

PMR Operational Report

Operation Number	GY-L1058	Chief of Operations Validation Date	10/18/19
Year- PMR Cycle	First period Jan-Jun 2019	Division Chief Validation Date	
Last Update	10/03/19	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		

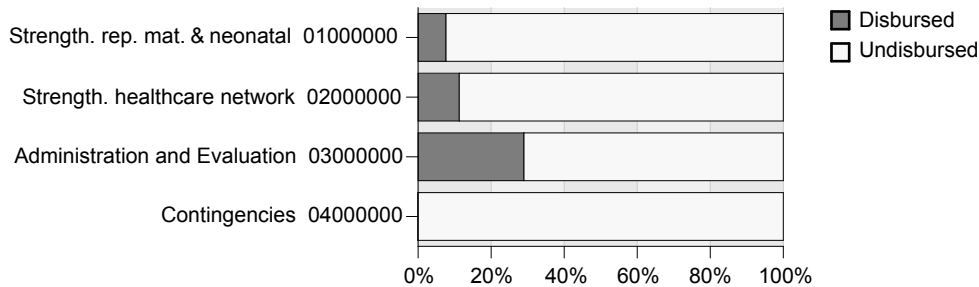
Environmental and Social Safeguards

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	The project implementation unit (PIU) team is working on developing the TDR for the development of the operational ESMP for the Georgetown Hospital (hiring a consultant). Consultations were completed for the minor construction activities in Lethem. Planning for the new hospital clinic at Paradise is still underway		

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	2,681,588.04	33.52%	5,318,411.96
Aggregated	8,000,000	8,000,000	0	0	8,000,000	8,000,000	2,681,588.04	33.52%	5,318,411.96

Expense Categories by Loan Contract (cumulative values)



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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
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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
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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.	%	30.20	2017	P		
					P(a)		45.20
					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
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Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.6	Deliveries for which the partograph was used according to best practices.	%	21.90	2017	P		
					P(a)		41.90
					A		

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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		
Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.7	Institutional deliveries for which oxytocin was administered immediately following birth as part of Active Management of the Third Stage of Labor.	%	94.50	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.	%	1.60	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.	%	6.20	2017	P		
					P(a)		26.20
					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							

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OUTCOMES

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
1.10	Obstetric complications (sepsis, hemorrhage, severe pre-eclampsia and eclampsia) managed according to norms.	%	8.90	2017	P	
					P(a)	28.90
					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).	%	2.00	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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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.	%	87.90	2017	P	
					P(a)	37.90
					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.

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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
2.1	Health facilities with continuous availability of inputs and equipment to provide essential and emergency obstetric and neonatal care.	%	0.00	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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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.	%	1.50	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
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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	
				2019	EOP 2022	2019	EOP 2022
1.1	Community health platform plan developed.	Plan	P	0	1	0	100,000
			P(a)	0	1	50,000	100,000
			A	0	0	64,936	64,936
1.2	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	110	110	145,000	315,000
			P(a)	0	130	67,181	315,000
			A	0	0	0	91,062
1.3	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Workers	P	110	110	90,000	90,000
			P(a)	6	130	32,000	90,000
			A	0	20	0	12,809
1.4	Incentive mechanism to promote the use of health services in region 9 designed.	Mechanism	P	0	1	0	50,000
			P(a)	1	1	50,000	50,000
			A	0	0	64,936	64,936
1.5	Women receiving incentives for a delivery in an health facility.	Beneficiaries (#)	P	373	1,148	54,215.94	166,863
			P(a)	0	1,148	0	166,862.61
			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	185,000	360,000
			P(a)	0	100	0	360,000
			A	0	0	0	0
1.7	Health benefit package and operational model updated.	Document	P	0	2	0	50,000
			P(a)	2	2	191,000	191,000
			A	0	0	76,592	76,592
1.8	Health benefit package and operational model implemented.	Model	P	0	1	130,000	430,000
			P(a)	0	1	80,000	290,000
			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	200,000	460,000
			P(a)	0	11	78,000	460,000
			A	0	0	64,936	76,936
1.10	Health facilities with supply chain management system improved.	Facilities	P	152	152	100,000	160,000
			P(a)	0	152	0	160,000
			A	0	0	0	0
1.11	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Professionals	P	256	256	95,000	230,000
			P(a)	0	256	50,000	230,000
			A	0	0	64,936	68,936
1.12	Information system in health facilities improved.	System	P	1	1	70,000	100,000
			P(a)	0	1	45,000	100,000
			A	0	0	0	0
1.13	Health facilities equipped with hardware and software for implementing the information system.	Facilities	P	152	152	125,000	250,000
			P(a)	10	152	8,000	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	
				2019	EOP 2022	2019	EOP 2022
2.1	National health care assessment concluded.	Network	P	0	1	0	440,000
			P(a)	0	1	10,000	386,096
			A	0	1	48,727	424,823
2.2	Communication system for referral and counter-referral implemented.	System	P	1	1	56,500	56,500
			P(a)	1	1	37,198	56,500
			A	0	0	0	19,302
2.3	Laboratory test management and information system designed and implemented.	System	P	1	1	80,000	160,000
			P(a)	0	1	0	160,000
			A	0	0	0	0
2.4	Laboratories equipped.	Laboratories	P	4	8	50,000	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	0	1	0	500,000
			P(a)	0	1	20,000	461,400
			A	0	0	5,602	7,002
2.6	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	0	1	0	400,000
			P(a)	1	1	341,000	341,000
			A	1	1	273,141	273,141
2.7	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Hospital	P	1	1	1,575,000	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	3	3	250,000	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	62,817	160,635
			P(a)	1	3	14,388	160,635
			A	0	1	21,261	68,988
2.10	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	Ambulances	P	0	3	0	250,000
			P(a)	3	3	220,982	220,982
			A	1	1	68,121	68,121

