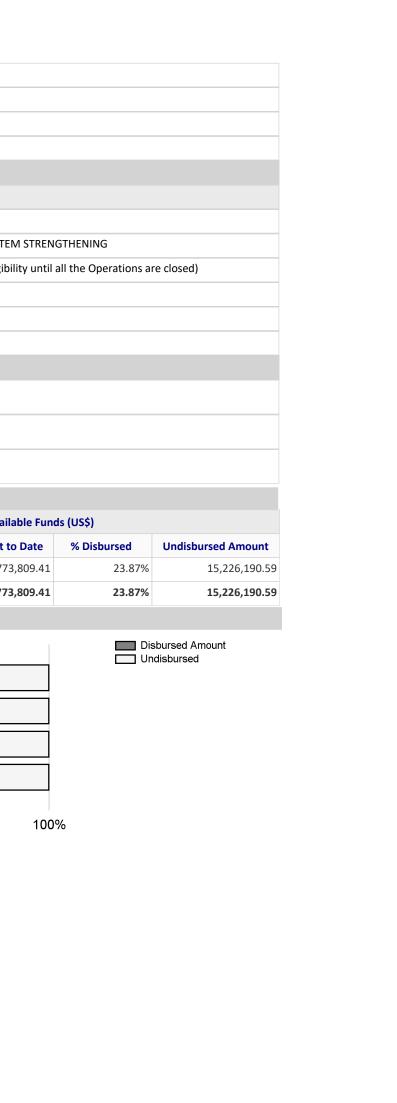
PMR Public Report

Operation Numbe	er	SU-L1054				Chief	of Operations Validation	on Date	04/17/2	23		
Year- PMR Cycle		Second perio	od Jan-Dec 2022			Divisio	on Chief Validation Da	te	05/01/2	23		
Last Update		04/17/23				Count	ry Representative Vali	dation Date	05/03/2	23		
PMR Validation St	tage	Validated by	Representative									
Basic Data												
Operation Profil	le											
Operation Name		Health Servi	ces Improvement Proje	ect		Loan N	Number		4593/0	C-SU		
Executing Agency		MINISTRY OF	F HEALTH			Sector	/Subsector		HEALTH	-HEALTH SYSTEM STREN	GTHENING	
Team Leader		HO-A-SHU, I	AN			Overa	II Stage		Disbursi	ing (From eligibility until	all the Operations a	re closed)
Operation Type		Loan Operat	ion			Count	ry		Surinam	ne		
Lending Instrume	nt	Investment l	Loan			Conve	rgence related Operat	tion(s)				
Borrower		REPUBLIC OF	F SURINAME									
Environmental a	and Social S	afeguards										
Impacts Category		В					Were the objective(s) on ulated?	of this operation	NO			
Safeguard Perform	mance					Date o	of approval					
Safeguard Perform Rating - Rationale												
Financial Data												
				Total Cost and Source						Available Fund	ds (US\$)	
Operations	Origina	al IDB	Current IDB	Local Counterpart	Co-Financing / Cou	intry	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	20,00	0,000	4,773,809.41	23.87%	15,226,190.59
Aggregated		20,000,000	20,000,000	0		0	20,000,000	20,00	0,000	4,773,809.41	23.87%	15,226,190.59
Expense Catego	ries by Loa	n Contract (d	cumulative values)									
												sbursed Amount
	Inst St	renght of M	IoH 1								Ur	disbursed
	Expansi	on of the Co	CM 2									
Inc	r access p	riority serv	CD 3									
Pro	iect Adm s	ınd Evaluat	tion 4									
1 10	Joor Adill 6	ma Evaluat										
			0%	20%	409	%	60%		80%	100	%	
			• , ,	2070	40		55 70		55,0	100		

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	Hospitalizations Rate	5.4	2017	2018	Р	4.32
	diabetes	per 1,000 per annum				Α	-
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			U	Jnit of Measure	Baseline	Baseline Year	Expected Year of Achievement		EOP 2024
0.1	Autochtonou	us malaria cases			ses Rate per 1,000	40	2017	2018	Р	-
Deteile				bot	oulation per annum				Α	-

