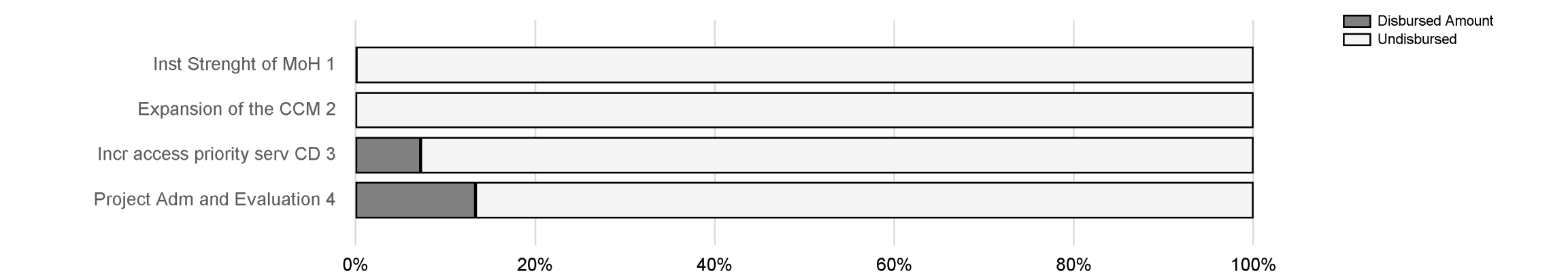


PMR Public Report

Operation Number	SU-L1054	Chief of Operations Validation Date	10/17/22
Year- PMR Cycle	First period Jan-Jun 2022	Division Chief Validation Date	
Last Update	10/14/22	Country Representative Validation Date	
PMR Validation Stage	Validated by Chief of Operations		

Basic Data			
Operation Profile			
Operation Name	Health Services Improvement Project	Loan Number	4593/OC-SU
Executing Agency	MINISTRY OF 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	Suriname
Lending Instrument	Investment Loan	Convergence related Operation(s)	
Borrower	REPUBLIC OF SURINAME		
Environmental and Social Safeguards			
Impacts Category	B	Was/Were the objective(s) of this operation reformulated?	NO
Safeguard Performance Rating		Date of approval	
Safeguard Performance Rating - Rationale			

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
SU-L1054	20,000,000	20,000,000	0	0	20,000,000	20,000,000	1,570,169.71	7.85%	18,429,830.29
Aggregated	20,000,000	20,000,000	0	0	20,000,000	20,000,000	1,570,169.71	7.85%	18,429,830.29
Expense Categories by Loan Contract (cumulative values)									



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: Reduction of burden of disease in Suriname

Observation:

Indicator		Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2024	
0.0	Ambulatory care sensitive conditions hospitalizations due to diabetes	Hospitalizations Rate per 1,000 per annum	5.4	2017	2018	P	4.32
						A	-

Details

Means of Verification: National hospital discharge databases

Observations: Baseline and goal values will be updated with results of program preparation technical studies.

The General Development Objective indicator target is expected to be observed by the operation's "Fully Justified" date in Convergence (CO): No

Pro-Gender	Yes	Pro-Ethnicity	Yes	CRF indicator			

Indicator		Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement	EOP 2024	
0.1	Autochtonous malaria cases	Cases Rate per 1,000 population per annum	40	2017	2018	P	-
						A	-

Details

Means of Verification: National Malaria Database

Observations: Target of National Malaria eradication plan.

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: Effectiveness of health sector enhanced to address priority epidemiological challenges

Observation:

	Indicator	Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
0.0	Quarterly Dashboard reports produced	reports	0	2019	P	1	1
					A	-	-

Details

Means of Verification: National level dashboard system

Observations: Dashboard elements, users, standards and policy decision making domains will be defined during HIS design

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
0.1	Percent of MOH users accessing Suriname Dashboard system to use data for decision making	users	0	2019	P	50	50
					A	-	-

Details

Means of Verification: National level dashboard system

Observations: Dashboard elements, users, standards and policy decision making domains will be defined during HIS design

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
0.2	National dialysis/cancer registries reporting quarterly core disease data to MOH	registries	0	2019	P	2	2
					A	-	-

Details

Means of Verification: Core data reports from registries

Observations: Disease specific core data (i.e. demographics, disease stages, treatments) specified during registry design

Evaluation Methodology: -

Pro-Gender	No	Pro-Ethnicity	No	CRF indicator	

	Indicator	Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
0.3	Percent of MOH civil servants who score four or above in the working environment survey Index	%	10	2019	P	90	90
					A	-	-

Details

Means of Verification: Working environment survey report

Observations: • Baseline based on preliminary assessment during program design. • Values will be updated with survey results before and after construction.

