

# PMR Operational Report

<b>Operation Number</b>	GY-L1058	<b>Chief of Operations Validation Date</b>	04/05/17
<b>Year- PMR Cycle</b>	Second period Jan-Dec 2016	<b>Division Chief Validation Date</b>	04/06/17
<b>Last Update</b>	07/07/17	<b>Country Representative Validation Date</b>	04/06/17
<b>PMR Validation Stage</b>	Draft		

## 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 HEALTH	<b>Sector/Subsector</b>	SA-HSS - HEALTH-HEALTH SYSTEM STRENGTHENING
<b>Team Leader</b>	DISTRUTTI,MARCELLA	<b>Overall Stage</b>	Approved
<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>	Although the program has begun disbursement key program components have not yet commence. Proper medical waste management measure are in place, as well as adequate measures for occupation health and safety.		

## 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	0	0.00%	8,000,000
<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>0</b>	<b>0.00%</b>	<b>8,000,000</b>

## Expense Categories by Loan Contract (cumulative values)

Please note that the Overall Stage represents the stage of the operation at the time of this report's publication, which might not necessarily match the stage of the operation during the PMR Cycle to which the report pertains. Please also 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.

## PMR Operational Report

### RESULTS MATRIX

#### IMPACTS

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

**Observation:**

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.0	Maternal mortality ratio.	Ratio	121.7	2014	P		87.90
					P(a)		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

Indicator		Unit of Measure	Baseline	Baseline Year		2022	EOP 2022
0.1	Neonatal Mortality Rate	Ratio	21.7	2014	P		15.20
					P(a)		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

## PMR Operational Report

### RESULTS MATRIX

#### OUTCOMES

**Outcome Nbr. 0:** Increased access and use of reproductive, maternal, and neonatal health services

**Observation:**

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
0.0	First time users of family planning methods for the year.	Number of clients	5799.0	2014	P	9,799.00
					P(a)	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		EOP 2022
0.1	Pregnant women with anemia at first antenatal visit.	%	21.1	2014	P	11.10
					P(a)	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		EOP 2022
0.2	Births from adolescent mothers (19 years and younger).	%	19.1	2014	P	15.10
					P(a)	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		EOP 2022
0.3	Women who receive antenatal care before 12 weeks pregnant.	%	23.9	2014	P	30.90

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### RESULTS MATRIX

#### OUTCOMES

0.3	Women who receive antenatal care before 12 weeks pregnant.	%	23.9	2014	P(a)	30.90
					A	

#### Details

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

**Observations:** Calculated for intervention areas. Excludes ¿unknown¿.

**Pro-Gender** No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
0.4	Women who gave birth in a health facility in the rural interior.	%	15.8	2014	P	25.80
					P(a)	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

**Outcome Nbr. 2:** Increased effectiveness of the maternal and neonatal healthcare network

**Observation:**

Indicator		Unit of Measure	Baseline	Baseline Year		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.	%		2017	P	
					P(a)	
					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 2017. EOP has been defined during design as -50%PP over baseline data.

**Pro-Gender** No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
2.1	Health facilities with continuous availability of inputs and equipment to provide essential and emergency obstetric and neonatal care.	%		2017	P	85.00
					P(a)	85.00
					A	

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### RESULTS MATRIX

#### OUTCOMES

Details					
<b>Means of verification:</b> HFS, MRR					
<b>Observations:</b> 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 2017.					
<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>		No	

Indicator	Unit of Measure	Baseline	Baseline Year		EOP 2022
2.2	Health facilities with continuous availability of inputs and equipment to provide quality antenatal and post-natal care.		2017	P	85.00
				P(a)	85.00
				A	

Details					
<b>Means of verification:</b> HFS, MRR					
<b>Observations:</b> 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 2017.					
<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>		No	

**Outcome Nbr. 1:** Improved quality of reproductive, maternal, and neonatal health services

**Observation:**

Indicator	Unit of Measure	Baseline	Baseline Year		EOP 2022
1.5	Pregnant women receiving quality antenatal care according to best practices.		2017	P	
				P(a)	
				A	

Details					
<b>Means of verification:</b> Health Facility Surveys (HFS), Medical Record Review (MRR) module					
<b>Observations:</b> 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 2017. EOP has been defined during design as +15%PP over baseline data.					
<b>Pro-Gender</b>	No	<b>Pro-Ethnicity</b>		No	

Indicator	Unit of Measure	Baseline	Baseline Year		EOP 2022
1.6	Deliveries for which the partograph was used according to best practices.		2017	P	
				P(a)	
				A	

Details					
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## PMR Operational Report

### RESULTS MATRIX

#### OUTCOMES

**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 2017. EOP has been defined during design as +20%PP over baseline data.

**Pro-Gender** No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
1.7	Institutional deliveries in which the Active Management of the Third Stage of Labor is conducted according to the norms.	%		2017	P	85.00
					P(a)	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 2017.

**Pro-Gender** No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
1.8	Institutional deliveries for which immediate neonatal care was provided to the infant according to the norms.	%		2017	P	85.00
					P(a)	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 2017.

