

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

**GUYANA**

**SUPPORT TO IMPROVE MATERNAL AND CHILD HEALTH**

**(GY-L1058)**

**PROJECT PROFILE**

The project team consisting of prepared this document: Clara Alemann (SCL/GDI); Emilie Chapuis (FMP/CGY); Martha Guerra (SCL/SPH); Donna Harris (SPH/CJA), co-Team Leader; Ian Ho-a-Shu (SPH/CTT); Emma Iriarte (SPH/CPN); Javier Jiménez (LEG/SGO); Paula Louis-Grant (FMP/CGY); Jennifer Nelson (SPH/CPN); Sandro Parodi (SPH/CDR); Leticia Ramjag (CCB/CGY); Diego Rios (SPH/CPN); Mark Wenner (CCB/CGY); and Marcella Distrutti (SCL/SPH), Team Leader

Under the Access to Information Policy, this document is subject to Public Disclosure.

## PROJECT PROFILE

### GUYANA

#### I. BASIC DATA

<b>Project Name:</b>	Support to Improve Maternal and Child Health
<b>Project Number:</b>	GY-L1058
<b>Project Team:</b>	Clara Alemann (SCL/GDI); Emilie Chapuis (FMP/CGY); Martha Guerra (SCL/SPH); Donna Harris (SPH/CJA), co-Team Leader; Ian Ho-a-Shu (SPH/CTT); Emma Iriarte (SPH/CPN); Javier Jiménez (LEG/SGO); Paula Louis-Grant (FMP/CGY); Jennifer Nelson (SPH/CPN); Sandro Parodi (SPH/CDR); Leticia Ramjag (CCB/CGY); Diego Rios (SPH/CPN); Mark Wenner (CCB/CGY); and Marcella Distrutti (SCL/SPH), Team Leader
<b>Borrower:</b>	Co-operative Republic of Guyana
<b>Executing Agency:</b>	Ministry of Public Health (MoPH)
<b>Financial Plan:</b>	OC: US\$ 2,500,000 FSO: US\$ 2,500,000 Total: US\$ 5,000,000
<b>Safeguards:</b>	Policies triggered: OP-703 Classification: "C"

#### II. GENERAL JUSTIFICATION AND OBJECTIVES

##### A. Justification

- 2.1 **Macroeconomic conditions.** Guyana's macroeconomic fundamentals have established a stable foundation for investments in health and other social sectors. The Country has experienced a decade of real positive economic growth from 2006-2015, averaging 4.3% per year. Although growth has slowed since 2014, it is expected to remain positive due to low oil prices, high remittances, and oil-related FDI inflows (IMF +4% in 2016). Inflation continues to be low (CPI was -1.8% in 2015<sup>1</sup>), currency and international reserves are stable, and total public debt as a share of GDP is manageable at 52%. The fiscal deficit is expected to be 5% of GDP in 2016, as a result of the Government's intent to stimulate the economy and increase investments in the social sector (social spending increased from US\$206 million in 2015 to US\$288 million in 2016 or 9.3% of GDP).
- 2.2 **Improvements in health indicators.** Guyana has made significant advancements in the health sector in the past two decades, with the burden of communicable diseases such as HIV/AIDs, malaria, and tuberculosis decreasing and life expectancy increasing from 62 years in 1991 to 67 years in 2015.<sup>2</sup> The Country met the Millennium Development Goals targets for nutrition, child

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<sup>1</sup> <http://www.statisticsguyana.gov.gy/prices.html>.

<sup>2</sup> PAHO Basic Indicators.

health (under five years of age), and communicable diseases,<sup>3</sup> as well as the ones related to water and sanitation,<sup>4</sup> with positive impacts on health outcomes.

**2.3 Challenges remaining in maternal and neonatal health.** Despite the progresses achieved, Guyana continues to experience maternal and infant mortality rates (less than one year of age) that are among the highest in the Latin America and the Caribbean (LAC) region.<sup>5</sup> The maternal mortality ratio is estimated at 121 per 100,000 live births (LB) and the infant mortality rate is estimated at 23 per 1,000 LB.<sup>6</sup> The majority of infant deaths occur in the neonatal period (up to 28 days after birth); in 2014, of all deaths of children less than one year of age, 93% occurred in the neonatal period. In the same year, there were 177 cases of stillbirth. The main causes of maternal mortality are post-partum hemorrhage (PPH) and pregnancy induced hypertension (PIH), while 70% of neonatal deaths are caused by prematurity, followed by respiratory illness (20%).<sup>7</sup> Pregnancy in adolescence is high (about 20% of all LB),<sup>8</sup> representing a higher risk for both mothers and newborns.