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator	

Indicator		Unit of Measure	Baseline	Baseline Year	2024		EOP 2024			
0.4	CCM centers providing care for diabetes patients according to national CCM guidelines	CCM Centers	0	2019	P	8	8			
					A	-	-			
Details										
Means of Verification: CCM evaluation report										
Observations: Compliance indicators specified during guideline development.										
Evaluation Methodology: -										
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator						
Indicator		Unit of Measure	Baseline	Baseline Year	2024		EOP 2024			
0.4	Diabetic patients who complete the education module	Diabetic patients attending CCM per year	50	2019	P	90	90			
					A	-	-			
Details										
Means of Verification: CCM EHR education module										
Observations: Baseline and target values from available OSS data. Values will be updated with data from information modules developed by program.										
Evaluation Methodology: -										
Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
Indicator		Unit of Measure	Baseline	Baseline Year	2024		EOP 2024			
0.5	Diabetic patients who reach target Hb1Ac according to national guidelines	Diabetic patients attending CCM	37	2019	P	68	68			
					A	-	-			
Details										
Means of Verification: CCM EHR clinical module										
Observations: • Baseline and target values from available OSS data. • Values will be updated with data from information modules developed by program.										
Evaluation Methodology: -										
Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
Indicator		Unit of Measure	Baseline	Baseline Year	2024		EOP 2024			
0.5	Diabetic patients adhering to treatment according to national clinical guidelines	Diabetic patients attending CCM per year	0	2019	P	80	90			
					A	-	-			
Details										
Means of Verification: CCM EHR clinical module										
Observations: • Baseline and target values from available OSS data. • Values will be updated with data from information modules developed by program.										
Evaluation Methodology: -										
Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
Indicator		Unit of Measure	Baseline	Baseline Year	2024		EOP 2024			
0.6	Diabetic patients with scheduled screening appointments who attend three appointments	Diabetic patients attending CCM per year	10	2019	P	90	90			
					A	-	-			
Details										

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator					
Indicator		Unit of Measure		Baseline	Baseline Year		2024	EOP 2024	
0.7	Diabetic patients referred from primary health care centers to CCM centers.			Diabetic patients attending CCM	40	2019	P	80	80
							A	-	-
Details									

Means of Verification: Data from CCM EHR referrals module

Observations: • Baseline and target values from available OSS data. • Values will be updated with data from information modules developed by program.

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator			

Specific Development Objectives Nbr. 1: Access to priority CD preventive services for targeted population increased

Observation:

	Indicator	Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
1.0	TropClinic patients eligible for testing being tested for HIV	patients	232	2017	P	560	560
					A	-	-
Details							

Means of Verification: TropClinic Register

Observations: • Goal value based on assumption that number of people visiting the MP TropClinic and border posts= 3,500 per year. Based on age and current client populations about 95% will be eligible • With reference to the above; there is no baseline for the % of eligible people actually being tested. Considering the mobile character of target population, the goal may be overestimated

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator					
Indicator		Unit of Measure		Baseline	Baseline Year		2024	EOP 2024	
1.1	TropClinic patients tested for HIV receiving counseling			Patients	232	2017	P	2,993	2,993
							A	-	-
Details									

Means of Verification: TropClinic Register

Observations: • Goal value based on assumption that number of people visiting the MP TropClinic and border posts= 3,500 per year. Based on age and current client populations about 95% will be eligible • With reference to the above; there is no baseline for the % of eligible people actually being tested. Considering the mobile character of target population, the goal may be overestimated

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator					
Indicator				Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
1.2	Persons from target population who score optimal malaria knowledge in KAP survey			% of persons	46.6	2017	P	75	75
							A	-	-
Details									

Means of Verification: KAP study report

Observations: • Numerator and Denominator will depend on sample size KAP study

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator			
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	Indicator	Unit of Measure	Baseline	Baseline Year	2024		EOP 2024
1.3	Persons from target population who report use of bed nets on the previous night in KAP survey	% of persons	44.6	2019	P	70	70
					A	-	-
Details							

Means of Verification: KAP study report
Observations: • Numerator and Denominator will depend on sample size KAP study

Evaluation Methodology: -

Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator	

RESULTS MATRIX

OUTPUTS: ANNUAL PHYSICAL AND FINANCIAL PROGRESS

Component Nbr. 1 Institutional strengthening of the MOH for evidenced based policy making

