

TC Document

I. Basic Information for TC

▪ Country:	Co-operative Republic of Guyana through its Ministry of Public Health.
▪ TC Name:	Support for Maternal and Child Health Improvement Program
▪ TC Number:	GY-T1121
▪ Team Leader/Members:	Donna Harris (SPH/CJA); Ian Ho-a-Shu (SPH/CTT); Marcella Distrutti (SCL/SPH); Paula Louis-Grant (FMP/CGY); Martha Guerra (SCL/SPH); Betina Hennig (LEG/SGO); and Leticia Ramjag (CCB/CGY)
▪ Taxonomy:	Operational Support
▪ If Operational Support TC, give number and name of Operation Supported by the TC:	GY-L1058
▪ Date of TC Abstract authorization:	July 1, 2016
▪ Beneficiary:	Co-operative Republic of Guyana through its Ministry of Public Health (MoPH)
▪ Executing Agency	Inter-American Development Bank through the Social Protection and Health Division (SCL/SPH)
▪ Donors providing funding:	Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (SOF)
▪ IDB Funding Requested:	\$350,000
▪ Local counterpart funding, if any:	No
▪ Disbursement period (which includes Execution period):	36 months
▪ Required start date:	January 2, 2017
▪ Types of consultants (firm or individual):	Individuals and firms
▪ Prepared by Unit:	SCL/SPH
▪ Unit of Disbursement Responsibility:	SPH/CGY
▪ TC Included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ GCI-9 Sector Priority:	Social Inclusion and Equality

II. Description of the Associated Loan/Guarantee

- 2.1 **Improvements in health indicators.** Guyana has made significant advancements in the health sector in the past two decades, with a decrease in the burden of communicable diseases such as HIV/AIDs, malaria, and tuberculosis, and an increase in life expectancy from 62 years in 1991 to 67 years in 2015.¹ The country met the Millennium Development Goals targets for nutrition, child health (under five

¹ PAHO Basic Indicators.

years of age), and communicable diseases,² as well as the goals related to water and sanitation,³ with positive impacts on health outcomes.

2.2 **Challenges remaining in maternal and neonatal health.** Despite the progress, Guyana continues to experience maternal and infant mortality rates that are among the highest in the Latin America and Caribbean (LAC) region.⁴ The maternal mortality ratio is estimated at 121 per 100,000 live births (LB) and the infant mortality rate is estimated at 22 per 1,000 LB.⁵ 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%).⁶ Pregnancy in adolescence is high (about 20% of all LB),⁷ representing a higher risk for both mothers and newborns.

2.3 The main factors contributing to maternal and neonatal outcomes in Guyana are related to inadequate access, use, and quality of reproductive, maternal, and neonatal health services, the organization of the health care network and the critical shortage of human resources for health (HRH).

2.4 With respect to HRH, Guyana in 2008 had the lowest number of public sector physicians and the second lowest supply of nurses in the Region of the Americas (ROA).⁸ The estimated ratio of the total number of physicians and nurses per 10,000 people in 2010 was 7.25. Even if all public and private physicians, nurses, midwives and nursing assistants are included, Guyana's ratio increases to only 17.7. The comparable figure for the non-Latin Caribbean is 21.7 while the current recommended World Health Organization (WHO) target ratio is 25 per 10,000 members of the population. One of the main reasons for this shortage is the high rates of migration of nurses and doctors. In addition, there is a concentration of remaining health professionals in or near to the capital city of Georgetown which constitutes a challenge for the health system.⁹ The available evidence also suggests that the health workforce lacks the appropriate skills, competencies, and motivation,¹⁰ as a result of deficiencies in the educational system¹¹ and insufficient

² 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.

³ 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.

⁴ In LAC maternal mortality is 62.9 and infant mortality is 15.7 (PAHO Basic Indicators 2014).

⁵ Chief Medical Officer Report (CMO) Annual Report 2014.

⁶ CMO Annual Report 2014.

⁷ MDG Acceleration Framework, Government of Guyana 2014.

⁸ Pan American Health Organization, Health Information and Analysis Project. Health Situation in the Americas: Basic Indicators 2010. Washington, D.C., United States of America, 2010.

