

# PMR Public Report

Operation Number	BH-L1053	Chief of Operations Validation Date	11/11/22						
Year- PMR Cycle	First period Jan-Jun 2022	Division Chief Validation Date	11/11/22						
Last Update	11/11/22	Country Representative Validation Date	11/11/22						
PMR Validation Stage	Validated by Representative								
Basic Data									
Operation Profile									
Operation Name	Programme to Support the Health System Strengthening of The Bahamas	Loan Number	5296/OC-BH						
Executing Agency	MINISTRY OF HEALTH	Sector/Subsector	HEALTH-HEALTH SYSTEM STRENGTHENING						
Team Leader	PEREZ CUEVAS, RICARDO ENRIQUE	Overall Stage	Disbursing (From eligibility until all the Operations are closed)						
Operation Type	Loan Operation	Country	Bahamas						
Lending Instrument	Investment Loan	Convergence related Operation(s)							
Borrower	THE COMMONWEALTH OF THE BAHAMAS								
Environmental and Social Safeguards									
Impacts Category	B	Was/Were the objective(s) of this operation reformulated?	NO						
Safeguard Performance Rating	Satisfactory	Date of approval							
Safeguard Performance Rating - Rationale	The operation was in satisfactory compliance with safeguards policies at the approval and has not yet begun implementation.								
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
BH-L1053	40,000,000	40,000,000	0	0	40,000,000	40,000,000	-	0.00%	40,000,000
Aggregated	40,000,000	40,000,000	0	0	40,000,000	40,000,000	-	0.00%	40,000,000
Expense Categories by Loan Contract (cumulative values)									

No Data Available

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. 1: To support the strengthening of The Bahamas health system to meet the population’s health needs

Observation:

Indicator		Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2026	
1.1	Mortality rate of cardiovascular disease	Mortality rate per 100,000	86	2021	2025	P	66
						A	-
Details							

Means of Verification: Health statistics. Health Information and Research Unit MOH

Observations: ICD-10 I0-I25 Age-standardized mortality rates will be estimated for sex and age group intervals of ten years in the population 30>years. Pro-gender: gender tracking. Up to 20-25% relative reduction in the mortality from CVDs is feasible with primary and secondary care interventions. OPS/WHO reported that in The Bahamas, the cardiovascular disease mortality rate per 100,0000 is 92.1 for men and 53.7 for women.

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					
Indicator				Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2026	
1.2	Percentage of diabetes patients with blood glucose controlled.			Percentage	61.5	2021	2025	P	66.5
								A	-
Details									

Means of Verification: Electronic and paper clinical registries of primary care and hospital settings

Observations: Primary care interventions increase up to 5% the proportion of DM patients with controlled blood glucose. Numerator: number of DM patients with blood glucose controlled (Hemoglobin A1C ≤ 7). Denominator: number of DM patients that assisted to medical visits for diabetes control in primary care clinics

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					
Indicator				Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2026	
1.3	Percentage of hypertensive patiens with blood pressure controlled			Percentage	30	2021	2025	P	40
								A	-
Details									

Means of Verification: Electronic and paper clinical registries of primary care and hospital settings

Observations: Primary care interventions to improve hypertension treatment increase up to 10% the proportion of hypertensive patients with blood pressure controlled. Numerator: number of patients who have blood pressure controlled (<65 years BP target <130/80 mm Hg. >65 years <140/90 mm Hg). Denominator: number of hypertensive patients that assisted to medical visits for hypertension control in primary care clinics The Bahamas PAHO/WHO STEPS NCDs Risk Factor Survey reported 19.8% of patients with blood pressure controlled.

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					
Indicator				Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2026	
1.3	Rate of ambulatory care sensitive hospitalizations			Rate	25	2021	2025	P	15
								A	-
Details									

Means of Verification: Hospital discharges records/ Health statistics. Health Information and Research Unit MOH

**Observations:** For more details, please see the impact evaluation in the Monitoring and Evaluation plan. (REL#2). The Baseline figure for indicator 1.4 was estimated based on a sample of 5 countries in LAC. Source IDB discussion paper IDB-DP-266.

**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. 1: To integrate primary and secondary care services that DPH, PHA, NHIA deliver

Observation:

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
1.0	Compliance rate with referrals guidelines for NCDs between primary and secondary/ tertiary care levels	%	25	2021	P	-	40	50	60	70	70
					A	-	-	-	-	-	-

Details

Means of Verification: Electronic and paper clinical registries at primary care and hospital settings

Observations: The indicator evaluates the proportion of NCDs patients referred appropriately to secondary care services. Numerator: number of patients referred appropriately to secondary care services. Denominator: total number of NCDs patients requiring referral. The indicator measures the quality of care and the reduction in the healthcare services fragmentation. For more details see the Monitoring and Evaluation Plan (REL#2).

