievement of the broad program goals. Monitoring also will provide a quantitative measurement, anchored in the baseline study, of the degree of positive impact that this project has on the health of Salvadorans within the target area. Monthly performance reviews will be kept on file and quarterly technical performance reports will be submitted to USAID, in accordance with the USAID/AmeriCares cooperative agreement.

This project in Santiago de María entails a multifaceted approach to improving the health of mainly rural Salvadorans and has various phases of implementation. As a result, this monitoring plan incorporates a chronological element into its consideration of monitoring intermediate performance targets.

Primarily, the project can be divided into two major phases: Start-up (Construction, Equipping, and Training) and Service Delivery. During the Start-up phase (as described in depth in the Project Proposal), AmeriCares will undertake the construction of the facility, the procurement and installation of all necessary equipment and supplies, and take the appropriate steps to prepare for the onset of operations at the Mother and Child Clinic, including conducting base-line studies for comparison with future performance monitoring, hiring and training personnel, etc... It is estimated that the Start-up Phase will last until July 2002. Performance monitoring during this phase will primarily focus on the timely delivery of contracted goods and services and meeting construction goals.

During the second phase, the broad program goals—the improvement of quality and access to health services to the surrounding community—will begin to be addressed

directly. As described in the Project Proposal, the program facility in Santiago de Maria will be operated in a partnership with the Asociación Nacional de El Salvador de la Orden de Malta (ANESOM), AmeriCares' sub-grantee. In the corresponding section below (III. Service Delivery Phase), a framework is established for quantifying improvements in access, quality, demand, and sustainability in this healthcare program, and how they directly contribute to the specific health behaviors that are assumed to lead to improved health status for the target area.

Start-up Phase

Responsibilities, Duties and Plans for Data Collection

The responsibility for the oversight of the implementation the Start-up Phase of the Project will be shared between the AmeriCares Project Director and the Comptroller in the United States, and the Project Coordinator in El Salvador. Additionally, ANESOM will provide some initial technical assistance as part of the cooperative agreement with AmeriCares. Lastly, the execution of certain specific technical tasks will be independently contracted with outside experts (Construction Supervision, Training, Public Awareness Campaign, etc...).

Ultimately, however, the AmeriCares Project Director will hold the responsibility for measuring performance and conducting monitoring along the lines described below. Because of the great variety of activities to be performed during the first year of the project (Oct. '01 to Sept. '02), monthly progress reports will be filed. The results of these monthly performance assessments will be compiled, summarized and revisited quarterly, semi-annually and annually. The following indicators will all be address in the monitoring reports:

Performance Indicators and Their Definitions

The following list of performance indicators during the Start-up phase are organized chronologically¹ and according to specific sectors of activity (activities). These indicators can be readily measured and interpreted because they are unidimensional. In other words, success or failure in achieving the established goals is based on whether or not the tasks have been completed on schedule, within budget and according to contracted specifications. Monthly reports will be filed, commenting on the state of affairs and addressing any problems or delays encountered, as well as steps taken to avoid any reoccurrence of these problems or delays. Documentation pertaining to all findings and development will be kept on

¹ Calendar dates have been assigned for the completion of each task, however these dates may change as the project takes shape. Quarterly technical performance reports submitted to USAID will address any changes in these dates and present a list of specific tasks to be monitored in the subsequent quarter.

archive, and any and all records will be made available to USAID or its representatives upon request.

Contract for construction of the facility in Santiago de María.

Date of activity completion: December 15, 2001

Indicators:

- A full negotiation of all material, labor and administrative costs must have been completed.
- A calendar for the achievement of partial and full completion of construction activities must be agreed upon, with penalties established for delays.
- A calendar of payments for services rendered by the contracting firm will be established.
- A full background check on the contracting firm must have been completed, including proof of full release from all financial and legal responsibilities from previous clients.

Monitoring the construction. The degree of success in the construction process will be measured monthly, and revisited quarterly. An independently contracted Construction Supervisor will carry out the day-to-day monitoring of progress and technical compliance on the construction site, filing monthly progress reports. The Project Coordinator and the Project Director will assist the Supervisor in the periodic reporting of his/her findings. The Project Director will be responsible for submitting the monthly and quarterly performance evaluation reports.

Date of activity completion²: July 31, 2002

Indicators:

- Compliance with technical construction specifications (structural and material) as described in the architectural plans.
- Maintenance of the pre-established construction timeline for the accomplishment of tasks.
- Compliance with all laws and regulations pertaining to the construction of a healthcare facility in El Salvador, including, but not limited to, compliance with permits

² The construction is projected to take seven months. A calendar of partial and full task completion for stages of the construction is currently under negotiation with the contractor and will be finalized prior to the signing of the construction contract, i.e. Dec. 15, 2001.

issued by the Ministry of Public Health and Social Welfare, the Ministry of Environment and Natural Resources, the Municipality of Santiago de María, and the Vice-Ministry of Housing and Urban Development.

- Compliance with all structural and material rules and regulations established by USAID for construction projects.

Monitoring of the contracted Construction Supervisor will be carried out monthly by the Project Coordinator to ensure that the contracted services are being delivered in the appropriate fashion.

Date of activity completion: July 31, 2002

Indicators:

- Are field reports turned in by the agreed-upon deadline?
- Are monthly progress reports comprehensive and accurate?
- Do site visits by the Project Coordinator, Project Director or other AmeriCares personnel corroborate the Construction Supervisor's reports?
- Do invoices for delivered goods and services match the Construction Supervisor's reports?
- Has the Construction Supervisor provided adequate information on problems and delays that have occurred in the course of the construction?

Monitoring the proper delivery and installation of procured equipment and supplies will be conducted monthly for each vendor and/or purchase order. Quarterly, these reports will be reviewed and compiled into a quarterly review of the procurement of any and all material goods.