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2024	2022	EOP 2024
1.01	Health Information System operational in MOH including BOG linked to CCM data	System	P	-	1	2,540,000	4,000,000
			P (a)	-	1	200,000	3,912,000
			A	-	-	-	1,098.26
1.02	Steps survey administered	Survey	P	-	2	150,000	300,000
			P (a)	-	2	75,000	360,000
			A	-	-	-	-
1.03	MOH infrastructure improved	building compound	P	-	1	1,855,000	7,200,000
			P (a)	-	1	450,000	7,200,000
			A	-	-	130,511.64	130,511.64
1.04	Departments of MOH equipped	workstations	P	400	400	-	900,000
			P (a)	-	400	-	900,000
			A	-	-	-	-

Component Nbr. 2 Expansion of the chronic care model

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2024	2022	EOP 2024
2.01	Continuous Quality Improvement strategy implemented in CCM centers	Chronic Care Model centers Centers	P	2	8	120,000	300,000
			P (a)	2	8	120,000	300,000
			A	2	2	60,000	60,000
2.02	CCM model guidelines updated	Guideline	P	-	1	-	60,000
			P (a)	1	1	60,000	60,000
			A	1	1	60,000	60,000
2.03	CCM Centers with Behavior Change and patient activation strategy implemented	Chronic Care Model centers	P	4	8	119,000	170,000
			P (a)	4	8	-	170,000
			A	-	-	-	-
2.04	CCM Centers with infrastructure upgraded	Chronic Care Model centers	P	4	8	400,000	800,000
			P (a)	1	8	120,000	737,137.79
			A	-	-	-	-
2.05	CCM Centers with equipment upgraded	Chronic Care Model centers	P	4	8	1,180,000	2,140,000
			P (a)	-	8	60,000	1,692,862.21
			A	-	-	-	-
2.06	CCM Training Modules completed	Training modules	P	1	4	90,000	380,000
			P (a)	1	4	100,000	380,000
			A	1	1	100,000	100,000

Component Nbr. 3 Increase the access to priority CD preventive services for targeted population

				PHYSICAL PROGRESS		FINANCIAL PROGRESS	
	Output	Unit of Measure		2022	EOP 2024	2022	EOP 2024
3.01	Communication and behavior change strategy implemented	Campaign	P	1	5	125,000	520,000
			P (a)	1	3	173,266.89	520,000
			A	-	-	29,700	29,899.32
3.02	MSD personnel trained for outreach activities	Training	P	1	4	15,000	60,000
			P (a)	1	4	30,000	60,000
			A	1	1	30,000	30,000
3.03	KAP surveys completed	Survey	P	1	3	30,000	90,000
			P (a)	1	3	29,668.71	90,000
			A	1	1	29,668.71	30,000
3.04	Long-lasting bednets distributed	bednets	P	4,000	20,000	30,000	259,000
			P (a)	4,000	22,320	49,616.91	259,000
			A	4,080	14,400	109,400	145,783.09
3.05	MSD trained in quality analysis and quality control	Training	P	1	4	50,000	200,000
			P (a)	1	4	60,000	200,000
			A	1	2	47,638.51	61,340.09
3.06	TropicClinic equipped with software and hardware for data analysis and processing	clinique	P	-	1	-	60,000
			P (a)	1	1	60,000	60,000
			A	1	1	60,000	60,000
3.07	Parasitological microscopes installed at selected locations	microscopes	P	-	8	-	20,000
			P (a)	-	8	-	20,000
			A	-	4	-	12,862.21
3.08	Portuguese language training provided to staff working with migrate populations	Training	P	1	4	10,000	40,000
			P (a)	1	4	10,000	40,000
			A	-	-	-	-
3.09	National strategy for provision of health services for priority infectious diseases to migrant populations elaborated	strategy	P	-	1	-	15,000
			P (a)	-	1	-	15,000
			A	-	1	-	214.58
3.10	Survey in HIV/TB prevalence study in migrant populations conducted	Survey	P	1	4	25,000	163,000
			P (a)	1	3	53,000	163,000
			A	1	1	56,793.63	63,240.84
3.11	Migrant study on population size, migration, turnover and health priorities completed	Study	P	-	1	-	207,000
			P (a)	-	1	-	207,000
			A	-	-	-	-
3.12	Laboratory and field equipment for HIV screening in gold mining areas installed for field visits	Laboratory and field equipment	P	1	4	9,000	36,000
			P (a)	1	2	9,000	16,204.21
			A	4	5	77,575.25	84,779.46
3.13	National Reference Laboratory equipped with supplies	Supply packages	P	1	4	10,000	40,000
			P (a)	1	4	10,000	40,000
			A	1	2	10,000	15,322
3.14	COVID-19 Digital Solutions developed	# Digital solutions	P	-	-	-	-
			P (a)	-	1	-	214,390.78
			A	-	-	-	114,390.78
3.15	Payment for COVID-19 essential medicines	# of Payments	P	-	-	-	-
			P (a)	-	2	-	490,000
			A	-	-	-	-
3.16	Public Health Laboratory equipped	# of laboratories	P	-	-	-	-
			P (a)	-	1	-	200,000
			A	-	-	-	-