⁹ Many regional hospitals, district hospitals, and health centers outside of region 4 do not meet the MPH' human resources standards (UNFPA 2010). Region 4 employs 73.6% of Guyana's total physician workforce (PAHO 2010).

¹⁰ In the 2010 UNFPA survey, a group of 36 providers scored an average of 75% on how to diagnose asphyxia and on what to do if a newborn is not breathing or breathing slow.

¹¹ In the face of ongoing shortages, nursing enrolments were increased significantly. The country's three nursing schools were under-resourced to accommodate the increase in the number of student; as a result, the quality of programs deteriorated and student course completion and exam pass rates

on-the-job training and poor management practices in human resources. The critical shortages are concentrated in primary care nursing staff, especially in the area of maternal and child health. In 2010, a Health Human Resources Gap Analysis¹² determined that Guyana requires an additional 309 nurses and that over 7,450 Guyanese nurses work abroad, with an expatriation rate of 81.1 percent. In response, Guyana recognizes the urgent need to: (i) design a range of solutions to contribute to closing the human resource gap outside of Georgetown in the short-term, potentially including the use of telemedicine and the development of alliances with non-governmental organizations (NGOs); (ii) review the country's health educational system, including the nursing curricula to better focus on maternal and child health primary care delivery and the midwifery curricula; and (iii) develop employment recruitment and retention incentives for nurses and midwives.¹³ While the country has responded to the shortage with increasing pre-service training, there is still an urgent need to squarely address core issues that encourage retention, including strategies to improve the quality of work environments.

2.5 Another area of deficiency is the capacity weakness within the Ministry of Public Health's Maternal and Child Health Unit to effectively manage its program, namely the implementation of the immunization program, the maternal and child health strategy, as well addressing women's health concerns. An institutional assessment of the MCH Unit done in 2016 to support the preparation of GY-L1058 indicated that the MCH Unit has insufficient technical and administrative capacity to run an effective MCH program¹⁴. Though the structure of the unit has evolved to address some of the service delivery gaps, significant work still remains to be done with respect to setting a clear and defined program with performance targets, assessing the HR requirements and designing an appropriate structure to meet the needs of a well-functioning MCH Unit. While resources from GY-L1058 will be provided to strengthen the MCH unit by financing of additional staff during the life of the project, a more sustainable approach is needed to develop the overall technical capacity in terms of planning, monitoring and evaluation, and execution to improve MCH long term efficiency and effectiveness, as well as to guarantee the results of the loan.

2.6 **Support to improve Maternal and Child Health.** To address the above referenced challenges, the Government of Guyana (GOG) requested the Support to Improve Maternal and Child Health in the form of both loan and technical assistance financing from the Inter-American Development Bank (IDB). The loan (GY-L1058) is currently in preparation and seeks to reduce maternal, perinatal, and neonatal deaths in Guyana by 2020. The Project Profile reached eligibility on April 20, 2016 and approval by the Board is planned for October 26, 2016. This TC will be designed and executed in parallel with the loan and will provide design and operational support to GY-L1058.

declined. The lack of employment incentives, performance appraisal, and reward systems, combined with inadequate salaries with no benefits or pay increases have been identified as the main challenges in this area (PAHO 2010).

¹² Implementing Guyana's Package of Publicly Guaranteed Health Services (PPGHS): Bridging Health Human Resource Gaps. PAHO. Dubois, Carl A., Ingabire, M-G. February, 2010.

¹³ Strengthening the Foundation: A Health Human Resources Action Plan for Guyana, 2011 to 2016. PAHO. Ministry of Health, Guyana, December 2010.

¹⁴ Institutional Evaluation of the MoPH, GUYANA. Andres Garrett, Institutional and Financial Consultant, July 2016.

