

PMR Public Report

Operation Number	GY-L1058	Chief of Operations Validation Date	10/21/21
Year- PMR Cycle	First period Jan-Jun 2021	Division Chief Validation Date	
Last Update	10/08/21	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 PUBLIC 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		

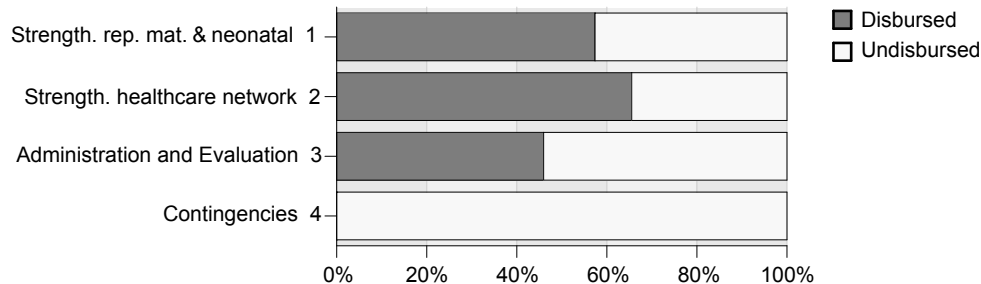
Environmental and Social Safeguards

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 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
Aggregated	8,000,000	8,000,000	0	0	8,000,000	8,000,000	6,023,084.62	75.29%	1,976,915.38

Expense Categories by Loan Contract (cumulative values)



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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.

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
					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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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.

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	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.

Pro-Gender	No	Pro-Ethnicity	No
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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.							

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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	
				2021	EOP 2022	2021	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	0	177,859
1.2	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	0	110	0	315,000
			P(a)	10	138	10,000	248,414
			A	0	0	0	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)	84	110	37,781	90,000
			A	0	26	0	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	392	1,148	56,977.61	166,863
			P(a)	1,001	1,048	142,299	266,721
			A	50	97	14,200	138,622
1.6	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Communités	P	0	225	0	360,000
			P(a)	100	100	342,342	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	1	1	70,000	430,000
			P(a)	1	1	124,253	290,000
			A	0	0	712	166,459
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	0	460,000
			P(a)	21	30	120,101	460,977
			A	0	9	15,582	356,458
1.10	Health facilities with supply chain management system improved.	Facilities	P	0	152	0	160,000
			P(a)	152	152	160,000	163,282
			A	0	0	0	3,282
1.11	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Professionals	P	0	256	0	230,000
			P(a)	203	256	56,422	286,422
			A	0	0	0	230,000
1.12	Information system in health facilities improved.	System	P	0	1	0	100,000
			P(a)	1	1	30,000	38,670
			A	0	0	0	8,670
1.13	Health facilities equipped with hardware and software for implementing the information system.	Facilities	P	0	152	0	250,000
			P(a)	152	152	230,000	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	
				2021	EOP 2022	2021	EOP 2022
2.1	Maternity waiting homes network enhanced.	Homes	P	0	3	0	160,635
			P(a)	1	3	46,449	146,079
			A	1	3	90,185.59	189,815.59
2.2	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
2.3	Laboratory test management and information system designed and implemented.	System	P	0	1	0	160,000
			P(a)	1	1	80,000	80,000
			A	0	0	0	0
2.4	Obstetric unit in CC Nicholson Hospital rehabilitated.	Facilities	P	0	1	0	500,000
			P(a)	1	1	478,128	500,000
			A	0	0	0	21,872
2.5	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	0	1	0	400,000
			P(a)	0	1	0	341,494
			A	0	1	0	341,494
2.6	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	0	4	1,602	302,395
2.7	Communication system for referral and counter-referral implemented.	System	P	0	1	0	56,500
			P(a)	1	1	20,134	84,818
			A	1	1	16,112	80,796
2.8	Laboratories equipped.	Laboratories	P	0	8	0	100,000
			P(a)	8	8	100,000	100,000
			A	0	0	0	0
2.9	Regional hospitals equipped with obstetric and new born care equipment.	Hospital	P	0	3	0	250,000
			P(a)	2	3	224,916	250,000
			A	0	1	0	25,084
2.10	Health centres equipped.	Health centres	P		0		0
			P(a)	150	150	500,000	500,000
			A	0	0	0	0
2.11	Emergency equipment to support the COVID-19 response	Health facilities	P		0		0
			P(a)	0	1	0	199,319
			A	0	1	0	199,319
2.12	Communication strategy implemented to support the COVID-19 response	Strategy	P		0		0
			P(a)	0	1	0	967,838
			A	0	1	0	967,838

RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 3 Administration and Evaluation

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2021	EOP 2022	2021	EOP 2022
3.1	Mid-term evaluation conducted.	Evaluation	P	0	1	0	35,000
			P(a)	1	1	26,844	35,000
			A	1	1	0	8,156
3.2	Health facility survey conducted.	Survey	P	1	1	50,000	50,000
			P(a)	1	1	50,000	50,000
			A	0	0	0	0
3.3	Synthetic control evaluation conducted.	Evaluation	P	1	1	20,000	20,000
			P(a)	1	1	20,000	20,000
			A	0	0	0	0

Other Cost

	Staff hired.	P			257,254	835,746
		P(a)			301,997	758,876
		A			87,808	544,687
	MCH Unit equipments.	P			0	53,212
		P(a)			0	117,495
		A			0	117,495
	Operating expenses.	P			30,000	127,044
		P(a)			34,436	146,664
		A			8,944	121,172
	Vehicles.	P			0	75,000
		P(a)			0	67,961
		A			0	67,961
	Unforeseen expenses.	P			0	150,000
		P(a)			0	0
		A			0	0

Total Cost

	Total Cost	P			484,231.61	8,000,000
		P(a)			3,136,102	8,000,000
		A			235,145.59	5,099,043.59

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CHANGES TO THE MATRIX

Section	Name	Type of Change	Subtype	Modified By	Entered in the System
Output	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Modify Output	Inactivate Output	MARCELLAD	09/23/2021

RISKS AND PLANNED RESPONSES

Risk ID	Risk Status		Risk Taxonomy
1	Active		Social Environment
	Response actions		
	1.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
2	Active		Political Environment
	Response actions		
	2.1	Management Strategy	Status
		AVOID	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
3	Inactive		Political Environment
	Response actions		
	3.0	Management Strategy	Status
		-	

Risk ID	Risk Status		Risk Taxonomy
4	Active		Institutional Environment
	Response actions		
	4.0	Management Strategy	Status
		-	

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IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Others - Dimensions Related to Public Processes/ Actors
Others - Organizational and Managerial Dimensions