**2.4 Access and use of reproductive, maternal, and neonatal health services.** In Guyana, over 90% of pregnant women attend at least one antenatal consultation with a skilled professional, 87% have access to four antenatal consultations, and 93% of births are delivered in a health facility<sup>9</sup>. Although these indicators are positive, important challenges remain. For instance, the unmet need for contraception is 28% and only 54% of women initiated antenatal care during the first trimester of pregnancy.<sup>10</sup> There are significant geographic inequities in access to health care, particularly in the most rural interior locations in Regions 1, 7, 8 and 9, where about 10% of the population – mostly indigenous people<sup>11</sup> – is located. In Region 1, for instance, only 67% of women had four antenatal consultations, and in Region 9 institutional delivery is estimated at 47%. According to the last Demographic and Health Survey (2009), the main barriers for accessing contraceptives are health concerns and fear of side effects, which may be responsive to health education and information. The main barriers for access and use of health care are related to the insufficient availability of providers (49% of respondents) and drugs and other supplies (44%).

**2.5 Quality of reproductive, maternal, and neonatal health services.** Quality of care is a challenge in Guyana. The insufficiency of health workers in the rural interior<sup>12</sup> and the inadequate number of health facilities equipped to manage complications generate a large number of referrals to regional and national hospitals, which are often overcrowded and also understaffed. In 2014, 89% of

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<sup>3</sup> The percentage of children under five who suffer from moderate to mild malnutrition reduced from 12% in 1997 to 6% in 2008. The under-five mortality rate declined from 102/1,000 LB in 1991 to 24 in 2014. HIV incidence decreased and access to antiretroviral drugs increased from 18.4% in 2004 to 83.5% in 2008. Sources: MDG Progress Report 2011, Chief Medical Officer Report 2014, and Health Vision 2020.

<sup>4</sup> An estimated 94% of households have access to improved sources of drinking water and 95.4% to improved sanitation facilities. Guyana Multiple Indicator Cluster Survey 2014.

<sup>5</sup> In LAC maternal mortality is 62.9 and infant mortality is 15.7 (PAHO Basic Indicators 2014).

<sup>6</sup> Chief Medical Officer Report (CMO) Annual Report 2014.

<sup>7</sup> CMO Annual Report 2014.

<sup>8</sup> MDG Acceleration Framework, Government of Guyana 2014.

<sup>9</sup> Guyana Multiple Indicator Cluster Survey 2014.

<sup>10</sup> Ibid.

<sup>11</sup> Indigenous people represent the majority of the population in the country's interior (70,000 people). They exhibit the lowest health indicators in Guyana.

<sup>12</sup> A 2010 survey showed that several health centres and district hospitals did not meet the required human resources standards (UNFPA 2010).

maternal deaths were concentrated in four hospitals.<sup>13</sup> Delays in recognizing signs of complications and late referrals contribute to the poor outcomes. In addition, data from surveys indicate that maternal and neonatal complications are not treated according to norms. It is estimated that only 54% of public hospitals, for instance, use partographs to manage labour.<sup>14</sup> Only 47.8% of postnatal check-ups occur less than four hours after delivery<sup>15</sup> and 52% of newborns do not receive a post-natal care visit following birth.<sup>16</sup> Furthermore, essential supplies such as oxytocin, magnesium sulphate, and blood products are not always readily available, affecting the delivery of quality care.