Date of activity completion: June 30, 2002

Indicators:

- Did the date of delivery correspond to the time line agreed upon with the vendor?
- Did the material delivered fully correspond to the order submitted?
- Did the invoice for material delivered match the material that was actually delivered?
- Was all material damaged during delivery?
- Were all necessary operating manuals and accessories included?

- Was the installation of the equipment carried out effectively and according to the agreed upon time line?
- After installation, was the equipment in question in full working order?
- Were training sessions for program staff conducted according to the agreement with the vendor?
- Did the vendor claim any unexpected charges?

Monitoring the proper use of USAID funds. During the course of the Program, USAID will be conducting concurrent audits of the USAID resources managed by AmeriCares. An audit report will be issued quarterly by USAID. Annually, AmeriCares will submit an A-133 audit to USAID. In addition to audits, AmeriCares will implement a monthly monitoring of the financial transactions, under the supervision of the Comptroller. These monthly reports will be compiled and summarized quarterly, semi-annually, and annually.

Date of activity completion: Ongoing

Indicators:

- Has any violation of US Government regulations regarding the use of USAID funds been noted?
- Has AmeriCares submitted all financial statements to USAID, as required under the cooperative agreement?
- Has AmeriCares met its' cost-sharing commitment for the period in question, as described in the USAID cooperative agreement?
- Have all recommendations by USAID auditors been implemented?
- If not, why?
- Have all invoices for goods and services been corroborated by AmeriCares staff before payment to the vendor was effectuated?
- Has any budget line item been exceeded?
- Have any unexpected expenses been incurred?
- Have any excess funds been noted?
- If so, have these funds been reprogrammed?
- Have expenses during the monitoring period exceeded or fallen short of projected cash needs for the period?
- In either case, why has the disparity occurred?
- Have any irregularities or questionable expenses been noted?
- Have any late-payment penalties been charged to AmeriCares or the sub-grantee?

- Has the sub-grantee submitted appropriate documentation to support their use of funds?

Monitoring performance in the final preparatory phase before the initiation of service delivery in Santiago de Maria. Achieving this intermediate goal will entail a wide range of stages (activities), listed below. Monthly progress reports will be filed, and a quarterly performance report will be submitted.

Date of stage completion (for all activities listed below): July 31, 2002

- Activity: Contracting personnel to staff the clinic:

- Indicators:

- Have full job descriptions for all clinic positions been filed?
- Was a competitive procedure for recruitment followed?
- Has USAID been consulted during the selection process of key personnel, as accorded in the USAID/AmeriCares cooperative agreement?
- Do the qualifications of the contracted staff meet or exceed those required by the position and stated in the advertised job description?
- Have all positions necessary for initiating service delivery been filled?
- Are personnel costs projected to exceed the budgeted amount?
- If so, by how much, and why?
- Are all contracts with personnel in accordance with Salvadoran government labor regulations?
- Have all personnel been subscribed to the Social Security System (INSS)?

- Activity: Personnel training:

- Indicators:

- Have all personnel undergone the full scope of training necessary for initiating service delivery?
- Was the full scope of training undertaken prior to the initiation of service delivery?
- What are the trainer's qualifications for providing adequate training on MOH, AmeriCares, USAID, and Order of Malta recommended guidelines for providing health services?
- Was technical training for operating medical equipment conducted by the vendor, as agreed in the purchase agreement?

- Did the cost of training exceed the budgeted amount?
- If so, why?
- Activity: Conducting the baseline study of the target population³:
- Indicators:
 - What are the qualifications of the person/persons who conducted the baseline study?
 - Was the baseline study completed prior to the initiation of service delivery?
 - Were the results of the baseline study properly presented?
 - Has a full analysis of the data collected been completed prior to the initiation of service delivery?
 - Were the results of the baseline study presented to the AmeriCares Project Coordinator and Project Director on the agree-upon timeline?
 - Is the baseline study (units of analysis, data disaggregation needs, sampling techniques for selecting cases and for acquiring data on these cases) judged to be appropriate in gauging the success of the program, given the nature of the project and the target area?
 - What were the criteria used in the selection of the sample population?
 - Did the cost of the baseline study exceed the initially allocated amount?
 - If so, why?
- Activity: Conducting the public awareness campaign:
- Indicators:
 - Has the first phase of the public awareness campaign (prior to service delivery) begun on schedule?
 - Have there been any delays in implementing the public awareness campaign?
 - If so, what steps have been taken to avoid a negative impact on public awareness of the full scope of programs offered under the program?
 - Which media outlets have been utilized?

³ The baseline study will examine selected performance indicators. These indicators will be included in the demographic and health survey, and are laid out below in Section III, Service Delivery Phase. Periodically during the course of the project, performance monitoring will measure progress and enable actual results achieved over time to be compared with planned project objectives.

- Which public forums (schools, churches, town meetings, etc...) have been used?
- Has the public awareness campaign exceeded the budgeted amount?
- If so, why?
- Has a measurement been taken of the degree of awareness of the program within the target community at monthly intervals leading up to and following the initiation of service delivery?
- When are future phases of the public awareness campaign programmed?

➤ Activity: Establishment of relationships with other area healthcare providers:

➤ Indicators:

- Has the clinic incorporated itself into scheduled MOH inoculation and educational campaigns slated for the area?
- Has a formal system of referrals been established with other healthcare facilities on the local, departmental and national level for patients who require health services not provided by the program?
- Have key personnel from the clinic met with their counterparts at the MOH hospitals in Santiago de María and Usulután to discuss possible areas of collaboration?
- Have key personnel from the clinic met with their counterparts in other USAID-funded projects in the area to discuss possible areas of collaboration?
- Have any collaborative efforts with these parties been established?
- Has a schedule been established for continued periodic contact with other healthcare providers and development workers in the area?

