

PMR Operational Report

Operation Number	GY-L1058	Chief of Operations Validation Date	10/12/18
Year- PMR Cycle	First period Jan-Jun 2018	Division Chief Validation Date	
Last Update	09/28/18	Country Representative Validation Date	
PMR Validation Stage	Validated by Chief of Operations		

Basic Data

Operation Profile

Operation Name	Support to Improve Maternal and Child Health	Loan Number	3779/BL-GY
Executing Agency	MINISTRY OF HEALTH	Sector/Subsector	SA-HSS - HEALTH-HEALTH SYSTEM STRENGTHENING
Team Leader	DISTRUTTI, MARCELLA	Overall Stage	Disbursing (From eligibility until all the Operations are closed)
Operation Type	Loan Operation	Country	GUYANA
Lending Instrument	Investment Loan	Convergence related Operation(s)	
Borrower	COOPERATIVE REPUBLIC OF GUYANA		

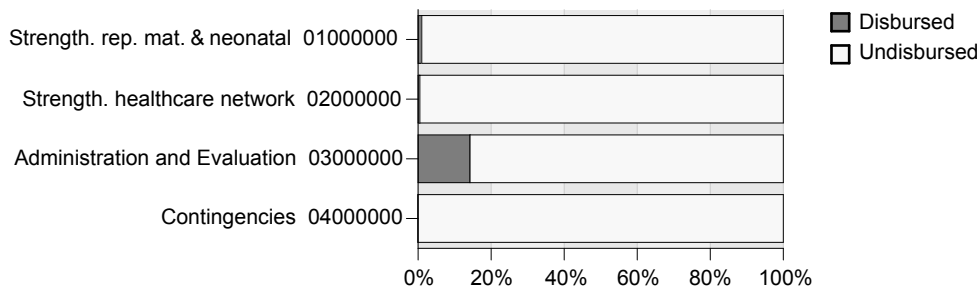
Environmental and Social Safeguards

Impacts Category	B	Was/Were the objective(s) of this operation reformulated?	NO
Safeguard Performance Rating	Partially Satisfactory	Date of approval	
Safeguard Performance Rating - Rationale	Although the program has begun disbursement key program components have not yet commence. Proper medical waste management measure are in place, as well as adequate measures for occupation health and safety.		

Financial Data

Item	Total Cost and Source					Available Funds (US\$)			
	Original IDB	Current IDB	Local Counterpart	Co-Financing / Country	Total Original Cost	Current IDB	Disb. Amount to Date	% Disb	Undisbursed Amount
GY-L1058	8,000,000	8,000,000	0	0	8,000,000	8,000,000	1,167,632	14.60%	6,832,368
Aggregated	8,000,000	8,000,000	0	0	8,000,000	8,000,000	1,167,632	14.60%	6,832,368

Expense Categories by Loan Contract (cumulative values)



Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains. Please also note that inactive indicators and outputs are not displayed; totals in the actual cost table may not match the sum of the cost of the outputs displayed, due to the cost of inactive outputs.

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IMPACTS

Impact Nbr. 0: Contribute to the reduction of maternal, perinatal, and neonatal deaths in Guyana by 2021

Observation:

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.0	Maternal mortality ratio.	Ratio	121.70	2014	P		87.90
					P(a)		87.90
					A		

Details

Means of verification: Chief Medical Officer (CMO) Report

Observations: MMR at the national level estimated using preliminary data from the CMO Report.

Pro-Gender	No	Pro-Ethnicity	No
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Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.1	Neonatal Mortality Rate	Ratio	21.70	2014	P		15.20
					P(a)		15.20
					A		

Details

Means of verification: CMO Report

Observations: NMR at the national level estimated using preliminary data from the CMO Report

Pro-Gender	No	Pro-Ethnicity	No
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OUTCOMES

Outcome Nbr. 0: Increased access and use of reproductive, maternal, and neonatal health services

Observation:

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.0	First time users of family planning methods for the year.	Number of clients	5,799.00	2014	P		9,799.00
					P(a)		9,799.00
					A		

Details

Means of verification: MCH Report, Clinic Summary Report (CSR)

Observations: Calculated for intervention areas.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.1	Pregnant women with anemia at first antenatal visit.	%	21.10	2014	P		11.10
					P(a)		11.10
					A		

Details

Means of verification: MCH Report, CSR

Observations: Calculated for intervention areas. Excludes "result not known".

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.2	Births from adolescent mothers (19 years and younger).	%	19.10	2014	P		15.10
					P(a)		15.10
					A		

Details

Means of verification: Vital Statistics, Ministry of Health Statistical Bulletin

Observations: Calculated for intervention areas.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.3	Women who receive antenatal care before 12 weeks pregnant.	%	23.90	2014	P		30.90

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0.3	Women who receive antenatal care before 12 weeks pregnant.	%	23.90	2014	P(a)		30.90
					A		

Details

Means of verification: MCH Report, Clinic Summary Report (CSR)

Observations: Calculated for intervention areas. Excludes “unknown”. The survey to collect the baseline data will be conducted in 2018.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.4	Women who gave birth in a health facility in the rural interior.	%	15.80	2014	P		25.80
					P(a)		25.80
					A		

Details

Means of verification: MCH Report, Clinic Summary Report (CSR)

Observations: Calculated for region 9. Numerator considers “hospital” and “health center” deliveries.

