

# PMR Operational Report

<b>Operation Number</b>	GY-L1058	<b>Chief of Operations Validation Date</b>	04/06/20
<b>Year- PMR Cycle</b>	Second period Jan-Dec 2019	<b>Division Chief Validation Date</b>	04/06/20
<b>Last Update</b>	04/03/20	<b>Country Representative Validation Date</b>	04/30/20
<b>PMR Validation Stage</b>	Validated by Representative		

## Basic Data

### Operation Profile

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

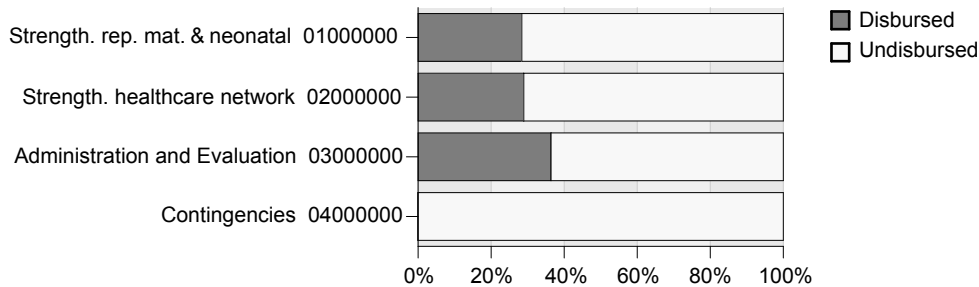
## Environmental and Social Safeguards

<b>Impacts Category</b>	B	<b>Was/Were the objective(s) of this operation reformulated?</b>	NO
<b>Safeguard Performance Rating</b>	Partially Satisfactory	<b>Date of approval</b>	
<b>Safeguard Performance Rating - Rationale</b>	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	3,635,730.42	45.45%	4,364,269.58
<b>Aggregated</b>	<b>8,000,000</b>	<b>8,000,000</b>	<b>0</b>	<b>0</b>	<b>8,000,000</b>	<b>8,000,000</b>	<b>3,635,730.42</b>	<b>45.45%</b>	<b>4,364,269.58</b>

## Expense Categories by Loan Contract (cumulative values)



Please 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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### RESULTS MATRIX

#### 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.

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	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

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	No
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## PMR Operational Report

### RESULTS MATRIX

#### 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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### RESULTS MATRIX

#### OUTCOMES

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. 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

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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### RESULTS MATRIX

#### OUTCOMES

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							

## PMR Operational Report

### RESULTS MATRIX

#### OUTCOMES

been defined during design as +20%PP over baseline data and will be calculated once the baseline has been established.

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	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.

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	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.

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	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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### RESULTS MATRIX

#### OUTCOMES

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.	%	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	
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	

## 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	124,775
			A	1	1	124,775	124,775
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	85	0	21,426	112,488
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	129	32,000	90,000
			A	5	25	25,066	37,875
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	113,638
			A	1	1	113,638	113,638
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	166,832.65
			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	361,860
			A	0	0	1,860	1,860
1.7	Health benefit package and operational model updated.	Document	P	0	2	0	50,000
			P(a)	2	2	191,000	194,184
			A	2	2	194,184	194,184
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	508,422
			A	0	0	126,422	138,422
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	113,638	117,638
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	429,294
			A	0	1	53,198	429,294
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	12,661	31,963
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	500,000
			A	0	0	8,482	9,882
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	273,141
			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	1,000,000
			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	1	2	43,352	91,079
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	4	220,982	251,208
			A	3	3	222,190	222,190
2.11	Health centres equipped.	Health centres	P		0		0
			P(a)		150		500,000
			A	0	0		0

## RESULTS MATRIX

### OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

#### 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	758,876
		A			140,113	337,455
	MCH Unit equipments.	P			0	53,212
		P(a)			0	116,192
		A			185	116,192
	Operating expenses.	P			28,000	127,044
		P(a)			28,000	110,029
		A			26,146	54,512
	Vehicles.	P			0	75,000
		P(a)			0	67,961
		A			0	67,961
	Unforeseen expenses.	P			0	150,000
		P(a)			0	256,452.35
		A			0	0

#### Total Cost

	Total Cost	P			3,495,699.94	8,000,000
		P(a)			1,486,916	8,000,000
		A			1,500,477	2,474,549

# PMR Operational Report

## CHANGES TO THE MATRIX

Section	Name	Reasons	Type of Change	Subtype	Modified By	Entered in the System
Output	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	The update reflects the current number of communities in the region.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Community health platform plan developed.	The community health platform plan was developed in 2019. The target was updated accordingly.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/12/2020
	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	This update reflects an update in programming due to change in government priorities.	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MLOLIVERI	03/10/2020
	Equipment for health centres	A new product was added in order to reflect country's needs and priorities, in line with the goals of the project.	Create Output	N/A	MLOLIVERI	03/10/2020
	Georgetown hospital equipped with emergency obstetric and new born care equipment.	This update reflect a change in programing due to change in government priorities.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Health benefit package and operational model updated.	The health benefit package and operational model was updated in 2019.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Health facilities with Quality Improvement Strategy (QIS) for maternal and neonatal health implemented (8 hospitals from regions 3, 9, 4 and 3 health centers).	This update reflects an update in programming due to change in government priorities.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	This change reflects current execution of the component.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
				Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	03/22/2020
	Incentive mechanism to promote the use of health services in region 9 designed.	the update reflects that the incentive mechanism was designed in 2019.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	National health care assessment concluded.	The assessment was concluded in 2018.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Obstetric unit in CC Nicholson Hospital rehabilitated.	This update reflects a change in the government priorities.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/10/2020
	Women receiving incentives for a delivery in an health facility.	The target was updated to reflect country's priorities and execution status.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MLOLIVERI	03/12/2020

# PMR Operational Report

## IMPLEMENTATION STATUS AND LEARNING

### Lesson Learned - Categories

Environmental and Social Factors