- 2.6 **Government of Guyana health strategy.** Health in the life cycle, including children, adolescents, and women's health is one of the priorities of the National Health Sector Strategy 2013-2020 (Health Vision 2020), which also includes among its goals addressing the health challenges that affect the indigenous people. In addition, Guyana has developed a Maternal and Perinatal Health Strategy 2011-2020 that aims to reduce maternal and infant mortality by 50% by 2020. The analysis and the interventions proposed in this project are in line with the priorities identified by the Government in maternal and child health.
- 2.7 **Bank's support to the health sector.** Over the last decade, the Bank has supported the health sector in Guyana through a series of operations, such as the Health Sector Program (GY-0077), the Basic Nutrition Program (GY-0068), and the Expansion and Integration of Basic Nutrition Program (GY-L1028). These have generated important lessons for this project: (i) involving stakeholders in preparation and ensuring that interventions are aligned with national priorities are key to ensuring political and technical support; (ii) providing close technical support to the executing agency throughout implementation is critical to guarantee that activities and products are carried out according to planning; and (iii) defining the project's execution governance with all actors and setting out clear roles and lines of accountability amongst the Ministry of Health (MoH), the Ministry of Finance, and the Regional Health Authorities, responsible for service delivery, is essential to prevent delays due to coordination issues.
- 2.8 **Strategic alignment.** This project is consistent with the Update to the Institutional Strategy 2010-2020 and is aligned with the development challenge of social inclusion and equality, by increasing access and use of health services and diminishing inequities. It will contribute with the cross-cutting issue of gender equality and diversity, by improving women and indigenous people's access to sexual and reproductive health. Additionally, it will contribute to the Corporate Results Framework 2016-2019 by reducing maternal mortality and increasing the number of beneficiaries receiving health services.<sup>17</sup> It is aligned with the Strategy on Social Policy for Equity and Productivity.<sup>18</sup> It is consistent with the Sector Framework for Health and Nutrition and its priority that all people have timely access to quality health services. It will support the IDB Country Strategy with Guyana 2012-2016 (GN-2690) goals of promoting economic growth and enhancing competitiveness and improving access to basic social services to the indigenous people.

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<sup>13</sup> This pattern is observed in previous years. CMO Statistics 2014, 2013 and 2012.

<sup>14</sup> Assessment of Emergency Obstetric and New born Care in Maternity Facilities, UNFPA 2010.

<sup>15</sup> Guyana Demographic and Health Survey 2009.

<sup>16</sup> Guyana Multiple Indicator Cluster Survey 2014.

<sup>17</sup> Country Development Results, Intermediate Outcome Indicator "2" and Immediate Outcome Indicator "9".

<sup>18</sup> To meet the challenges of high inequality and low productivity, the Strategy proposes a focus on interventions aimed at improving human capital, one of the key factors of economic growth (GN-2588-4).

## **B. Theory of change and project description: objective and components**

- 2.9 **Theory of change.** The strategies proposed in this project are guided by two frameworks: the Safe Motherhood Initiative and the “three delays” model. The Safe Motherhood Initiative outlines that strategies to improve maternal and neonatal outcomes should focus on four pillars: (i) family planning; (ii) quality antenatal care; (iii) clean and safe delivery; and (iv) obstetric and neonatal emergency care. The “three delays” model proposes that maternal and neonatal outcomes can be improved by mitigating delays in: (i) deciding to seek appropriate medical help for an obstetric emergency; (ii) reaching an appropriate obstetric facility; and (iii) receiving adequate care when a facility is reached.<sup>19</sup>
- 2.10 **Expected results based on the theory of change and the problems identified.** To improve maternal and neonatal outcomes in Guyana, this project will focus on evidence-based interventions that will: (i) improve healthy pregnancy planning and spacing; (ii) increase iron prophylaxis; (iii) increase the detection of early signs of preeclampsia, placenta previa, and other risk factors for PPH, PIH, and prematurity; (iv) improve knowledge, attitudes, and practices related to sexual and reproductive health, pregnancy, safe delivery, and newborn care; (v) improve access to essential and emergency obstetric and neonatal care services (for women and newborns located in the rural interior); (vi) increase institutional delivery (for women located in the rural interior); (vii) increase the quality of skilled birth attendance; (viii) increase the number of complications that are treated according to norms; and (ix) increase the number of mothers and newborns that receive immediate postpartum care according to best practices.
- 2.11 **Objective.** The objective of this project is to contribute to the reduction of maternal, perinatal, and neonatal deaths in Guyana. To meet this objective, the project has preliminarily identified the following components:<sup>20</sup>
- 2.12 **Component 1. Strengthening reproductive, maternal, and neonatal health services.**
- 2.13 **Sub-component 1. Reproductive health services (US\$1.0 million).** The objective of this sub-component is to increase access, use, and quality of health services for adolescents and women of reproductive age, through the following activities: (i) technical assistance (TA) to strengthen the community platform and the primary level of care for service delivery;<sup>21</sup> (ii) TA to design an strategy to increase contraceptive methods prevalence<sup>22</sup>; (iii) TA to design and implement a behavior change communication strategy, including messages targeted at adolescents; and (iv) procurement of equipment/supplies.
- 2.14 **Sub-component 2. Maternal and neonatal health services (US\$2.5 million).** The objective of this sub-component is to increase access, use, and quality of antenatal, delivery, and postnatal care for mothers and newborns, through the following activities: (i) TA to assess and reorganize the health care and referral networks; (ii) TA to revise and adjust the portfolio of services and the roles of different cadres of health workers; (iii) TA to assess the distribution and operation of maternity waiting homes; (iv) infrastructure improvements and procurement of

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<sup>19</sup> Barnes-Josiah et al 1998.