Pro-Gender No **Pro-Ethnicity** No

Outcome Nbr. 2: Increased effectiveness of the maternal and neonatal healthcare network

Observation:

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
2.0	Women that are referred to the national hospital for obstetric conditions that could have been resolved at another level of care.	%		2017	P		
					P(a)		
					A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas. The baseline will be updated with the results of the HFS, which will be conducted in 2018. EOP has been defined during design as -50%PP over baseline data and will be calculated once the baseline has been established.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
2.1	Health facilities with continuous availability of inputs and equipment to provide essential and emergency obstetric and neonatal care.	%		2017	P		85.00
					P(a)		85.00
					A		

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OUTCOMES

Details						
Means of verification: HFS, MRR						
Observations: Calculated for health facilities in intervention areas that provide routine birth services. A goal of 85% is standard for this quality indicator. The baseline will be updated with the results of the HFS, which will be conducted in 2018.						
Pro-Gender	No	Pro-Ethnicity			No	

Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
2.2	Health facilities with continuous availability of inputs and equipment to provide quality antenatal and post-natal care.		2017	P		85.00
				P(a)		85.00
				A		

Details						
Means of verification: HFS, MRR						
Observations: Calculated for health facilities in intervention areas that provide antenatal and postnatal care. A goal of 85% is standard for this quality indicator. The baseline will be updated with the results of the HFS, which will be conducted in 2018.						
Pro-Gender	No	Pro-Ethnicity			No	

Outcome Nbr. 1: Improved quality of reproductive, maternal, and neonatal health services

Observation:

Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.5	Pregnant women receiving quality antenatal care according to best practices.		2017	P		
				P(a)		
				A		

Details						
Means of verification: Health Facility Surveys (HFS), Medical Record Review (MRR) module						
Observations: Calculated for health facilities in intervention areas that provide antenatal care. The baseline will be updated with the results of the HFS, which will be conducted in 2018. EOP has been defined during design as +15%PP over baseline data and will be calculated once the baseline has been established.						
Pro-Gender	No	Pro-Ethnicity			No	

Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.6	Deliveries for which the partograph was used according to best practices.		2017	P		
				P(a)		
				A		

Details						
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OUTCOMES

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. The baseline will be updated with the results of the HFS, which will be conducted in 2018. EOP has been defined during design as +20%PP over baseline data and will be calculated once the baseline has been established.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.7	Institutional deliveries in which the Active Management of the Third Stage of Labor is conducted according to the norms.	%		2017	P		85.00
					P(a)		85.00
					A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. A goal of 85% is standard for this quality indicator. The baseline will be updated with the results of the HFS, which will be conducted in 2018.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.8	Institutional deliveries for which immediate neonatal care was provided to the infant according to the norms.	%		2017	P		85.00
					P(a)		85.00
					A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. A goal of 85% is standard for this quality indicator. The baseline will be updated with the results of the HFS, which will be conducted in 2018.

Pro-Gender No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.9	Neonates with complications (prematurity, low birth weight, asphyxia and sepsis) managed according to norms.	%		2017	P		
					P(a)		
					A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. The baseline will be updated with the results of the HFS, which will be conducted in 2018. EOP has been defined during design as +20%PP over baseline data and will be calculated once the baseline has been established.

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OUTCOMES

Pro-Gender	No	Pro-Ethnicity	No
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Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.10	Obstetric complications (sepsis, hemorrhage, severe pre-eclampsia and eclampsia) managed according to norms.		2017	P		
				P(a)		
				A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. The baseline will be updated with the results of the HFS, which will be conducted in 2018. EOP has been defined during design as +20%PP over baseline data and will be calculated once the baseline has been established.

Pro-Gender	No	Pro-Ethnicity	No
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Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.11	Women that received immediate postpartum care according to best practices (every 15 minutes in the first hour and every 30 minutes in the second hour).		2017	P		85.00
				P(a)		85.00
				A		

Details

Means of verification: HFS, MRR

Observations: Calculated for health facilities in intervention areas that provide routine birth services. A goal of 85% is standard for this quality indicator. The baseline will be updated with the results of the HFS, which will be conducted in 2018.

