

PMR Operational Report

Operation Number	GY-L1058	Chief of Operations Validation Date	10/31/20
Year- PMR Cycle	First period Jan-Jun 2020	Division Chief Validation Date	
Last Update	10/28/20	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	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		

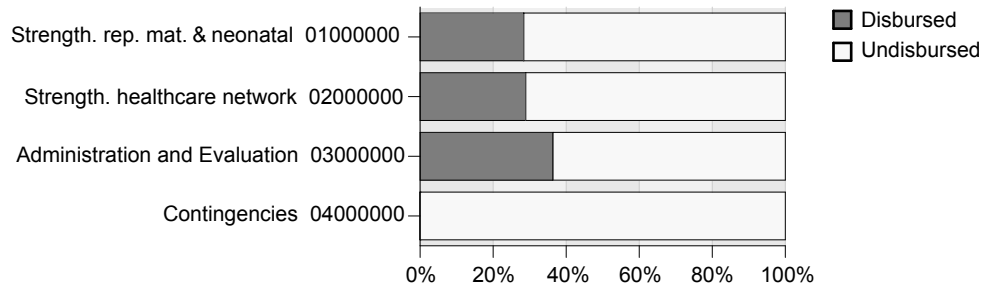
Environmental and Social Safeguards

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 executing unit (PEU) has been in a holding pattern due to the COVID-19 situation. Due to this there is still no ESMP for the Georgetown hospital (as of now this is planned for 2021). The location for the maternity clinic could change again and it is unclear if this will proceed so an ESA and ESMP is still on hold, although it has to be elaborated before the before construction activities start. There has been limited reporting on environmental and social issues.		

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
Aggregated	8,000,000	8,000,000	0	0	8,000,000	8,000,000	3,635,730.42	45.45%	4,364,269.58

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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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. 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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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	
				2020	EOP 2022	2020	EOP 2022
1.1	Community health platform plan developed.	Plan	P	0	1	0	100,000
			P(a)	0	1	0	124,775
			A	0	1	0	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)	23	138	60,000	315,000
			A	23	0	56,998	169,486
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)	1	110	14,344	90,000
			A	1	26	14,344	52,219
1.4	Incentive mechanism to promote the use of health services in region 9 designed.	Mechanism	P	0	1	0	50,000
			P(a)	0	1	0	113,638
			A	0	1	0	113,638
1.5	Women receiving incentives for a delivery in an health facility.	# of beneficiaries	P	383	1,148	55,669.45	166,863
			P(a)	100	1,148	80,000	163,204
			A	0	0	23,629	23,629
1.6	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Communités	P	225	225	175,000	360,000
			P(a)	0	100	0	361,860
			A	0	0	0	1,860
1.7	Health benefit package and operational model updated.	Document	P	0	2	0	50,000
			P(a)	0	2	0	194,184
			A	0	2	0	194,184
1.8	Health benefit package and operational model implemented.	Model	P	0	1	130,000	430,000
			P(a)	0	1	150,000	290,000
			A	0	0	58,626	58,626
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	11	11	170,000	460,000
			P(a)	9	11	132,403	460,977
			A	9	9	31,426	169,848
1.10	Health facilities with supply chain management system improved.	Facilities	P	0	152	0	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)	53	256	112,362	230,000
			A	53	0	25,974	143,612
1.12	Information system in health facilities improved.	System	P	0	1	0	100,000
			P(a)	0	1	0	30,000
			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)	0	152	0	230,000
			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	
				2020	EOP 2022	2020	EOP 2022
2.1	National health care assessment concluded.	Network	P	0	1	0	440,000
			P(a)	0	1	0	429,294
			A	0	1	0	429,294
2.2	Communication system for referral and counter-referral implemented.	System	P	0	1	0	56,500
			P(a)	0	1	10,000	59,788
			A	0	0	6,712	38,675
2.3	Laboratory test management and information system designed and implemented.	System	P	0	1	0	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	10,000	500,000
			A	0	0	0	9,882
2.6	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	0	1	0	400,000
			P(a)	0	1	68,353	341,494
			A	0	1	68,353	341,494
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	55,226.61
			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	2	30,000	230,000
			A	1	1	0	0
2.9	Maternity waiting homes network enhanced.	Homes	P	0	3	0	160,635
			P(a)	0	3	5,000	146,079
			A	0	2	4,147	95,226
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)	0	4	0	250,000
			A	0	3	0	222,190
2.11	Health centres equipped.	Health centres	P		0		0
			P(a)	0	150	0	500,000
			A	0	0	0	0
2.12	Emergency equipment to support the COVID-19 response	Health facilities	P		0		0
			P(a)	1	1	200,000	200,000
			A	0	0	89,942	89,942
2.13	Communication strategy implemented to support the COVID-19 response	Strategy	P		0		0
			P(a)	1	1	1,000,000	1,000,000
			A	0	0	0	0

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OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 3 Administration and Evaluation

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2020	EOP 2022	2020	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	758,876
		A			65,155	402,610
	MCH Unit equipments.	P			0	53,212
		P(a)			0	116,192
		A			0	116,192
	Operating expenses.	P			25,517	127,044
		P(a)			25,517	110,029
		A			8,397	62,909
	Vehicles.	P			0	75,000
		P(a)			0	67,961
		A			0	67,961
	Unforeseen expenses.	P			150,000	150,000
		P(a)			106,422.39	106,422.39
		A			0	0

Total Cost

	Total Cost	P			1,285,353.45	8,000,000
		P(a)			2,168,568.39	8,000,000
		A			453,703	2,928,252

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CHANGES TO THE MATRIX

Section	Name	Reasons	Type of Change	Subtype	Modified By	Entered in the System
Output	Communication for behavior change strategy designed.	Output updated according to planning.	Modify Milestone	Modify Milestone name	MARCELLAD	10/22/2020
	Communication strategy implemented to support the COVID-19 response	Product created to support the COVID-19 response. Resources from the project were reassigned to this product, with approval from the Government and the Bank.	Create Output	N/A	MARCELLAD	10/22/2020
	Communication system for referral and counter-referral implemented.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/23/2020
	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Output updated according to planning.	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	10/23/2020
	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Output updated according to planning.	Modify Output	Modify Physical EOP P(a)	MARCELLAD	10/25/2020
	Emergency equipment to support the COVID-19 response	Product created to support the COVID-19 response. Resources from the project were reassigned to this product, with approval from the Government and the Bank.	Create Output	N/A	MARCELLAD	10/22/2020
	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Product adjusted to reflect the resources mobilized for the two products related to COVID-19.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/25/2020
	Georgetown hospital equipped with essential obstetric and new born care equipment.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	DIMITRAS	10/23/2020
	Health facilities equipped with hardware and software for implementing the information system.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	DIMITRAS	10/23/2020
	Health facilities with Quality Improvement Strategy (QIS) for maternal and neonatal health implemented (8 hospitals from regions 3, 9, 4 and 3 health centers).	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/25/2020
	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/23/2020
	Information system in health facilities improved.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/25/2020
	Maternity waiting homes network enhanced.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/25/2020
	Regional hospitals equipped with obstetric and new born care equipment.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	DIMITRAS	10/23/2020
				Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	DIMITRAS	10/23/2020
	Women receiving incentives for a delivery in an health facility.	Output updated according to planning.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	10/25/2020

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IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories

Acquisitions and Procurement - Provider Performance and Supervision