<sup>20</sup> The dimension of the proposed strategies (e.g. participating regions) will be defined during preparation.

<sup>21</sup> The distribution of repellent and insecticide-treated mosquito nets for the prevention of malaria and other mosquito-borne diseases, such as dengue and zika, will also be considered.

<sup>22</sup> Consultancy services.

equipment/supplies; (v) TA to support the implementation of a quality improvement strategy, including the improvement of clinical and management practices and the promotion of patient-centered and culturally-appropriate care; and (vi) TA to develop individual and community plans to support women and newborns to access facilities for delivery and emergency care.

- 2.15 **Component 2. Strengthening the healthcare delivery system (US\$0.5 million).** The objective of this component is to increase the effectiveness and efficiency of essential support systems for service delivery, through the following activities: (i) TA to improve the supply chain for contraceptive methods, drugs, and blood products<sup>23</sup>; (ii) TA to improve the quality of the information generated and used by the health system; and (iii) TA to analyze bottlenecks in the labour market and recommend actions to increase retention and performance.
- 2.16 **Component 3. Administration, auditing, and evaluation (US\$1.0 million).** This component will support execution monitoring, and evaluation activities. The latter will include an ex-post economic analysis and a before-after evaluation.

### III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Instrument and execution.** This proposed project is an investment loan and the executing agency will be the MoPH, through its Maternal and Child Health Department (MCD). The Bank is conducting an Institutional Assessment of the MoPH that will inform the design of the executing unit.
- 3.2 **Risks.** The MoPH has been identified as the most suitable executing agency with the risk that implementation progress could be slow given their track record in implementing a previous loan. As a result of the Institutional Assessment, the Bank will support the implementation of capacity strengthening measures through a Technical Cooperation (TC) that is being designed (GY-T1121). Additional information on risks is available in Appendix II.
- 3.3 **Complementary activities.** TC GY-T1121 will support project preparation and execution, including TA for data collection and analysis, TA to support capacity strengthening measures, TA to develop operational capacities in project management, and technical studies. This project will also draw from the experience of the *Salud Mesoamerica Initiative*, including a cross-countries exchange with the Central American region that will be financed by the TC.

### IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 The safeguard policy filter report (classification “C”) concludes that no issues or potential issues were identified. The operation does not require a social and environmental safeguard classification or environmental strategy.

### V. OTHER ISSUES

- 5.1 A rapid health care system diagnostic will be conducted to inform project preparation and identify critical needs for technical assistance during execution, including capacity building to guarantee the sustainability of interventions.

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<sup>23</sup> Consultancy services to analyze bottlenecks that may be contributing to disruptions in the supply chain (critical activities to guarantee the availability of inputs, such as purchasing, storage, and distribution).

## **VI. RESOURCES AND TIMETABLE**

- 6.1 Preparation costs are estimated at US\$77,764, financed from administrative funds (see Annex V). Operations and Policy Committee approval is expected by September 23<sup>rd</sup> and Board approval is expected by October 26<sup>th</sup>, 2016.

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## Safeguard Screening Form

### Operation Information

Operation		
<b>GY-L1058</b> Support to Improve Maternal and Child Health		
Environmental and Social Impact Category	High Risk Rating	
C	{Not Set}	
Country	Executing Agency	
GUYANA	{Not Set}	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Lead Specialist	
MARCELLA DISTRUTTI	{Not Set}	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$0	0.000 %
Assessment Date	Author	
5 Apr 2016	marthag Project Assistant	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	27 Apr 2016	
QRR (Estimated)	10 Aug 2016	
Board Approval (Estimated)	{Not Set}	
Safeguard Performance Rating		
{Not Set}		
Rationale		
{Not Set}		

