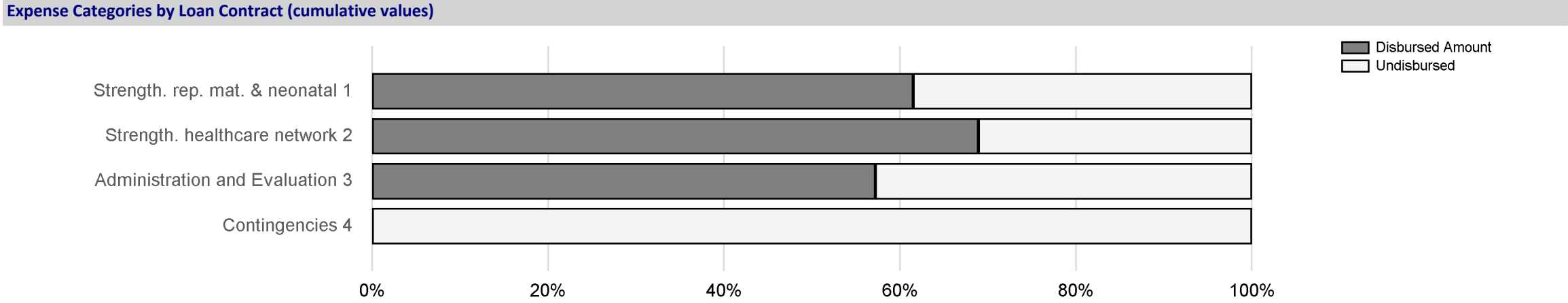


# PMR Public Report

Operation Number	GY-L1058	Chief of Operations Validation Date	03/31/22
Year- PMR Cycle	Second period Jan-Dec 2021	Division Chief Validation Date	04/11/22
Last Update	03/23/22	Country Representative Validation Date	04/12/22
PMR Validation Stage	Validated by Representative		
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									
	Total Cost and Source					Available Funds (US\$)			
Operations	Original IDB	Current IDB	Local Counterpart	Co-Financing / Country	Total Original Cost	Current IDB	Disb. Amount to Date	% Disbursed	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



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.

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	EOP 2022	
0.0	Maternal mortality ratio.	Ratio	121.7	2014	2022	P	87.9
						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	CRF indicator	Maternal mortality ratio (number of maternal deaths per 100,000 live births) ()				
Indicator		Unit of Measure		Baseline	Baseline Year	Expected Year of Achievement	EOP 2022		
0.1	Neonatal Mortality Rate			Ratio	21.7	2014	2022	P	15.2
								A	-
Details									
Means of Verification: CMO Report									
Observations: NMR at the national level estimated using preliminary data from the CMO Report									
The General Development Objective indicator target is expected to be observed by the operation's "Fully Justified" date in Convergence (CO): No									

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			

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	5799	2014	P	-	9,799
					A	-	-

Details

Means of Verification: MCH Report, Clinic Summary Report (CSR)

Observations: Calculated for intervention areas.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.1	Pregnant women with anemia at first antenatal visit.	%	21.1	2014	P	-	11.1
					A	-	-

Details

Means of Verification: MCH Report, CSR

Observations: Calculated for intervention areas. Excludes “result not known”.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.2	Births from adolescent mothers (19 years and younger).	%	19.1	2014	P	-	15.1
					A	-	-

Details

Means of Verification: Vital Statistics, Ministry of Health Statistical Bulletin

Observations: Calculated for intervention areas.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.3	Women who receive antenatal care before 12 weeks pregnant.	%	23.9	2014	P	-	30.9
					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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			

Indicator		Unit of Measure	Baseline	Baseline Year	2022		EOP 2022
0.4	Women who gave birth in a health facility in the rural interior.	%	15.8	2014	P	-	25.8
					A	-	-
Details							
Means of Verification: MCH Report, Clinic Summary Report (CSR)							
Observations: Calculated for region 9. Numerator considers “hospital” and “health center” deliveries.							
Evaluation Methodology: -							
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			
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.	%	30.2	2017	P	-	45.2
					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.							
Evaluation Methodology: -							
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			
Indicator		Unit of Measure	Baseline	Baseline Year	2022		EOP 2022
1.6	Deliveries for which the partograph was used according to best practices.	%	21.9	2017	P	-	41.9
					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.							
Evaluation Methodology: -							
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			
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.	%	94.5	2017	P	-	85
					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.							
Evaluation Methodology: -							
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator			
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.	%	1.6	2017	P	-	85
					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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator						
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.				%	6.2	2017	P	-	26.2
								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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator					
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.			%	8.9	2017	P	-	28.9
							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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator					
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	2017	P	-	85
							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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator				

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.	%	87.9	2017	P	-	37.9
					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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

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	2017	P	-	85
					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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

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.	%	1.5	2017	P	-	85
					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.