Component Nbr. 3 Administration and Evaluation

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2019	EOP 2022	2019	EOP 2022
3.1	Mid-term evaluation conducted.	Evaluation	P	1	1	35,000	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	782,930
		A			78,153	275,495
	MCH Unit equipments.	P			0	53,212
		P(a)			0	116,007
		A			0	116,007
	Operating expenses.	P			28,000	127,044
		P(a)			28,000	111,883
		A			40,455	68,821
	Vehicles.	P			0	75,000
		P(a)			0	67,961
		A			0	67,961
	Unforeseen expenses.	P			0	150,000
		P(a)			0	341,743.39
		A			0	0

Total Cost

	Total Cost	P			3,495,699.94	8,000,000
		P(a)			1,486,916	8,000,000
		A			871,796	1,845,868

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CHANGES TO THE MATRIX

Section	Name	Reasons	Type of Change	Subtype	Modified By	Entered in the System
Outcome	Deliveries for which the partograph was used according to best practices.	Baseline added.	Modify Outcome Indicator	Modify EOP P(a)	MARCELLAD	10/01/2019
						10/02/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Health facilities with continuous availability of inputs and equipment to provide essential and emergency obstetric and neonatal care.	Baseline added.	Modify Outcome Indicator	Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Health facilities with continuous availability of inputs and equipment to provide quality antenatal and post-natal care.	Baseline added.	Modify Outcome Indicator	Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Institutional deliveries for which immediate neonatal care was provided to the infant according to the norms.	Baseline added.	Modify Outcome Indicator	Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Institutional deliveries for which oxytocin was administered immediately following birth as part of Active Management of the Third Stage of Labor.	Baseline added.	Modify Outcome Indicator	Modify Indicator name	MARCELLAD	09/23/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	10/02/2019
	Institutional deliveries in which the Active Management of the Third Stage of Labor is conducted according to the norms.	Baseline added.	Modify Outcome Indicator	Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Neonates with complications (prematurity, low birth weight, asphyxia and sepsis) managed according to norms.	Baseline added.	Modify Outcome Indicator	Modify EOP P(a)	MARCELLAD	10/01/2019
						10/02/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Obstetric complications (sepsis, hemorrhage, severe pre-eclampsia and eclampsia) managed according to norms.	Baseline added.	Modify Outcome Indicator	Modify EOP P(a)	MARCELLAD	10/01/2019
						10/02/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Pregnant women receiving quality antenatal care according to best practices.	Baseline added.	Modify Outcome Indicator	Modify EOP P(a)	MARCELLAD	10/01/2019
						10/02/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	Women that are referred to the national hospital for obstetric conditions that could have been resolved at another level of care.	Baseline added.	Modify Outcome Indicator	Modify EOP P(a)	MARCELLAD	10/01/2019
						10/02/2019
				Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019
	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).	Baseline added.	Modify Outcome Indicator	Update Baseline and/or Baseline Year (when there was a previous value)	MARCELLAD	09/23/2019

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IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories

Acquisitions and Procurement - Provider Performance and Supervision