

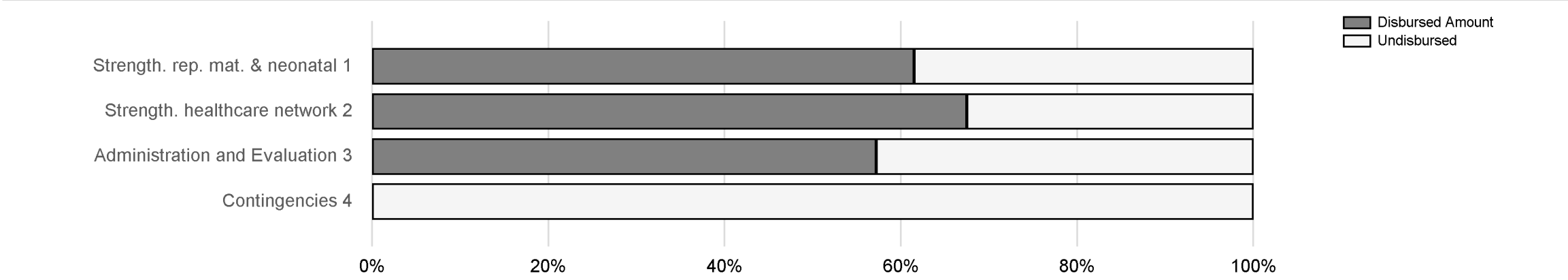
PMR Public Report

Operation Number	GY-L1058	Chief of Operations Validation Date	11/04/22
Year- PMR Cycle	First period Jan-Jun 2022	Division Chief Validation Date	
Last Update	10/13/22	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	HO-A-SHU, IAN	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	Plans for the maternity clinic at Enmore were discontinued and as such the ESA and ESMP were no longer required. However, the ESMP for the Georgetown Public Hospital (GPHC) which was a loan condition prior to the execution of hospital activities under Component II is still outstanding (now planned for late 2022 in keeping with extension of the loan). Overall, there have remained challenges with obtaining relevant E&S information and updates to complete outputs such as the requisite ESMP and final report for the construction of waiting area at Lethem.		

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	5,970,314.56	74.63%	2,029,685.44
Aggregated	8,000,000	8,000,000	0	0	8,000,000	8,000,000	5,970,314.56	74.63%	2,029,685.44

Expense Categories by Loan Contract (cumulative values)									
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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.

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	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		2022	EOP 2022	2022	EOP 2022
1.01	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	-	110	-	315,000
			P (a)	50	138	50,000	358,799
			A	-	165	39,180	347,979
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)	4	30	44,000	107,193
			A	-	26	13,961	77,154
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)	9	27	84,823	455,409
			A	-	18	34,823	405,409
1.06	Health facilities with supply chain management system improved.	facilities	P	-	152	-	160,000
			P (a)	152	152	100,000	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)	60	256	25,000	255,000
			A	60	113	17,231	247,231
1.08	Information system in health facilities improved.	System	P	-	1	-	100,000
			P (a)	-	-	-	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	-	1,148	-	166,863
			P (a)	300	647	-	271,698
			A	-	347	-	271,698
1.11	Health benefit package and operational model implemented.	Model	P	-	1	-	430,000
			P (a)	-	-	-	166,459
			A	-	-	-	166,459

Component Nbr. 2 Strengthening the healthcare network

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2022	2022	EOP 2022
2.01	Maternity waiting homes network enhanced.	Homes	P	-	3	-	160,635
			P (a)	-	3	-	240,054
			A	-	3	-	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	-	302,395
2.05	Communication system for referral and counter-referral implemented.	System	P	-	1	-	56,500
			P (a)	-	1	-	94,219
			A	-	1	-	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)	-	1	-	25,084
			A	-	1	-	25,084
2.08	Health centres equipped.	Health centres	P	-	-	-	-
			P (a)	150	150	1,695,566	1,741,828
			A	150	150	296,139	342,401
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		2022	EOP 2022	2022	EOP 2022
3.01	Mid-term evaluation conducted.	Evaluation	P	-	1	-	35,000
			P (a)	-	1	-	40,782
			A	-	1	-	40,782
3.02	Health facility survey conducted.	Survey	P	-	1	-	50,000
			P (a)	1	1	300,000	300,000
			A	-	-	-	-
3.03	Synthetic control evaluation conducted.	Evaluation	P	-	1	-	20,000
			P (a)	1	1	-	-
			A	-	-	-	-

Other Cost				
	Staff hired.	P		835,746
		P (a)	80,280	664,571
		A	58,631	642,922
	MCH Unit equipments.	P		53,212
		P (a)	0	117,661

	MCH Unit equipments.	A	0	117,661
	Operating expenses.	P		127,044
		P (a)	5,000	131,577
		A	5,312	131,889
	Vehicles.	P		75,000
		P (a)	0	67,961
		A	0	67,961
	Unforeseen expenses.	P		150,000
		P (a)	0	0
		A	0	0
Total Cost				
	Total Cost	P	0	8,000,000
		P (a)	2,484,669	8,000,000
		A	465,277	5,980,608

No information available for this section

RISKS AND PLANNED RESPONSES

Risk ID	Risk Status		Risk Taxonomy
3	Active		Social Environment
	Response Actions		
	3.1	Management Strategy	Status
		MITIGATE	ACTIVE

Risk ID	Risk Status		Risk Taxonomy
6	Inactive		Political Environment
	Response Actions		
	6.1	Management Strategy	Status
		AVOID	INACTIVE

Risk ID	Risk Status		Risk Taxonomy
9	Inactive		Political Environment
	Response Actions		
	9.0	Management Strategy	Status
		-	

Risk ID	Risk Status		Risk Taxonomy
12	Active		Institutional Environment
	Response Actions		
	12.1	Management Strategy	Status
		AVOID	ACTIVE

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Project Management Capacity