Pro-Gender	No	Pro-Ethnicity	No
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RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 1 Strengthening reproductive, maternal, and neonatal health services

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2018	EOP 2022	2018	EOP 2022
1.1	Community health platform plan developed.	Plan	P	1	1	100,000	100,000
			P(a)	0	1	0	100,000
			A	0	0	0	0
1.2	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	0	110	25,000	315,000
			P(a)	20	130	43,200	356,540
			A	0	0	67,722	91,062
1.3	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Workers	P	0	110	0	90,000
			P(a)	20	130	0	90,000
			A	0	0	0	0
1.4	Incentive mechanism to promote the use of health services in region 9 designed.	Mechanism	P	1	1	50,000	50,000
			P(a)	0	1	0	50,000
			A	0	0	0	0
1.5	Women receiving incentives for a delivery in an health facility.	Beneficiaries (#)	P	0	1,148	0	166,863
			P(a)	0	1,148	0	166,863
			A	0	0	0	0
1.6	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Communities	P	0	225	0	360,000
			P(a)	0	225	0	360,000
			A	0	0	0	0
1.7	Health benefit package and operational model updated.	Document	P	2	2	38,000	50,000
			P(a)	2	2	50,000	50,000
			A	0	0	0	0
1.8	Health benefit package and operational model implemented.	Model	P	0	1	100,000	430,000
			P(a)	0	1	100,000	430,000
			A	0	0	0	0
1.9	Health facilities with Quality Improvement Strategy (QIS) for maternal and neonatal health implemented (8 hospitals from regions 3, 9, 4 and 3 health centers).	Facilities	P	0	11	90,000	460,000
			P(a)	0	11	12,000	460,000
			A	0	0	0	0
1.10	Health facilities with supply chain management system improved.	Facilities	P	0	152	60,000	160,000
			P(a)	0	152	4,000	160,000
			A	0	0	0	0
1.11	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Professionals	P	0	256	40,000	230,000
			P(a)	0	256	4,000	230,000
			A	0	0	0	0
1.12	Information system in health facilities improved.	System	P	0	1	30,000	100,000
			P(a)	0	1	4,000	100,000
			A	0	0	0	0
1.13	Health facilities equipped with hardware and software for implementing the information system.	Facilities	P	0	152	0	250,000
			P(a)	0	152	0	250,000
			A	0	0	0	0

RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 2 Strengthening the healthcare network

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2018	EOP 2022	2018	EOP 2022
2.1	National health care assessment concluded.	Network	P	1	1	390,000	440,000
			P(a)	1	1	440,000	440,000
			A	0	0	105,515	105,515
2.2	Communication system for referral and counter-referral implemented.	System	P	0	1	0	56,500
			P(a)	0	1	0	56,500
			A	0	0	0	0
2.3	Laboratory test management and information system designed and implemented.	System	P	0	1	80,000	160,000
			P(a)	0	1	4,000	160,000
			A	0	0	0	0
2.4	Laboratories equipped.	Laboratories	P	0	8	0	100,000
			P(a)	0	8	0	100,000
			A	0	0	0	0
2.5	Obstetric unit in CC Nicholson Hospital rehabilitated.	Facilities	P	1	1	480,000	500,000
			P(a)	0	1	40,000	500,000
			A	0	0	0	0
2.6	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	1	1	400,000	400,000
			P(a)	1	1	400,000	400,000
			A	0	0	0	0
2.7	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Hospital	P	0	1	0	1,575,000
			P(a)	0	1	0	1,575,000
			A	0	0	0	0
2.8	Regional hospitals equipped with obstetric and new born care equipment.	Hospital	P	0	3	0	250,000
			P(a)	0	3	0	250,000
			A	0	0	0	0
2.9	Maternity waiting homes network enhanced.	Homes	P	1	3	62,818	160,635
			P(a)	1	3	97,818	160,635
			A	0	0	20,213	20,213
2.10	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	Ambulances	P	3	3	250,000	250,000
			P(a)	3	3	250,000	250,000
			A	0	0	0	0

Component Nbr. 3 Administration and Evaluation

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2018	EOP 2022	2018	EOP 2022
3.1	Mid-term evaluation conducted.	Evaluation	P	0	1	0	35,000
			P(a)	0	1	0	35,000
			A	0	0	0	0
3.2	Health facility survey conducted.	Survey	P	0	1	0	50,000
			P(a)	0	1	0	50,000
			A	0	0	0	0
3.3	Synthetic control evaluation conducted.	Evaluation	P	0	1	0	20,000
			P(a)	0	1	0	20,000
			A	0	0	0	0

Other Cost

	Staff hired.	P			164,167	835,746
		P(a)			164,167	794,961
		A			65,328	110,534
	MCH Unit equipments.	P			0	53,212
		P(a)			0	21,607
		A			25,927	47,534
	Operating expenses.	P			28,000	127,044
		P(a)			28,000	116,406
		A			7,810	12,699
	Vehicles.	P			0	75,000
		P(a)			0	67,961
		A			0	67,961
	Unforeseen expenses.	P			0	150,000
		P(a)			0	198,527
		A			0	0

Total Cost

	Total Cost	P			2,387,985	8,000,000
		P(a)			1,641,185	8,000,000
		A			292,515	455,518

CHANGES TO THE MATRIX

No information available for this section