➤ Activity: Effective implementation of operating systems:

➤ Indicators:

- Have all of the above-mentioned activities been fully accomplished?
- If not, what steps are being taken to avoid a negative impact on the initiation of service delivery?
- Will the clinic be fully operational on the projected date of opening?
- Does the clinic's financial system meet the requirements for the proper use of USAID funds?

- Has a schedule for periodic financial reporting, program reporting, data collection, data analysis, schedules and contracts for periodic equipment maintenance been established?
- Have activities related to periodic financial reporting, program reporting, data collection, data analysis, and schedules and contracts for periodic equipment maintenance been assigned?
- Has a schedule for periodic training sessions in the future been established?

In general, success in these activities will largely depend on their timely and effective execution. The impact of achieving these intermediate goals on the long-term goal of delivering better health to the people of the Santiago de María area will be demonstrated in future performance reports during the following phase of Service Delivery.

Service Delivery Phase

Responsibilities, Duties and Plans for Data Collection

Performance monitoring is an on-going process of collecting and analyzing data to measure program performance. As a result, the responsibility for monitoring the program's results will be shared and incorporated into all levels of the organization in an effort to maximize the program's effectiveness and minimize the program's response time in making any necessary changes.

On the local level in Santiago de María, clinic staff will conduct administrative reporting of demographic and public health data collected from patients. Likewise, the community outreach workers will maintain records of participants in activities conducted out in the community. Monthly activity reports that compile this data will be generated by the Project Administrator. Quarterly technical performance reports, elaborated in a collaborative effort between the Project Administrator and the Project Coordinator, will present and analyze the data, quantify achievements, address current and potential problems, identify actions proposed to solve them, and establish targets for the subsequent period of measurement.

In addition to data captured through administrative reporting at the clinic, a demographic and health survey will be conducted to obtain baseline data about the target population. The survey will be repeated semi-annually for the duration of the program. The Project Administrator will supervise the

survey and other key program personnel will participate in analysis of the data and its' comparison with data from other sources.

This survey will be carried out using a random sample of 100 households taken from the target population. The target area will be defined as those having "access" to the program's services, defined as those within 15 kilometers geographic distance, excluding the city of Usulután. Indicators will be disaggregated—when appropriate—by gender groups and/or rural and urban locations to measure equity.

The schedule for conducting the demographic and health surveys is as follows:

Baseline survey:	By July 30, 2002
Performance survey 1:	December 31, 2002
Performance survey 2:	June 30, 2003
Performance survey 3:	December 31, 2003
Performance survey 4:	June 30, 2004
Final impact survey:	September 30, 2004

Targets

As described in the Project Proposal, the following specific objectives are listed for the program:

- To establish a primary healthcare clinic which will improve the health of the general population through better and more accessible clinical services.
- To improve the quality of antenatal and postpartum health care provided for the mother/baby dyad within a framework of delivering better primary health care services to the general population.
- To improve the family's understanding of the critical health risks faced by the mother and the baby during the pregnancy (antenatal), delivery and postpartum (post-delivery) periods.
- To educate families and community leaders on optimal care and precautions for the mother/baby dyad during the antenatal/postpartum periods.
- To educate the general public on the same health principles regarding antenatal and postpartum care of the mother/baby dyad.
- To promote the practice of "birth preparedness" by mothers, fathers and family influentials.
- To use the framework of general curative medical attention to identify and target at-risk women (complicated pregnancies that require referral, adolescents, women who have recently given birth, and

women with more than 3 children) for training and education that will lead to a change in reproductive behavior.

- To identify complicated pregnancies at an early stage and provide appropriate referrals and follow-up to these women.
- To develop a health delivery alternative with successful cost-recovery and sustainability that can be replicated.
- To determine, for the purpose of later project scale-up, the effectiveness of the interventions, the quality improvements gained and other lessons learned.

As described in the Project Proposal, the following results for the program are expected:

- Better general health in the greater Santiago de María area of activity
- Pre- and post-natal education and services will be strengthened
- Access to and quality of clinic-based health services will be improved
- Linkages between points of birth delivery and pre- and post-natal health care will be rationalized and strengthened
- Knowledge of infant and maternal health factors will increase
- Understanding of the benefits of optimal birth spacing will increase among mothers, fathers and their families, health providers and community members
- Knowledge of proper newborn care will increase among providers and clients
- Rates of postpartum visits will increase
- Rates of return visits and acceptance of family planning will increase, especially among low-parity mothers

Specific quantitative targets will be established using the findings in the baseline study. Improvements in access, quality, demand, and sustainability in this healthcare program, and how they directly contribute to the specific health behaviors will be monitored in their relative change over the course of the project. The measurements will be made using the following indicators:

Performance Indicators and Their Definitions

Public Health Indicators:

➤ Causes of Morbidity

Definition: Proportion of all patients (disaggregated, where appropriate) suffering from top ten causes of morbidity seen at the clinic.

Unit: Proportion

Data Source: Administrative reporting.

➤ Occurrence of Acute Respiratory Infections

Definition: Percentage of children under age five with cough and rapid or difficult breathing seen at the health facility.

Unit: Percent.

Data Source: Administrative reporting.

➤ Occurrence of Measles

Definition: Percentage of children under age five with measles seen at the health facility.

Unit: Percent.

Data Source: Administrative reporting.

➤ Occurrence of Prolonged Diarrhea

Definition: Percentage of children under age five with prolonged seen at the health facility.

Unit: Percent.

Data Source: Administrative reporting.