Other Cost					
	Administration and Management costs	P	288,000	1,440,000	

	Administration and Management costs	P (a)	466,179.23	1,550,609.22
		A	100,000	252,071.54
	Contingencies	P	0	600,000
		P (a)	41,000	123,000
		A	0	0
Total Cost				
	Total Cost	P	7,046,000	20,000,000
		P (a)	2,176,731.74	19,980,204.21
		A	901,287.74	1,251,513.81

CHANGES TO THE MATRIX					
Section	Name	Type of Change	Sub type	Modified By	Entered in System
Output	Departments of MOH equipped	Modify Output	Modify Unit of Measure	SHOFWIJKS	9/13/2022
	Laboratory and field equipment for HIV screening in gold mining areas installed for field visits	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	DAFOONJONES	10/14/2022
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	DAFOONJONES	10/14/2022

RISKS AND PLANNED RESPONSES

Risk ID	Risk Status		Risk Taxonomy
3	Materialized		Institutional Environment
	Response Actions		
	3.1	Management Strategy	Status
		AVOID	COMPLETE
	3.2	Management Strategy	Status
		MITIGATE	COMPLETE

Risk ID	Risk Status		Risk Taxonomy
6	Materialized		Institutional Environment
	Response Actions		
	6.1	Management Strategy	Status
		AVOID	COMPLETE
	6.2	Management Strategy	Status
		MITIGATE	COMPLETE

Risk ID	Risk Status		Risk Taxonomy
9	Inactive		Institutional Environment
	Response Actions		
	9.1	Management Strategy	Status
		AVOID	COMPLETE
	9.2	Management Strategy	Status
		MITIGATE	INACTIVE

Risk ID	Risk Status		Risk Taxonomy
12	Inactive		Institutional Environment
	Response Actions		
	12.1	Management Strategy	Status
		MITIGATE	COMPLETE

Risk ID	Risk Status		Risk Taxonomy		
15	Inactive		Institutional Environment		
	Response Actions				
	15.0	Management Strategy		Status	
		-			

Risk ID	Risk Status		Risk Taxonomy
18	Inactive		Institutional Environment
	Response Actions		
	18.1	Management Strategy	Status
		AVOID	COMPLETE

Risk ID	Risk Status		Risk Taxonomy
21	Inactive		Institutional Environment
	Response Actions		
	21.1	Management Strategy	Status
		MITIGATE	COMPLETE
	21.2	Management Strategy	Status
		AVOID	COMPLETE

Risk ID	Risk Status		Risk Taxonomy
24	Inactive		Environmental and Social Safeguards
	Response Actions		
	24.1	Management Strategy	Status
		MITIGATE	COMPLETE
	24.2	Management Strategy	Status
		AVOID	COMPLETE

Risk ID	Risk Status		Risk Taxonomy
27	Inactive		Institutional Environment
	Response Actions		
	27.0	Management Strategy	Status
		-	

Risk ID	Risk Status		Risk Taxonomy		
30	Materialized		Institutional Environment		
	Response Actions				
	30.0	Management Strategy		Status	
		-			

Risk ID	Risk Status		Risk Taxonomy
33	Inactive		Institutional Environment
	Response Actions		
	33.0	Management Strategy	Status
		-	

Risk ID	Risk Status		Risk Taxonomy		
36	Inactive		Institutional Environment		
	Response Actions				
	36.1	Management Strategy		Status	
		AVOID		COMPLETE	
	36.2	Management Strategy		Status	
		MITIGATE		COMPLETE	

Risk ID	Risk Status		Risk Taxonomy		
39	Inactive		Institutional Environment		
	Response Actions				
	39.1	Management Strategy		Status	
		MITIGATE		ACTIVE	
	39.2	Management Strategy		Status	
		MITIGATE		ACTIVE	

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Intra/Inter Coordination