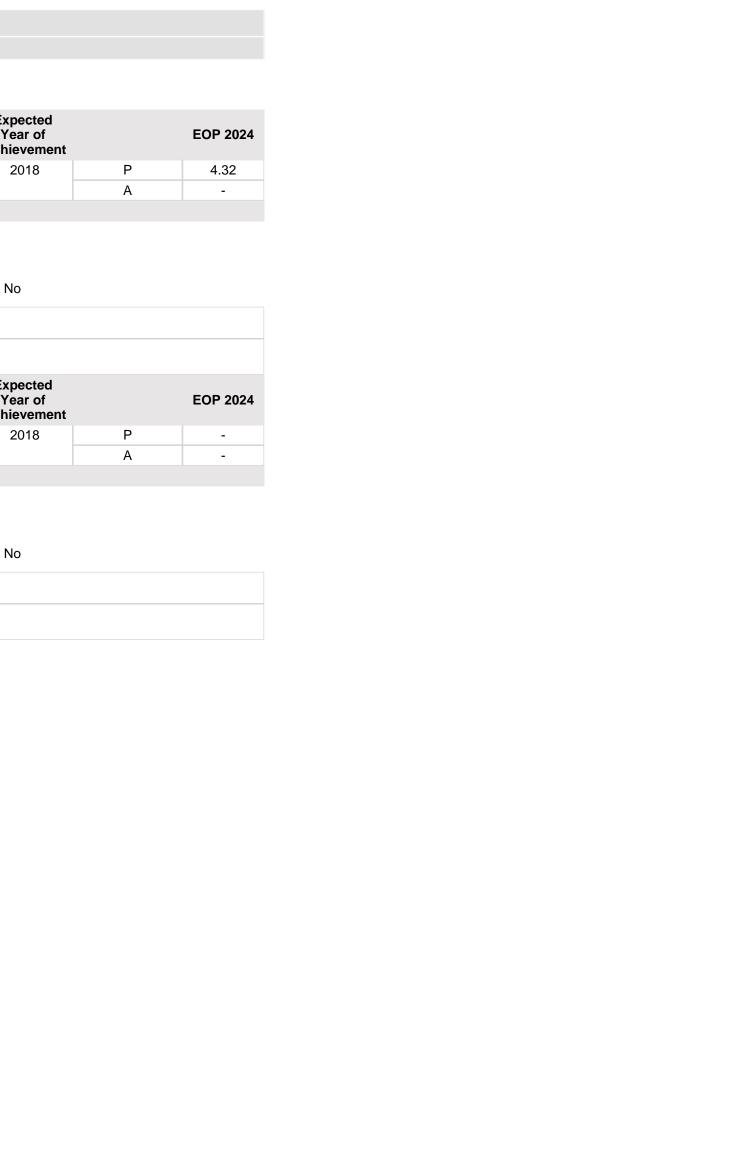
Details

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	Р	1	1
					Α	-	-
Dataila							

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: -

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

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: -

	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	Р	2	2
					Α	-	-

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-G	ender	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 of	r above in the working	%	10	2019	Р	90	90
	environment survey Index					Α	-	-