➤ STI Prevalence among Women

Definition: Number of pregnant women age 15-24 with positive serology for syphilis divided by the population of pregnant women of that age attending the clinic whose blood has been screened.

Unit: Percent. (or infections per 100,000)

Data Source: Administrative reporting from clinical laboratory test results.

➤ Knowledge of STI Symptoms

Definition: Percentage of men/women surveyed who are able to describe, unprompted, two or more STI symptoms for their own gender.

Unit: Percent.

Data source: Demographic and health surveys.

➤ Treatment of STIs

Definition: Among men and women surveyed who report at least one symptom of an STI in the past 12 months, the proportion who sought appropriate medical care or treatment.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ HIV Seroprevalence

Definition: Percentage of a specified population whose blood tests positive for HIV.

Unit: Percent.

Data Source: Administrative reporting from clinical laboratory test results.

➤ Knowledge of STI/HIV Preventive Practices

Definition: Percentage of men/women surveyed who can identify two or more correct methods of reducing risk of HIV infection.

Unit: Percent.

Data source: Demographic and health surveys.

➤ Nutritional Status among Children

Definition: Percentage of children age 12-23 months whose weight is more than two standard deviations below the median weight achieved by children of that age.

Unit: Percent.

Data Source: Administrative reporting.

➤ Immunization Coverage among Children

Definition: Percentage of children under one year of age who have received each of the four vaccinations (DPT, BCG, Polio and Measles) at the recommended age and interval, as stated in the national immunization policy.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Oral Rehydration Therapy Use Rate

Definition: Percentage of cases of diarrhea in children under age five treated with oral rehydration salts, an appropriate home-based solution and/or increased fluids.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Infant Feeding Practices: Exclusive Breastfeeding

Definition: Percentage of infants less than four months of age who are being exclusively breastfed.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Vitamin A Supplementation

Definition: Percentage of children 6–60 months of age receiving vitamin A supplementation in the previous 6 months

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Births Attended by Trained Medical Personnel

Definition: Percentage of births attended by trained health personnel, excluding traditional birth attendants.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Incidence of Prenatal Consultation (1)

Definition: Percentage of women seen at least once during their pregnancy by a doctor or other persons trained with midwifery skills for reasons related to the pregnancy.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Incidence of Prenatal Consultation (2)

Definition: Percentage of women seen at least three times during their pregnancy by a doctor or other persons trained with midwifery skills for reasons related to the pregnancy, with the first visit occurring before the seventh month.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Immunization Coverage among Women of Reproductive Age

Definition: Percentage of women age 15–49 receiving two or more tetanus toxoid doses during or before their pregnancies.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Iron Supplementation during Pregnancy

Definition: Percentage of pregnant women who receive any iron supplements.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Knowledge of Key Child Health Practices

Definition: Percentage of caretakers who can state signs and symptoms of childhood illnesses requiring treatment and who can state rules for home case management.

Unit: Percent.

Data source: Demographic and health surveys.

➤ Knowledge of Maternal Complications of Pregnancy and Childbirth

Definition: Percentage of women who can name a warning sign of maternal complication of pregnancy and childbirth.

Unit: Percent.

Data source: Demographic and health surveys.

➤ Contraceptive Prevalence Rate for modern methods

Definition: Percentage of all women of reproductive age (15-49) who are currently using (or whose partner is currently using) a modern method of contraception.

Unit: Percent.

Data Source: Demographic and health surveys.

➤ Contraceptive Prevalence Rate for traditional methods

Definition: Percentage of all women of reproductive age (15-49) who are currently using (or whose partner is currently using) a traditional method of contraception.

Unit: Percent.

Data Source: Demographic and health surveys.

➤ Reported Non-regular Sex Partners

Definition: Percentage of target group reporting sexual intercourse with at least one non- regular partner during the previous 12 months.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Access to Services

Definition: Percentage of the population living within the defined target area that has received health services at the facility.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Knowledge of Location of Services

Definition: Percentage of target population who know where specified services (for example, immunization services, emergency obstetric care, etc.) can be obtained.

Unit: Percent.

Data source: Demographic and health surveys.

➤ Adequate access to water for domestic use

Definition: Percentage of households with a direct water connection to the home or compound or a public fountain or other source within 200 meters of the home.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

➤ Access to adequate sanitation

Definition: Percentage of households with excreta disposal facility (toilet or latrine) private or shared with others within the building or compound.

Unit: Percent.

Data Source: Administrative reporting & Demographic and health surveys.

2. Systems Performance:

- Number of people attending training sessions.

Definition: Number of community participants attending training sessions under the community outreach programs (as described in the Project Proposal).

Unit: Quantity

Data Source: Administrative reporting.

- Number of clinic personnel attending training sessions.

Definition: Number of clinic staff members participating in professional training sessions.

Unit: Quantity

Data Source: Administrative reporting.

- Percentage of (clinic staff) trainees who apply the skills to their subsequent work.

Definition: Percentage of clinic staff that responds positively to the question: "Have you applied the skills learned in training sessions to your subsequent work?"

Unit: Percentage

Data Source: Administrative survey.

- The proportion of technical performance reports received within the required period of time.

Definition: Proportion of technical performance reports submitted by the date established in the performance report for the prior reporting period.

Unit: Percentage

Data Source: Administrative survey.

3. Institutional Capacity

The following indicators are unidimensional, and will be measured with a positive or negative response.

- Existence of a strategic plan.
- Presence of a system for preparing annual operational plans.
- Presence of a manager whose job description includes responsibility for developing, revising, and assessing implementation of strategic and operational plans.
- Presence of detailed, accurate, and up-to-date job descriptions.
- Presence of a system for regular staff performance assessment.
- Presence of a system for assessing the effectiveness of staff training.
- Presence of an accounting system that provides income/revenue data and cash flow analysis based on specific service cost categories.
- Presence of an information system that provides reliable information on clients and services.
- Presence of a system for periodically reviewing the logistical needs and resources of the institution.
- Presence of a manager whose job description includes resource management tasks.