**Pro-Gender** No **Pro-Ethnicity** No

Indicator		Unit of Measure	Baseline	Baseline Year		EOP 2022
1.9	Neonates with complications (prematurity, low birth weight, asphyxia and sepsis) managed according to norms.	%		2017	P	
					P(a)	
					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 2017. EOP has been defined during design as +20%PP over baseline data.

## PMR Operational Report

### RESULTS MATRIX

#### OUTCOMES

Pro-Gender	No	Pro-Ethnicity	No
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Indicator	Unit of Measure	Baseline	Baseline Year		EOP 2022
1.10	Obstetric complications (sepsis, hemorrhage, severe pre-eclampsia and eclampsia) managed according to norms.		2017	P	
				P(a)	
				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 2017. EOP has been defined during design as +20%PP over baseline data.

Pro-Gender	No	Pro-Ethnicity	No
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Indicator	Unit of Measure	Baseline	Baseline Year		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).		2017	P	85.00
				P(a)	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 2017.

Pro-Gender	No	Pro-Ethnicity	No
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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
				EOP 2022	EOP 2022
1.1	Community health platform plan developed.	Plan	P	1	100,000
			P(a)	1	100,000
			A	0	0
1.2	Community health workers (CHWs) trained to provide reproductive, maternal, and neonatal services.	Workers	P	220	315,000
			P(a)	220	315,000
			A	0	0
1.3	Community health workers (CHWs) provided with toolkits and transportation means to provide reproductive, maternal and neonatal services.	Workers	P	110	90,000
			P(a)	110	90,000
			A	0	0
1.4	Incentive mechanism to promote the use of health services in region 9 designed.	Mechanism	P	1	50,000
			P(a)	1	50,000
			A	0	0
1.5	Women receiving incentives for a delivery in an health facility.	Women	P	1,148	166,863
			P(a)	1,148	166,863
			A	0	0
1.6	Communities with strategy for behavior change (including men, women and adolescents and community) implemented.	Communities	P	225	360,000
			P(a)	225	360,000
			A	0	0
1.7	Health benefit package and operational model updated.	Document	P	2	50,000
			P(a)	2	50,000
			A	0	0
1.8	Health benefit package and operational model implemented.	Model	P	1	430,000
			P(a)	1	430,000
			A	0	0
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	460,000
			P(a)	11	460,000
			A	0	0
1.10	Health facilities with supply chain management system improved.	Facilities	P	152	160,000
			P(a)	152	160,000
			A	0	0
1.11	Health professionals clinical abilities on integrated HBP and operational model strengthened.	Professionals	P	512	230,000
			P(a)	512	230,000
			A	0	0
1.12	Information system in health facilities improved.	System	P	1	100,000
			P(a)	1	100,000
			A	0	0



RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

				PHYSICAL PROGRESS	FINANCIAL PROGRESS
				EOP 2022	EOP 2022
	Output	Unit of Measure			
1.13	Health facilities equipped with hardware and software for implementing the information system.	Facilities	P	304	250,000
			P(a)	304	250,000
			A	0	0

Component Nbr. 2 Strengthening the healthcare network

				PHYSICAL PROGRESS	FINANCIAL PROGRESS
				EOP 2022	EOP 2022
	Output	Unit of Measure			
2.1	National health care assessment concluded.	Network	P	1	440,000
			P(a)	1	440,000
			A	0	0
2.2	Communication system for referral and counter-referral implemented.	System	P	1	56,500
			P(a)	1	56,500
			A	0	0
2.3	Laboratory test management and information system designed and implemented.	System	P	1	160,000
			P(a)	1	160,000
			A	0	0
2.4	Laboratories equipped.	Laboratories	P	16	100,000
			P(a)	16	100,000
			A	0	0
2.5	Obstetric unit in CC Nicholson Hospital rehabilitated.	Facilities	P	1	500,000
			P(a)	1	500,000
			A	0	0
2.6	Georgetown hospital equipped with essential obstetric and new born care equipment.	Hospital	P	1	400,000
			P(a)	1	400,000
			A	0	0
2.7	Georgetown hospital equipped with emergency obstetric and new born care equipment.	Hospital	P	1	1,575,000
			P(a)	1	1,575,000
			A	0	0
2.8	Regional hospitals equipped with obstetric and new born care equipment.	Hospital	P	3	250,000
			P(a)	3	250,000
			A	0	0
2.9	Maternity waiting homes network enhanced.	Homes	P	3	160,635
			P(a)	3	160,635
			A	0	0
2.10	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)	3	250,000
			A	0	0

## RESULTS MATRIX

### OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

#### Component Nbr. 3 Administration and Evaluation

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

#### Other Cost

	MCH Unit equipments.	P		53,212
		P(a)		53,212
		A		0
	Operating expenses.	P		127,044
		P(a)		127,044
		A		0
	Staff hired.	P		835,746
		P(a)		835,746
		A		0
	Unforeseen expenses.	P		150,000
		P(a)		150,000
		A		0
	Vehicles.	P		75,000
		P(a)		75,000
		A		0

#### Total Cost

	Total Cost	P		8,000,000
		P(a)		8,000,000
		A		0

### CHANGES TO THE MATRIX

No information available for this section