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 1 Strengthening reproductive, maternal, and neonatal health services

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2021	EOP 2022	2021	EOP 2022
1.01	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	-	110	-	315,000
			P (a)	10	138	10,000	358,799
			A	61	-	70,385	308,799
1.02	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Workers	P	-	110	-	90,000
			P (a)	84	30	37,781	107,193
			A	-	26	10,974	63,193
1.03	Incentive mechanism to promote the use of health services in region 9 designed.	Mechanism	P	-	1	-	50,000
			P (a)	-	1	-	113,638
			A	-	1	-	113,638
1.04	Health benefit package and operational model updated.	Document	P	-	2	-	50,000
			P (a)	-	2	-	194,184
			A	-	2	-	194,184
1.05	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	-	460,000
			P (a)	21	27	120,101	455,409
			A	9	18	29,710	370,586
1.06	Health facilities with supply chain management system improved.	facilities	P	-	152	-	160,000
			P (a)	152	152	160,000	103,282
			A	-	-	-	3,282
1.07	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Professionals	P	-	256	-	230,000
			P (a)	203	256	56,422	255,000
			A	-	-	-	230,000
1.08	Information system in health facilities improved.	System	P	-	1	-	100,000
			P (a)	1	-	30,000	8,670
			A	-	-	-	8,670
1.09	Community health platform plan developed.	Plan	P	-	1	-	100,000
			P (a)	-	1	-	177,859
			A	-	1	-	177,859
1.10	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	647	142,299	271,698
			A	300	347	147,276	271,698
1.11	Health benefit package and operational model implemented.	Model	P	1	1	70,000	430,000
			P (a)	1	-	124,253	166,459
			A	-	-	712	166,459

Component Nbr. 2 Strengthening the healthcare network

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2021	EOP 2022	2021	EOP 2022
2.01	Maternity waiting homes network enhanced.	Homes	P	-	3	-	160,635
			P (a)	1	3	46,449	240,054
			A	1	3	140,424	240,054
2.02	National health care assessment concluded.	Network	P	-	1	-	440,000
			P (a)	-	1	-	429,294
			A	-	1	-	429,294
2.03	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	-	1	-	400,000
			P (a)	-	1	-	341,494
			A	-	1	-	341,494
2.04	Hospitals in region 3, 4, and 9 equipped with ambulances for the safe transportation of pregnant women and newborns.	Ambulances	P	-	3	-	250,000
			P (a)	-	4	-	302,395
			A	-	4	1,602	302,395
2.05	Communication system for referral and counter-referral implemented.	System	P	-	1	-	56,500
			P (a)	1	1	20,134	94,219
			A	1	1	29,535	94,219
2.06	Laboratories equipped.	Laboratories	P	-	8	-	100,000
			P (a)	8	8	100,000	100,000
			A	-	-	-	-
2.07	Regional hospitals equipped with obstetric and new born care equipment.	Hospital	P	-	3	-	250,000
			P (a)	2	1	224,916	25,084
			A	-	1	-	25,084
2.08	Health centres equipped.	Health centres	P	-	-	-	-
			P (a)	150	150	500,000	1,741,828
			A	-	-	46,262	46,262
2.09	Emergency equipment to support the COVID-19 response	Health facilities	P	-	-	-	-
			P (a)	-	1	-	199,319
			A	-	1	-	199,319
2.10	Communication strategy implemented to support the COVID-19 response	strategy	P	-	-	-	-
			P (a)	-	1	-	967,838
			A	-	1	-	967,838

Component Nbr. 3 Administration and Evaluation

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2021	EOP 2022	2021	EOP 2022
3.01	Mid-term evaluation conducted.	Evaluation	P	-	1	-	35,000
			P (a)	1	1	26,844	40,782
			A	1	1	32,626	40,782
3.02	Health facility survey conducted.	Survey	P	1	1	50,000	50,000
			P (a)	1	1	50,000	300,000
			A	-	-	-	-
3.03	Synthetic control evaluation conducted.	Evaluation	P	1	1	20,000	20,000
			P (a)	1	1	20,000	-
			A	-	-	-	-

Other Cost					
	Staff hired.		P	257,254	835,746
			P (a)	301,997	664,571
			A	127,412	584,291
	MCH Unit equipments.		P	0	53,212
			P (a)	0	117,661



	MCH Unit equipments.	A	166	117,661
	Operating expenses.	P	30,000	127,044
		P (a)	34,436	131,577
		A	14,349	126,577
	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	651,433	5,515,331

CHANGES TO THE MATRIX

Section	Name	Type of Change	Sub type	Modified By	Entered in System
Output	Communication system for referral and counter-referral implemented.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Modify Output	Inactivate Output	MARCELLAD	3/15/2022
	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	3/15/2022
	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/17/2022
	Health centres equipped.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/17/2022
	Health facilities equipped with hardware and software for implementing the information system.	Modify Output	Inactivate Output	MARCELLAD	3/15/2022
	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 Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	3/15/2022
	Health facilities with supply chain management system improved.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/17/2022
	Health facility survey conducted.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/17/2022
	Laboratory test management and information system designed and implemented.	Modify Output	Inactivate Output	MARCELLAD	3/15/2022
	Maternity waiting homes network enhanced.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
	Mid-term evaluation conducted.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
	Obstetric unit in CC Nicholson Hospital rehabilitated.	Modify Output	Inactivate Output	MARCELLAD	3/15/2022
	Women receiving incentives for a delivery in an health facility.	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MARCELLAD	3/15/2022
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MARCELLAD	3/15/2022

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
4	Inactive		Political Environment
	Response Actions		
	4.1	Management Strategy	Status
		AVOID	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
5	Inactive		Political Environment
	Response Actions		
	5.0	Management Strategy	Status
		-	

Risk ID	Risk Status		Risk Taxonomy
7	Active		Institutional Environment
	Response Actions		
	7.0	Management Strategy	Status
		-	

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Project Design