IV. Schedule of Reporting Activities (Chronogram)

Reporting Activities	Year 1 (Oct. 1, 2001 to Sept. 30, 2002)											
	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Monthly reporting	•	•	•	•	•	•	•	•	•	•	•	•
Financial reporting	•	•	•	•	•	•	•	•	•	•	•	•
Progress reporting	•	•	•	•	•	•	•	•	•	•	•	•
Quarterly reporting	•	•	•	•	•	•	•	•	•	•	•	•
Technical performance reports				•			•			•		
Financial reporting				•			•			•		
Program reporting				•			•			•		
Demographic & Health Surveys										•		
Baseline survey										•		

APPENDIX III

ACTION PLAN

YEAR 1

(October 1, 2001 to September 30, 2002)

AmeriCares

Mother and Child Health Services Project

Santiago de María

Usulután, El Salvador

I. Introduction

This document is intended to provide a framework for carrying out activities related to the implementation of the AmeriCares Mother and Child Health Services Project in Santiago de María, El Salvador during the first 12-month period of USAID funding. Further detail on program strategies and methods employed may be found in the Project Proposal (Attachment 2 “Program Description” of the USAID/AmeriCares cooperative agreement). This action plan will present descriptions of activities, schedules for the completion of these activities, quarterly benchmarks of progress (with indicators), and a financial plan for the period.

The overall goal of the program, as proposed by AmeriCares, is to improve the health of Salvadorans in the area surrounding Santiago de María.

In an effort to achieve this result, the following specific objectives have been established for the program:

- To establish a primary healthcare clinic which will improve the health of the general population through better and more accessible clinical services.
- To improve the quality of antenatal and postpartum health care provided for the mother/baby dyad within a framework of delivering better primary health care services to the general population.
- To improve the family’s understanding of the critical health risks faced by the mother and the baby during the pregnancy (antenatal), delivery and postpartum (post-delivery) periods.
- To educate families and community leaders on optimal care and precautions for the mother/baby dyad during the antenatal/postpartum periods.
- To educate the general public on the same health principles regarding antenatal and postpartum care of the mother/baby dyad.

- To promote the practice of “birth preparedness” by mothers, fathers and family influentials.
- To use the framework of general curative medical attention to identify and target at-risk women (complicated pregnancies that require referral, adolescents, women who have recently given birth, and women with more than 3 children) for training and education that will lead to a change in reproductive behavior.
- To identify complicated pregnancies at an early stage and provide appropriate referrals and follow-up to these women.
- To develop a health delivery alternative with successful cost-recovery and sustainability that can be replicated.
- To determine, for the purpose of later project scale-up, the effectiveness of the interventions, the quality improvements gained and other lessons learned.

During the first 12-month period (October 1, 2001 to September 30, 2002), the activities undertaken by AmeriCares will primarily focus on the start-up and initiation of service delivery in Santiago de María. In other words, achieving the first objective, “To establish a primary healthcare clinic which will improve the health of the general population through better and more accessible clinical services,” will be the primary focus of Year 1. Meeting this objective will entail a wide range of activities in construction, equipping, training of personnel, putting operational systems in place, and strategic planning.

By the end of Year 1, the facility in Santiago de María is expected to be fully operational.

II. Description of Activities

A. Ramp up:

The ground breaking in Santiago de María is projected to occur prior to December 31, 2001. In order for this activity to occur, a number of preparatory activities directly related must have been completed:

1. Contract for construction of the facility in Santiago de María.

Date of activity completion: December 15, 2001

Duration of activity: Two months

Indicators:

- Existence of a documented competitive bidding process undertaken for the selection of the contractor.
- A full negotiation of all material, labor and administrative costs must have been completed.
- Presence of a signed contract with structural and material specifications for the facility in Santiago de María.
- A calendar for the achievement of partial and full completion of construction tasks must be agreed upon, with penalties established for delays.
- A calendar of payments for services rendered by the contracting established.
- A full background check on the contracting firm must have been completed, including proof of full release from all financial and legal responsibilities from previous clients.

2. Contract with a qualified Construction Supervisor.

Date of activity completion: December 31, 2001 (or prior to ground-breaking)

Duration of activity: Two months

Indicators:

- A full job description with duties and responsibilities has been filed.
- A competitive process has been undertaken for selecting the Construction Supervisor.
- Presence of the Construction Supervisor's *curriculum vitae*.
- Presence of a signed contract with this individual.
- Presence of a calendar for periodic (monthly and quarterly) progress reports to be submitted by the Construction Supervisor.
- Presence of a system for reporting delays or problems.

3. Contract with the Project Coordinator.

Date of activity completion: December 15, 2001

Duration of activity: Two months

Indicators:

- Presence of a full job description with duties and responsibilities has been filed.

- Documentation that a competitive process has been undertaken for selecting the Project Coordinator.
- Presence of USAID approval of this choice for a key position, as accorded in the USAID/AmeriCares cooperative agreement
- Presence of the Project Coordinator's *curriculum vitae*.
- Presence of a signed contract with this individual.
- Presence of a calendar for periodic progress and performance reports to be submitted by the Coordinator.
- Presence of a system for reporting delays or problems.