2.7 Preparation of GY-L1058 is well advanced with three IDB missions in October 2015 and March and May 2016, along with ERM approval on May 16th. The IDB and the MoPH have jointly: (i) developed a common framework to analyze maternal and child health challenges in Guyana; and (ii) established expected health impacts, outcomes, and potential interventions to support Guyana's maternal and child health programs culminating in the completion of the POD and circulation to QRR. In addition, loan preparation efforts are guided by policy documents developed by the MoPH, namely: (i) the Maternal and Perinatal Health Strategy 2011-2020; (ii) the MDG Acceleration Framework to Improve Maternal Health; and (iii) the National Health Sector Strategy 2013-2020 (Health Vision 2020). The loan 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.

III. Objectives and Justification of the TC

3.1 The general objective of the TC is to support the design and implementation of operation GY-L1058, which seeks to reduce maternal, perinatal and neonatal deaths in Guyana by 2020. To achieve this goal, this TC will finance institutional strengthening activities, focused on the MoPH in general and the Maternal and Child Health Department (MCD) in particular by supporting improvements to the supply of human resources and financing technical studies.

3.2 **Strategic alignment.** This project is consistent with the Update to the Institutional Strategy (UIS) 2010-2020 (AB-3008) 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 (GN-2727-6) by reducing maternal mortality and increasing the number of beneficiaries receiving health services. It is aligned with the Strategy on Social Policy for Equity and Productivity. It is also consistent with the Sector Framework for Health and Nutrition and its mandate that all people have timely access to quality health services. This project will also support the IDB Country Strategy with the Cooperative Republic of Guyana 2012-2016 (GN-2690) goals of promoting economic growth, enhancing competitiveness, and improving access to basic social services to the indigenous people.

IV. Description of activities/components and budget

4.1 **Component 1. Institutional Strengthening of the Ministry of Public Health (US\$180,000).** This component will finance technical assistance to strengthen the Maternal and Child Health Unit within the MoPH, namely, its technical, institutional,

functional and operational capacities to execute the loan and to effectively manage the government's MCH program towards sustaining the results and improving maternal and child health outcomes in Guyana. This component will therefore finance the following: (i) an international consultant to provide technical oversight on the implementation of the project and support capacity building of the MCH;¹⁵ (ii) an assessment of the organizational structure of the MCH Unit and the development of a new organogram in line with the new activities proposed under the loan to guarantee sustainability of the results of the program. This new structure will be used as the basis to staff a reorganized MCH, possibly absorbing some of the specialist staff recruited under the loan; and (iii) review of the evidence and participatory design of solutions to contribute to close the human resource gap in the country's rural interior.

4.2 Component 2. Technical studies and learning activities (US\$120,000). This component will finance technical studies to support the execution of GY-L1058, including: (i) a supply and demand assessment, which consists of a qualitative analysis and participatory diagnostics conducted at the local level to determine supply and demand barriers to access and use of reproductive, maternal, and neonatal health services. This assessment will include a review of lessons learned from a previous Supply Chain Management Services consultancy funded by USAID. The assessment will also look at the current arrangements in place for procurement of medical supplies at the MOPH Procurement Bond; (ii) the revision of the health educational system, including the nursing curricula with a stronger maternal and child health primary care focus and the midwifery curricula; (iii) a recruitment and retention plan for nurses and midwives which will focus on developing cost-effective incentives, including incentives such as the setting of flexible hours, options to work on a full-time, part-time or casual basis, flexible vacation time and the creation of safe and healthy work environments; and (iv) a knowledge exchange with Costa Rica and Honduras¹⁶ to observe modern methods and approaches in the delivery of child/maternal services under the Mesoamerican Health Initiative.

Indicative Results Matrix

Outcome	Strengthened capacity of the Ministry of Public Health MCH function to deliver maternal and child health services to the population			
Component	Expected Products	Baseline Value	Target Value	Verification Source
1	Report on the Institutional functional and human resource requirements for the Maternal and Child Health Unit completed.	0	1	Report approved by MPH and recommendation implemented. (Letter from the Permanent Secretary of MPH approving the report)
2	Report on the supply and demand assessment completed and published	0	1	Key Assessment findings and recommendations used to inform the final design of MCH interventions by JA-L1058 (Letter from the Permanent secretary of MPH)

¹⁵ While GY-L1058 will fund staff to execute the project at the MCH Unit, the institutional strengthening activities funded under this TC component will provide technical supervision assistance to serve as the technical link between the components of GY-L1058 and the execution staff of the MCH Unit in order to ensure that technical resources provided through each component of GY-L1058 are working in tandem in terms of timing of input, quality and scope of work. In addition, the technical supervision assistance will provide technical inputs in the recruitment and monitoring of technical consultancy firms and individuals under GY-L1058, as necessary.