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
1.3	Percentage of primary health care personnel (medical doctors and nurses) trained in HEARTS protocol	%	0	2020	P	-	20	25	30	40	40
					A	-	-	-	-	-	-

Details

Means of Verification: MoH and PHA HR Training records; NHIA Physicians provider profile

Observations: HEARTS is an institutionalized training program for cardiovascular disease management in primary health care clinics that includes hypertension, diabetes, and dyslipidemia. The indicator evaluates the proportion of health personnel that received the HEARTS. Numerator: number of health personnel that received the HEARTS. Denominator: the total number of health personnel planned to receive the HEARTS

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

Specific Development Objectives Nbr. 2: To improve access, coverage, and quality of community, ambulatory, and hospital services through a person and community centered model of care

Observation:

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
2.3	% of personnel trained that is certified to provide care according to protocol to gender-based violence victims	%	0	2021	P	-	40	50	60	80	80
					A	-	-	-	-	-	-

Details

Means of Verification: implementation audits

Observations: Training personnel for gender-based violence is part of the actions to strengthen primary health care. Numerator: total number of health personnel certified after being trained to provide care to gender-based violence victims Denominator: total number of health personnel in primary care centers

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
2.4	% of victims of domestic violence receiving tele-health and in-person counseling services	%	0	2021	P	-	30	40	50	70	70
					A	-	-	-	-	-	-

Details

Means of Verification: EHR/paper records data analysis

Observations: Health care services for victims of domestic violence require promoting users' help-seeking behavior and respond through risk assessment, screening, and referral to counseling and other services. Numerator: number of victims of domestic violence receiving telehealth/in-person consulting services Denominator: number of suspected victims of domestic violence who were offered telehealth/in person consulting services. Pro-gender: gender tracking.

Evaluation Methodology: -

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Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator								

**Means of Verification:** Project implementation audits

**Observations:** All clinics include enhanced resiliency. All beneficiaries for the nine clinics are considered. The estimation of the beneficiaries is done as part of the economic analysis of the operation. The beneficiaries are counted once the clinics are finished and in operation. The estimates consider that the population growth of The Bahamas is 1.2 per year.

**Evaluation Methodology:** -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

**Specific Development Objectives Nbr. 3:** To increase health services efficiency

**Observation:**

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
3.0	Electronic Medical Record Information System implemented in Primary Health Care Clinics operated by the Department of Public Health	%	0	2021	P	-	-	50	70	100	100
					A	-	-	-	-	-	-
Details											

**Means of Verification:** Use and satisfaction of EHR-S Satisfaction survey

**Observations:**

**Evaluation Methodology:** -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
3.3	Data from primary health care clinics available in a central repository accessible by the Ministry of Health to support the calculation of key indicators.	%	0	2021	P	-	-	50	70	80	80
					A	-	-	-	-	-	-
Details											

**Means of Verification:** Report from central repository system with names of clinics providing information

**Observations:** Numerator: number of clinics that can report production data automatically to a centralized repository in the MOH. Denominator The 54 clinics that will be part of the project. The report from the MOH should identify each clinic that contributes information and the date for the information contributed.

**Evaluation Methodology:** -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2022	2023	2024	2025	2026	EOP 2026
3.4	Number of partner agencies with information systems that are connected and/or integrated with health information exchange	number	0	2021	P	-	-	4	5	6	6
					A	-	-	-	-	-	-
Details											

**Means of Verification:** Annual IS4H report

**Observations:** Ministry of Education, Ministry of Social Services and Urban Development, Department of Meteorology, Department of Environmental Health Services, National Insurance Board, Department of Statistics/or replacement agency.

**Evaluation Methodology:** -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	



RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 1 Improvement of the delivery of healthcare model