B. Construction:

The construction process is projected to take up to seven months, i.e. January 2001 through July 2002. A competitive bidding process is currently underway for the contract. As part of the contract, the construction firm (see above) will establish a timeline for the partial and full completion of the following stages of the construction: site clearing, preparation and grading, excavation and placement of reinforced concrete foundations, installation of utilities (water and sewer lines, electrical grid, electro-mechanical/medical and communications systems), construction of walls and other vertical structures (columns and beams of reinforced concrete), carpentry, medical devices, roofing structure and covering, finishing work and floors, pavements and walkways, and landscaping. When this timeline has been negotiated and finalized, a copy will be entered as an attachment to this Action Plan.

Date of activity completion: July 31, 2002

Duration of activity: Seven months

Indicators:

- Existence of a finished physical structure to house Mother and Child Health Services Project in Santiago de María.
- Full compliance with all terms and conditions set forth in the construction contract.
- Presence of documentation that the structure meets all technical construction specifications (structural and material) as described in the architectural plans and in the construction contract.
- Presence of all monthly progress reports, quarterly performance monitoring reports, and other assessments made by the Construction Supervisor.
- Presence of the approval of construction by the Construction Supervisor, Project Coordinator, Project Director, and ANESOM Executive Committee.

- Presence of certification by the Contractor, the Construction Supervisor and the Project Coordinator that the structure has been built in full compliance with all laws and regulations pertaining to the construction of a healthcare facility in El Salvador, including, but not limited to, compliance with permits issued by the Ministry of Public Health and Social Welfare, the Ministry of Environment and Natural Resources, the Municipality of Santiago de María, and the Vice-Ministry of Housing and Urban Development.
- Absence of unresolved conflicts with the Construction Contractor.
- Presence of all financial records, quarterly reports and any concurrent audits conducted.

C. Procurement and Installation of Equipment and Supplies:

The competitive bidding process is currently underway with suppliers of the equipment and supplies required by the program. As part of the contract, the vendor (see above) will establish a timeline for the partial and full completion of delivery, installation, and training sessions for program personnel. When this timeline tasks has been negotiated and finalized, a copy will be submitted as an attachment to this Action Plan.

A. Contracts

1. Contract for procurement of major medical equipment and devices⁴.

Date of activity completion: January 31, 2002

Duration of activity: Four months

Indicators:

- Presence of a signed contract with full description of goods and services to be procured, including technical specifications, timeline for delivery, installation and training, and extended service and warrantee information.
- Documentation that a competitive process has been undertaken for selecting the vendor.
- Presence of a payment schedule for procured goods and services.
- Presence of extended service and maintenance contract (if applicable).

⁴ Includes: Mammogram System, Ultrasound System, X-Ray System and X-Ray film processor & accessories.

- b) Contract for procurement of small medical equipment⁵, clinical laboratory equipment⁶, dentistry equipment⁷, clinic physical plant⁸, and office equipment⁹.

Date of activity completion: April 30, 2002

Duration of activity: Three months

Indicators:

- Presence of a signed contract with full description of goods and services to be procured, including technical specifications, timeline for delivery, installation and training, and service and warrantee information.
- Documentation that a competitive process has been undertaken for selecting the vendor.
- Presence of a payment schedule for procured goods and services.
- Presence of extended service and maintenance contract (if applicable).

- c) Contract for the procurement of supplies¹⁰

Date of activity completion: June 30, 2002

Duration of activity: Three months

⁵ Includes: Minor surgery set (3), Exam table (2), Step for exam table (1), Pediatric stethoscope (4), Stethoscope (4), Pediatric tensometer (4), Mercury tensometer (4), Complete diagnostics set (3), Examination lamp (hand-held) (4), Goose neck lamp (2), Lamp for minor surgery (1), Minor surgery set (3), Small specula (6), Medium specula (10), Large specula (6), Electro-cauterizer (1), Autoclave (1), Refrigerator (1), Pediatric scale (2), Adult scale (2), Compressors for nebulizer (2), Infant measurements table (1), 7" Forceps (6), and Fetal Doppler (1).

⁶ Includes: Blood chemistry spectra-photometer, Drying oven, Horizontal-chamber autoclave, General purpose 12-space electronic centrifuge, 24-space electronic micro centrifuge, Serofudge Centrifuge, Semiautomatic digital scale, Stainless steel hi-temp bath, Vortex mixer, Rotator, Automatic pipette 20 ul, Automatic pipette 25 ul, Automatic pipette 50 ul, Automatic pipette 100 ul, Automatic pipette 250 ul, Bacteriological incubator, 8-key Hematology counter, Timer, Water distiller, Glassware, Materials and reagents, and Cabinetry and furnishings.

⁷ Includes the following dental equipment: Chair, Lamp, X-ray system and Processor, Compressor and Motor, Autoclave, Amalgamator, Forceps (#'s 150, 151, 88R, 88L, 65, 69), and assorted minor accessories and tools.

⁸ Includes: 16 KVA Generator, Ozone water purifier, Air conditioning system, Telephone system, and Protective lead linings for X-ray and Mammogram systems.

⁹ Includes: 4-seat benches (20), Fiberglass table with 4 chairs (6), Secretarial desks (11), Executive desk (1), Secretarial chairs (11), Semi-executive chair (1), Typing tables (3), Four-drawer file cabinets (8), Two-drawer file cabinets (4), Waiting room chairs (16), Bench with castors (6), Shelving units (18), Computer (1), Typewriters (3), Adding machines (5), 29" Television (2), VHS (2), TV stand (2), PA system (1), Overhead projector (1), and Projection screen (1).

¹⁰ Includes: Non-pharmaceutical medical supplies and consumables for X-ray, mammogram, and ultrasound systems, clinical laboratory, and dentistry services.

Indicators:

- Presence of a signed contract with full description of goods and services to be procured, including technical specifications, timeline for delivery, installation and training, and service and warranty information.
- Documentation that a competitive process has been undertaken for selecting the vendor.
- Presence of a payment schedule for procured goods and services.
- Presence of extended service and maintenance contract (if applicable).