¹⁶ Costa Rica and Honduras were selected based on the similarities between these countries and Guyana in terms of GDP, size, socio-economic conditions, and overall development.

Outcome	Strengthened capacity of the Ministry of Public Health MCH function to deliver maternal and child health services to the population			
Component	Expected Products	Baseline Value	Target Value	Verification Source
				approving the report)
2	Recruitment and Retention Plan for Nurses completed that includes included a detailed implementation plan, precise timelines, identified partner commitments and defined resource requirements.	0	1	Key findings and recommendations approved by MPH and implemented. (Letter from the Permanent Secretary of MPH approving the key findings and recommendations)
2	Revised Nursing Curricula with a stronger maternal and child health primary care focus completed	0	1	Revised nursing curricula accepted by MoPH. Letter from the Permanent Secretary of MPH
2	Knowledge Exchange and Study Tour to Costa Rica and Honduras completed	0	2	Back-to-Office reports presented to Technical Working Team of the MoPH

Indicative Budget

Component	IDB Funding (US\$)
1. Institutional Strengthening of the MoPH	180,000
2. Technical studies and learning activities	120,000
Project Administration/Evaluation	50,000
TOTAL	350,000

V. Executing agency and execution structure

- 5.1 Based on a request from the GOG, the executing agency of this TC is the IDB through SCL/SPH. The project team will contract individual consultants and firms in accordance with the IDB's procurement policies and procedures. This request was made by GOG on the basis that they wish to avoid delays in contracting consultants and/or managing consultant contracts given that the current MoPH project management and procurement capabilities are insufficient.
- 5.2 Monitoring the quality and progress of the TC will be carried out directly by the IDB and through IDB institutional systems, under the responsibility of the TC Project Team Leader and with the support of a consultant hired for monitoring and evaluation purposes. The final products will also be reviewed by the Project Team to ensure the quality of products and services funded under this TC. A final evaluation is also planned to assess project success.

VI. Major issues

- 6.1 For the TC to achieve the aforementioned results, there is a clear need for robust coordination among various administrative and technical departments within the MoPH as well as other key stakeholders, including the Ministry of Finance and the Regional Health Authorities. Based on lessons learned from other projects in Guyana and in the region, an Inter-agency Steering Committee chaired by the MoPH will be established as a condition for disbursement under GY-L1058 as an important mitigation measure to facilitate effective inter-agency coordination. This Inter-agency Steering Committee mechanism will also facilitate coordination between the TC and GY-L1058.

VII. Exceptions to Bank policy

7.1 There are no exceptions to Bank policy.

VIII. Environmental and Social Strategy

8.1 This TC has an ESG classification of “C” as it will not have any negative environmental or social impact (see [filters](#)).

Required Annexes:

- [Letter of Request](#)
- [Terms of Reference](#)
- [Procurement Plan](#)

SUPPORT FOR MATERNAL AND CHILD HEALTH IMPROVEMENT PROGRAM

GY-T1121

CERTIFICATION

I hereby certify that this operation was approved for financing under the **Special Program for Employment, Poverty Reduction and Social Development in Support of the Millennium Development Goals (SOF)** through a communication dated July 1, 2016 and signed by Su Hyun Kim (ORP/GCM). Also, I certify that resources from said fund are available for up to **US\$350,000** in order to finance the activities described and budgeted in this document. This certification reserves resource for the referenced project for a period of six (6) calendar months counted from the date of eligibility from the funding source. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, represent a risk that will not be absorbed by the Fund.

Original signed

10/27/16

Sonia M. Rivera
Chief

Date

Grants and Co-Financing Management Unit
ORP/GCM

Approved:

Original signed

10/28/16

Ferdinando Regalia
Division Chief

Date

Social Protection and Health Division
SCL/SPH