

# PMR Public Report

<b>Operation Number</b>	GY-L1058	<b>Chief of Operations Validation Date</b>	04/22/21
<b>Year- PMR Cycle</b>	Second period Jan-Dec 2020	<b>Division Chief Validation Date</b>	04/22/21
<b>Last Update</b>	04/20/21	<b>Country Representative Validation Date</b>	05/12/21
<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 PUBLIC HEALTH	<b>Sector/Subsector</b>	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		

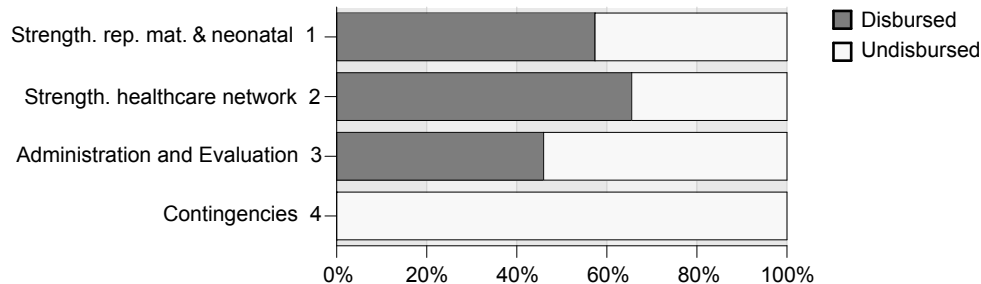
## Environmental and Social Safeguards

<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 PEU has been in a holding pattern due to the COVID-19 situation. As such, the ESMP for the Georgetown Public Hospital (GPHC) is still outstanding (now planned for late 2021). The location for the maternity clinic has officially changed and the PEU is now moving forward with the preparation of the ESA and ESMP – this will be completed prior to the start of construction activities. Overall, 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	6,023,084.62	75.29%	1,976,915.38
<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>6,023,084.62</b>	<b>75.29%</b>	<b>1,976,915.38</b>

## Expense Categories by Loan Contract (cumulative values)



## PMR Public Report

### RESULTS MATRIX

#### General Development Objectives

**General Development Objectives Nbr. 0:** Contribute to the reduction of maternal, perinatal, and neonatal deaths in Guyana by 2021

**Observation:**

	Indicator	Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement		Target
0.0	Maternal mortality ratio.	Ratio	121.70	2014	2022	P	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

The General Development objective indicator target is expected to be observed by the operation's "Fully Justified" date in Convergence (CO)

	Indicator	Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement		Target
0.1	Neonatal Mortality Rate	Ratio	21.70	2014	2022	P	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

The General Development objective indicator target is expected to be observed by the operation's "Fully Justified" date in Convergence (CO)

## PMR Public Report

### RESULTS MATRIX

#### Specific Development Objectives

**Specific Development Objectives 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
					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
					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
					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
					A		

#### Details

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

## PMR Public Report

### RESULTS MATRIX

#### Specific Development Objectives

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

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

#### Details

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

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

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

**Specific Development Objectives 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	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.

<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>	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	41.90
					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
-------------------	----	----------------------	----

Indicator	Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
1.7	Institutional deliveries for which oxytocin was	%	94.50	2017	P	85.00

## PMR Public Report

### RESULTS MATRIX

#### Specific Development Objectives

1.7	administered immediately following birth as part of Active Management of the Third Stage of Labor.	%	94.50	2017	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
					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		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 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
1.10	Obstetric complications (sepsis, hemorrhage, severe pre-eclampsia and eclampsia) managed according to norms.	%	8.90	2017	P		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.							

## PMR Public Report

### RESULTS MATRIX

#### Specific Development Objectives

Pro-Gender		No	Pro-Ethnicity				No
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
					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

**Specific Development Objectives 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		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.							
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
					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	%	1.50	2017	P		85.00

## PMR Public Report

### RESULTS MATRIX

#### Specific Development Objectives

2.2	and equipment to provide quality antenatal and post-natal care.	%	1.50	2017	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	
				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	177,859
			A	0	1	53,084	177,859
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	248,414
			A	23	0	125,926	238,414
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	1,048	80,000	266,721
			A	47	47	124,422	124,422
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	344,202
			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	165,747	165,747
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	30	132,403	460,977
			A	9	9	202,454	340,876
1.10	Health facilities with supply chain management system improved.	Facilities	P	0	152	0	160,000
			P(a)	0	152	0	163,282
			A	0	0	3,282	3,282
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	286,422
			A	53	0	112,362	230,000
1.12	Information system in health facilities improved.	System	P	0	1	0	100,000
			P(a)	0	1	0	38,670
			A	0	0	8,670	8,670
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	84,818
			A	0	0	32,721	64,684
2.3	Laboratory test management and information system designed and implemented.	System	P	0	1	0	160,000
			P(a)	0	1	0	80,000
			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	11,990	21,872
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	0
			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	30,000	250,000
			A	1	1	25,084	25,084
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	8,551	99,630
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	300,793
			A	1	4	78,603	300,793
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	199,319
			A	1	1	199,319	199,319
2.13	Communication strategy implemented to support the COVID-19 response	Strategy	P		0		0
			P(a)	1	1	1,000,000	967,838
			A	1	1	967,838	967,838

## RESULTS MATRIX

## 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	8,156	8,156
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			119,424	456,879
	MCH Unit equipments.	P			0	53,212
		P(a)			0	117,495
		A			1,303	117,495
	Operating expenses.	P			25,517	127,044
		P(a)			25,517	146,664
		A			57,716	112,228
	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	0
		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			2,389,349	4,863,898

## CHANGES TO THE MATRIX

Section	Name	Type of Change	Subtype	Modified By	Entered in the System
Output	Communication strategy implemented to support the COVID-19 response	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Communication system for referral and counter-referral implemented.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/09/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Community health platform plan developed.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Emergency equipment to support the COVID-19 response	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/09/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Georgetown hospital equipped with essential obstetric and new born care equipment.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health benefit package and operational model implemented.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health benefit package and operational model updated.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health centres equipped.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021

## CHANGES TO THE MATRIX

Section	Name	Type of Change	Subtype	Modified By	Entered in the System
Output	Health facilities equipped with hardware and software for implementing the information system.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health facilities with Quality Improvement Strategy (QIS) for maternal and neonatal health implemented (8 hospitals from regions 3, 9, 4 and 3 health centers).	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	03/22/2021
	Health facilities with supply chain management system improved.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health facility survey conducted.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/09/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Incentive mechanism to promote the use of health services in region 9 designed.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Information system in health facilities improved.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Laboratories equipped.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Laboratory test management and information system designed and implemented.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Maternity waiting homes network enhanced.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Mid-term evaluation conducted.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021

## CHANGES TO THE MATRIX

Section	Name	Type of Change	Subtype	Modified By	Entered in the System
Output	National health care assessment concluded.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Obstetric unit in CC Nicholson Hospital rehabilitated.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Regional hospitals equipped with obstetric and new born care equipment.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	03/09/2021
	Synthetic control evaluation conducted.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
	Women receiving incentives for a delivery in an health facility.	Modify Output	Modify Baseline and/or Baseline Year	MARCELLAD	04/16/2021
			Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	03/22/2021
			Modify Means of Verification	MARCELLAD	04/16/2021
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	03/09/2021

# PMR Public Report

## IMPLEMENTATION STATUS AND LEARNING

### Lesson Learned - Categories

Acquisitions and Procurement - Provider Performance and Supervision