B. Delivery, Installation and Training for major medical equipment and devices, small medical equipment, clinical laboratory equipment, dentistry equipment, clinic physical plant, and office equipment, and supplies.

Date of activity completion: July 31, 2002

Duration of activity: Three months

Indicators:

- Presence of all contracted equipment and supplies (see above) at the Santiago de María facility.
- Completion of all installation processes for all equipment and supplies.
- Completion of all training sessions on operating procedures for program staff.
- Presence of all necessary operating manuals and accessories included.
- Compliance of date of delivery with the time line agreed upon with the vendor.
- Did the material delivered fully correspond to the order submitted?
- Did the invoice for material delivered match the material that was actually delivered?
- Was all material damaged during delivery?
- Was the installation of the equipment carried out effectively and according to the agreed upon time line?
- After installation, was the equipment in question in full working order?
- Did the vendor claim any unexpected charges?

D. Implementation of Systems and Institutional Capacity

1. Contracting personnel for key positions at the clinic¹¹.

¹¹ Key personnel for the clinic will be the Project Administrator (Clinic Director) and the Laboratory Technician.

Date of activity completion: May 31, 2002

Duration of activity: Two months

Indicators:

- Presence of full job descriptions with duties and responsibilities for these key clinic positions that assigns tasks related to developing, revising, and assessing implementation of strategic and operational plans.
 - A competitive process has been undertaken for selecting these individuals.
 - Presence of *curriculum vitae* for these individuals.
 - Presence of signed employment contracts that comply with all applicable Salvadoran government labor regulations.
 - Presence of subscriptions to the Social Security System (INSS) for these individuals.
 - Presence of a calendar for periodic progress reports has been established.
 - Presence of a system for reporting delays or problems.
 - Presence of USAID approval of this choice for a key position, as accorded in the USAID/AmeriCares cooperative agreement
 - Do the qualifications of the contracted individuals meet or exceed those required by the position and stated in the advertised job description?
2. Contracting all program personnel¹².

Date of activity completion: June 30, 2002

Duration of activity: Two months

Indicators:

- Presence of full job descriptions with duties and responsibilities for all clinic positions that assigns tasks related to developing, revising, and assessing implementation of strategic and operational plans.
- A competitive process has been undertaken for selecting these individuals.
- Presence of *curriculum vitae* for these individuals.
- Presence of signed contracts with these individuals that comply with Salvadoran government labor regulations.
- Are personnel costs projected to exceed the budgeted amount?
- If so, by how much, and why?
- Presence of subscriptions to the Social Security System (INSS) for these individuals.
- Presence of a calendar for periodic progress reports has been established.
- Presence of a system for reporting delays or problems.

¹² Includes: two MD's, a radiologist, an X-Ray technician, a Dentist, two Nurses, a Head Pharmacist, an Assistant Pharmacist, a Social Worker, a Psychologist, an Administrator, five Administrative Support Staff, two Security Guards, and two Custodial Staff.

- Do the qualifications of the contracted individuals meet or exceed those required by the position and stated in the advertised job description?

C. Personnel training.

Date of activity completion: July 31, 2002 (or prior to initiation of service delivery)

Duration of activity: Four months

Indicators:

- Presence of a system for assessing the effectiveness of staff training.
 - Have all personnel undergone the full scope of training necessary for initiating service delivery?
 - Was the full scope of training undertaken prior to the initiation of service delivery?
 - What are the trainer's qualifications for providing adequate training on MOH, AmeriCares, USAID, and Order of Malta recommended guidelines for providing health services?
 - Was technical training for operating medical equipment conducted by the vendor, as agreed in the purchase agreement?
 - Did the cost of training exceed the budgeted amount?
 - If so, why
- Baseline study of the target population:

Date of activity completion: July 31, 2002 (or prior to initiation of service delivery)

Duration of activity: One month

Indicators:

- Existence of a strategic plan for carrying out a baseline study of the target population.
- Presence of a completed baseline survey, using indicators established in the Performance Monitoring Plan.
- Submission of the results of the baseline study to USAID.
- Presence of the *curriculum vitae* of the person/persons who conducted the baseline study.
- Completion of a full analysis of the data collected by the baseline survey.
- Existence of quantifiable targets for the survey's indicators that will be used to gauge the program's performance in the future.
- Presence of an assessment of the baseline study structure (units of analysis, data disaggregation needs, sampling techniques for selecting

cases and for acquiring data on these cases) and recommendation for any changes in future monitoring surveys.

- Did the cost of the baseline study exceed the initially allocated amount?
- If so, why?

D. Conducting the public awareness campaign:

Date of activity completion: September 30, 2002

Duration of activity: Four months

Indicators:

- Existence of a strategic plan for carrying out a public awareness campaign.
- Existence of the initiation of the public awareness campaign (prior to service delivery).
- Existence of a strategic plan for continued phases of the public awareness campaign programmed.
- Have there been any delays in implementing the public awareness campaign?
- If so, presence of steps taken to avoid a negative impact on public awareness of the full scope of programs offered under the program.
- Which media outlets have been utilized?
- Which public forums (schools, churches, town meetings, etc...) have been used?
- Has the public awareness campaign exceeded the budgeted amount?
- If so, why?
- Presence of a measurement of the degree of awareness of the program within the target community for comparison with future levels of awareness (included in the baseline survey questionnaire).

E. Relationships with other area healthcare providers:

Date of activity completion: September 30, 2002

Duration of activity: Four months

Indicators:

- Existence of a strategic plan for establishing collaborative efforts with other area healthcare providers.
- Documentation of successful discussions and ideas.
- Records of meetings held with counterparts at the MOH hospitals in Santiago de María and Usulután to discuss possible areas of collaboration.
- Records of meetings held with counterparts in other USAID-funded projects in the area to discuss possible areas of collaboration.