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2026	2022	EOP 2026
1.01	Number of clinical protocols and pathways updated and distributed	Clinical protocols	P	-	15	-	600,000
			P (a)	-	15	-	600,000
			A	-	-	-	-
1.02	Number of NCDs processes of care updated and implemented	Processes of care	P	-	15	-	500,000
			P (a)	-	15	-	500,000
			A	-	-	-	-
1.03	Number of in-service trainings programs for healthcare workers and allied health personnel implemented	Programs	P	-	9	-	650,000
			P (a)	-	9	-	650,000
			A	-	-	-	-
1.04	Number of potential health networks contacted and asked to integrate a health network with a community-centered model of care	Health Networks	P	-	3	-	1,200,000
			P (a)	-	3	-	1,200,000
			A	-	-	-	-
1.05	Number of health networks with tele-mental health services for victims of domestic violence implemented	Telemental health services	P	-	3	-	400,000
			P (a)	-	3	-	400,000
			A	-	-	-	-
1.06	Primary care clinics with services for victims of domestic violence implemented	Clinics	P	-	3	-	200,000
			P (a)	-	3	-	200,000
			A	-	-	-	-
1.07	Compendium of quality-of-care indicators for NCDs developed and implemented	Indicators	P	-	8	-	110,000
			P (a)	-	8	-	110,000
			A	-	-	-	-
1.08	Quality assurance system for chronic non communicable disease implemented	System	P	-	1	-	750,000
			P (a)	-	1	-	750,000
			A	-	-	-	-

Component Nbr. 2 Enhancement of the capacity for provision of primary care

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2026	2022	EOP 2026
2.01	Number of existing primary care clinics with infrastructure upgrades completed and EDGE certification	Clinics	P	-	9	-	7,002,501
			P (a)	-	9	-	7,002,501
			A	-	-	-	-
2.02	Number of new primary care clinics constructed with EDGE certification	Clinics	P	-	9	-	19,004,780
			P (a)	-	9	-	19,004,780
			A	-	-	-	-
2.03	Number of new and retrofitted clinics with new furniture supplied	Clinics	P	-	18	-	970,000
			P (a)	-	18	-	970,000
			A	-	-	-	-
2.04	Number of primary care clinics with new medical equipment supplied	Clinics	P	-	18	-	3,865,000
			P (a)	-	18	-	3,865,000
			A	-	-	-	-
2.05	Maintenance plan for infrastructure and equipment implemented	Plan	P	-	1	-	90,000
			P (a)	-	1	-	90,000
			A	-	-	-	-



Component Nbr. 3 Modernization of the health information system

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2026	2022	EOP 2026
3.01	IS4H implementation team established	Team	P	-	1	-	812,000
			P (a)	-	1	-	812,000
			A	-	-	-	-
3.02	Connectivity in primary care clinics	Clinics	P	-	85	-	1,000,000
			P (a)	-	85	-	1,000,000
			A	-	-	-	-
3.03	Clinics equipped with end user devices	Clinics	P	-	85	-	100,000
			P (a)	-	85	-	100,000
			A	-	-	-	-
3.04	Health Information Exchange Platform implemented	Platform	P	-	1	-	890,000
			P (a)	-	1	-	890,000
			A	-	-	-	-
3.05	Business Intelligence Platform implemented	Platform	P	-	1	-	827,000
			P (a)	-	1	-	827,000
			A	-	-	-	-
3.06	EHR Solution implemented	Clinics	P	-	85	-	2,557,000
			P (a)	-	85	-	2,557,000
			A	-	-	-	-
3.07	Cybersecurity technical framework implemented	Framework	P	-	1	-	150,000
			P (a)	-	1	-	150,000
			A	-	-	-	-
3.08	Cybersecurity and health information privacy policies related to the use of the EMR system in primary care clinics operated by the Department of Public Health approved.	Framework	P	-	1	-	222,000
			P (a)	-	1	-	222,000
			A	-	-	-	-
3.09	Health information protection program implemented	program	P	-	1	-	75,000
			P (a)	-	1	-	75,000
			A	-	-	-	-
3.10	National IS4H Strategic Plan approved	Plan	P	-	1	-	345,000
			P (a)	-	1	-	345,000
			A	-	-	-	-

Other Cost				
	Administrative Costs	P	0	2,300,000
		P (a)	0	2,300,000
		A		0
	Project auditing	P	0	180,000
		P (a)	0	180,000
		A		0
	Impact evaluation	P	0	270,000
		P (a)	0	270,000
		A		0
	Communication and visibility plan	P		137,303
		P (a)		137,303

	Communication and visibility plan	A		0
Total Cost				
	Total Cost	P	0	45,207,584
		P (a)	0	45,207,584
		A	0	0

No information available for this section

RISKS AND PLANNED RESPONSES

Risk ID	Risk Status		Risk Taxonomy
1	Active		Institutional Environment
	Response Actions		
	1.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
2	Active		Natural Environment
	Response Actions		
	2.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
3	Active		Internal Processes
	Response Actions		
	3.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
4	Active		Internal Processes
	Response Actions		
	4.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
5	Active		Human Resources
	Response Actions		
	5.1	Management Strategy	Status
		MITIGATE	ACTIVE

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Project Design