### Operation Classification Summary

Overriden Rating	Overriden Justification
Comments	



## Safeguard Screening Form

Conditions / Recommendations

Summary of Impacts / Risks and Potential Solutions

Disaster Risk Summary

Disaster Risk Level

Disaster / Recommendations

Disaster Summary

Details

Actions



## Safeguard Policy Filter Report

### Operation Information

Operation		
<b>GY-L1058</b> Support to Improve Maternal and Child Health		
Environmental and Social Impact Category	High Risk Rating	
C	{Not Set}	
Country	Executing Agency	
GUYANA	{Not Set}	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Lead Specialist	
MARCELLA DISTRUTTI	{Not Set}	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$0	0.000 %
Assessment Date	Author	
5 Apr 2016	marthag Project Assistant	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	27 Apr 2016	
QRR (Estimated)	10 Aug 2016	
Board Approval (Estimated)	{Not Set}	
Safeguard Performance Rating		
{Not Set}		
Rationale		
{Not Set}		



## Safeguard Policy Filter Report

### Safeguard Policy Items Identified

#### B.1 Bank Policies (Access to Information Policy– OP-102)

The Bank will make the relevant project documents available to the public.

#### B.1 Bank Policies (Gender Equality Policy– OP-761)

The operation offers opportunities to promote [gender equality](#) or [women's empowerment](#).

#### B.1 Bank Policies (Indigenous People Policy– OP-765)

The operation offers opportunities for indigenous peoples.

#### B.16. In-country Systems

In-country systems will be used based on results from equivalency and acceptability analyses.

#### B.17. Procurement

Suitable safeguard provisions for the procurement of goods and services in Bank financed operation will be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.

#### B.2 Country Laws and Regulations

The operation is in compliance with laws and regulations of the country regarding specific women's rights, the environment, gender and indigenous peoples (including national obligations established under ratified multilateral environmental agreements).

#### B.3 Screening and Classification

The operation (including associated facilities) is screened and classified according to its potential environmental impacts.

#### B.6 Consultations

Consultations with affected parties will be performed equitably and inclusively with the views of all stakeholders taken into account, including in particular: (a) equal participation by women and men, (b) socio-culturally appropriate participation of indigenous peoples and (c) mechanisms for equitable participation by vulnerable groups.

#### B.7 Supervision and Compliance

The Bank will monitor the executing agency/borrower's compliance with all safeguard requirements stipulated in the loan agreement and project operating or credit regulations.

### Potential Safeguard Policy Items

[No potential issues identified]

### Recommended Actions



## Safeguard Policy Filter Report

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.

### Additional Comments

[No additional comments]

## **ENVIRONMENTAL AND SOCIAL STRATEGY**

### **A. Environmental**

- 1.1 Following the guidance provided by the Bank's Environment and Safeguards Compliance Policy (OP-703) and applying the Safeguard Policy Filter, this Operation is categorized as "C" based on a consistent application of OP-703. An assessment of the health care network will be conducted, potentially entailing the reorganization of the network according to population parameters/distribution and international standards, which could require the need for minor infrastructure improvements. In this scenario, the team would reassess the classification and determine the potential environmental impact of any proposed infrastructure works and, if necessary, revisit the ESR screening.

### **B Social Impact**

- 1.2 This operation will not support any activity that would have direct or indirect negative impacts on any population group. On the contrary, positive social impacts are expected in terms of improving women and indigenous people's access to sexual and reproductive health.

## INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Expected Dates	Comments and references
<b>Rapid health care system diagnostic</b>	This study consists of a rapid assessment of key aspects of the health system to inform project preparation, including health care network, quality, staffing, logistics systems, and norms.	July 2016	IDBDocs#
<b>Institutional assessment</b>	This study consists of an assessment of the current institutional capacity of the Ministry of Health and the Maternal and Child Health Program (MCH) for the implementation of GY-L1058, according to the Institutional Capacity Assessment System (ICAS) methodology. The assessment will also determine the execution arrangements for the implementation of GY-L1058.	June 2016	IDBDocs#
<b>Economic analysis</b>	This study consists of an ex-ante economic analysis of the main interventions proposed in the operation.	June 2016	IDBDocs#
<b>Maternal and child health Interventions</b>	Building on the 2014 Guyana MDG Acceleration Framework to Improve Maternal Health, a preliminary assessment was done to determine the best suited interventions to contribute to the reduction of maternal, perinatal, and neonatal mortality in Guyana. The assessment followed the <i>Salud Mesoamerica Initiative</i> methodology and best practice from the <i>Mesoamerica</i> experiences in Nicaragua, Panama, Honduras, El Salvador, Guatemala, Belize, Costa Rica, and Chiapas (Mexico).	Completed March 2016	The 2014 <a href="#">Guyana MDG Acceleration Framework to Improve Maternal Health</a> ; and (ii) <a href="#">Mesoamerica presentations done at Guyana stakeholder Workshop in March 2016</a>

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