- Existence of collaborative initiatives.
- Incorporation of the Mother and Child Community Health Services Project into scheduled MOH inoculation and educational campaigns slated for the area.
- Existence of a formal system of referrals with other healthcare facilities on the local, departmental and national level for patients who require health services not provided by the program.

F. Final implementation of institutional capacities:

Date of activity completion: July 31, 2002

Duration of activity: Two months

Indicators:

- Existence of a strategic plan.
- Presence of a system for preparing annual operational plans.
- Presence of a manager whose job description includes responsibility for developing, revising, and assessing implementation of strategic and operational plans.
- Presence of detailed, accurate, and up-to-date job descriptions.
- Presence of a system for regular staff performance assessment.
- Presence of a system for assessing the effectiveness of staff training.
- Presence of a schedule for periodic staff training sessions in the future.
- Presence of an accounting system that provides income/revenue data and cash flow analysis based on specific service cost categories.
- Presence of a financial system that meets the requirements for the proper use of USAID funds.
- Presence of an information system that provides reliable information on clients and services.
- Presence of a system for periodically reviewing the logistical needs and resources of the institution.
- Presence of a manager whose job description includes resource management tasks.
- Have all of the above-mentioned activities been fully accomplished?
- If not, what steps are being taken to avoid a negative impact on the initiation of service delivery?
- Will the clinic be fully operational on the projected date of opening?

E. Service Delivery

Service delivery is expected to begin on, or before, July 31, 2002.

Date of activity completion: September 30, 2002 (continuing into subsequent reporting period)

Duration of activity: Two months (in this reporting period)

Indicators:

- Existence of a fully operational mother and child clinic in Santiago de María.
- Compliance with all programmatic details defined in the AmeriCares Program Description, Attachment II of the USAID/AmeriCares cooperative agreement.
- Presence of fully implemented medical programs (clinical services), as described in the Program Description.
- Presence of fully implemented community outreach programs, as described in the Program Description.
- Achievement of all above benchmarks.

F. Monitoring

Date of activity completion: September 30, 2002 (to be continued in subsequent reporting period)

Duration of activity: On-going

Indicators:

- Existence of a Performance Monitoring Plan.
- Presence of a system for assessing the effectiveness of the PMP.
- Presence of a manager whose job description includes responsibility for implementing the PMP.
- Presence of a system for incorporating conclusions from past assessments into operational strategies.
- Presence of a system for establishing targets for the following reporting period.
- Presence of monthly progress reports.
- Presence of monthly financial reports.
- Presence of quarterly program reporting.
- Presence of quarterly financial reporting.
- Presence of a system for regular staff performance assessment.

III Schedule of activities (Chronogram)

ACTIVITY	Year 1 (Oct. 1, 2001 to Sept. 30, 2002)											
	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Ramp-up Phase	•	•	•									
Construction contract		•	•									
Constr. Supervisor contract		•	•									
Project Coordinator contract		•	•									
Construction of Facility			•	•	•	•	•	•	•	•		
Equip. & Supplies Contracts	•	•	•	•	•	•	•	•				
Major Medical Equip. contract	•	•	•	•								
Other Equip. contracts				•	•	•						
Supplies contracts							•	•	•			
Equip. Delivery & Installation							•	•	•			
Major medical equipment							•	•	•			
Other equipment							•	•	•			
Supplies							•	•	•			
Systems Implementation							•	•	•	•	•	•
Contracting key personnel							•	•	•			
Contracting other personnel							•	•	•			
Personnel training							•	•	•			
Baseline study									•	•		
Public awareness campaign									•	•	•	•
Relationships w/ other health institutions									•	•	•	•
Finalize institutional capacity building									•	•		
Service Delivery											•	•
Clinical services											•	•
Community outreach											•	•
Monitoring	•	•	•	•	•	•	•	•	•	•	•	•
Technical performance reports			•			•			•			
Financial reporting			•			•			•			
Program reporting			•			•			•			

IV Financial Plan

Currently, the process of establishing the Letter of Credit is underway. All necessary documentation has been submitted to Washington by AmeriCares, and approval of the LOC is pending. Therefore, to date, no program expenses have been claimed against this USAID award.

A. Financial reporting

During the course of the Program, USAID will be conducting concurrent audits of the USAID resources managed by AmeriCares. An audit report will be issued quarterly by USAID. Annually, AmeriCares will submit an A-133 audit to USAID. In addition to audits, monthly reports of the financial transactions will be filed, under the supervision of the Comptroller. These monthly reports will be compiled and summarized quarterly, semi-annually, and annually. All invoices will be approved by the Project Director and payments will be issued by the Comptroller.

Date of activity completion: On-going

Indicators:

- Has AmeriCares submitted all financial statements to USAID, as required under the cooperative agreement?
- Has AmeriCares met its' cost-sharing commitment for the period in question, as described in the USAID cooperative agreement?
- Have all recommendations by USAID auditors been implemented?
- If not, why?
- Have all invoices for goods and services been corroborated by AmeriCares staff before payment to the vendor was effectuated?
- Has any budget line item been exceeded?
- Have any unexpected expenses been incurred?
- Have any excess funds been noted?
- If so, have these funds been reprogrammed?
- Have expenses during the monitoring period exceeded or fallen short of projected cash needs for the period?
- In either case, why has the disparity occurred?
- Have any irregularities or questionable expenses been noted?
- Have any late-payment penalties been charged to AmeriCares or the sub-grantee?
- Has the sub-grantee submitted appropriate documentation to support their use of funds?
- Has any violation of US Government regulations regarding the use of USAID funds been noted?