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
.4		ers providing care	for diabetes pa	atients according to national CCM	CCM Centers	0	2019	Р	8	8
	guidelines							Α	-	-
etails										
		evaluation report adicators specified		no dovolonment						
	•	idicators specified	a during guiden	пе чечеюрители.						
	lethodology: -		1							
Pro-Gender	No	Pro-Ethnicity	No	CRF indicator						
	Indicator				Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
0.4	Diabetic pa	atients who compl	ete the educati	on module	Diabetic patients	50	2019	Р	90	90
					attending CCM per year			Α	-	-
Details					your					
	rification: CCM	EHR education m	nodule							
)bservations	s: Baseline and	target values from	n available OS	S data. Values will be updated with da	ata from information modu	les developed by	program.			
Evaluation M	lethodology: -									
Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
_	Indicator				Unit of Measure	Baseline	Baseline Year	_	2024	EOP 2024
).5	Diabetic pa	atients who reach	target Hb1Ac a	according to national guidelines	Diabetic patients	37	2019	Р	68	68
			J	0		31				
leans of Ver		EHR clinical mod	lule		attending CCM			A	-	-
Means of Ver Observations Evaluation M			lule	SS data. • Values will be updated with CRF indicator	attending CCM					
Means of Ver Observations Evaluation M	s: • Baseline and lethodology: -	d target values fro	lule m available O\$	SS data. • Values will be updated with	attending CCM					
Means of Ver Observations Evaluation M	s: • Baseline and lethodology: -	d target values fro	lule m available O\$	SS data. • Values will be updated with	attending CCM					
Means of Ver Observations Evaluation M	s: • Baseline and lethodology: - Yes	d target values fro	lule m available O\$	SS data. • Values will be updated with	attending CCM	dules developed l			-	
Means of Ver Observations Evaluation M Pro-Gender	s: • Baseline and lethodology: - Yes Indicator	Pro-Ethnicity	lule om available OS No	SS data. • Values will be updated with	attending CCM		by program.			-
Means of Ver Observations Evaluation M Pro-Gender	s: • Baseline and lethodology: - Yes Indicator	Pro-Ethnicity	lule om available OS No	SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM	dules developed l	by program. Baseline Year	A	2024	EOP 2024
Observations Evaluation M Pro-Gender	s: • Baseline and lethodology: - Yes Indicator	Pro-Ethnicity	lule om available OS No	SS data. • Values will be updated with	attending CCM data from information mo Unit of Measure Diabetic patients	dules developed l	by program. Baseline Year	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5	s: • Baseline and lethodology: - Yes Indicator Diabetic pa	Pro-Ethnicity	lule om available OS No treatment acc	SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM	dules developed l	by program. Baseline Year	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver	s: • Baseline and lethodology: - Yes Indicator Diabetic pa	Pro-Ethnicity atients adhering to	lule om available OS No treatment according	SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations	s: • Baseline and lethodology: - Yes Indicator Diabetic partification: CCM s: • Baseline and	Pro-Ethnicity atients adhering to	lule om available OS No treatment according	SS data. • Values will be updated with CRF indicator	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M	Indicator Diabetic partification: CCM S: • Baseline and lethodology: -	Pro-Ethnicity atients adhering to EHR clinical mod	lule om available OS No treatment according to the available OS	SS data. • Values will be updated with CRF indicator cording to national clinical guidelines SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M	s: • Baseline and lethodology: - Yes Indicator Diabetic partification: CCM s: • Baseline and	Pro-Ethnicity atients adhering to	lule om available OS No treatment according	SS data. • Values will be updated with CRF indicator	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M	Indicator Diabetic partification: CCM S: • Baseline and lethodology: -	Pro-Ethnicity atients adhering to EHR clinical mod	lule om available OS No treatment according to the available OS	SS data. • Values will be updated with CRF indicator cording to national clinical guidelines SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M	Indicator Diabetic partification: CCM S: • Baseline and lethodology: -	Pro-Ethnicity atients adhering to EHR clinical mod	lule om available OS No treatment according to the available OS	SS data. • Values will be updated with CRF indicator cording to national clinical guidelines SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M	Indicator Diabetic partification: CCM S: • Baseline and lethodology: -	Pro-Ethnicity atients adhering to EHR clinical mod	lule om available OS No treatment according to the available OS	SS data. • Values will be updated with CRF indicator cording to national clinical guidelines SS data. • Values will be updated with	unit of Measure Diabetic patients attending CCM per year	Baseline	Baseline Year 2019	P	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M Pro-Gender	Indicator Diabetic pa Indicator Diabetic pa Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Diabetic pa	Pro-Ethnicity EHR clinical mod d target values fro	No No Itreatment according to the available OS No No No	SS data. • Values will be updated with CRF indicator cording to national clinical guidelines SS data. • Values will be updated with	Unit of Measure Diabetic patients attending CCM per year Unit of Measure Diabetic patients Diabetic patients	Baseline 0	Baseline Year 2019 by program.	P A	2024 80	EOP 2024 90
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations	Indicator Paseline and Iethodology: - Yes Indicator Diabetic paseline and Iethodology: - Yes Indicator	Pro-Ethnicity EHR clinical mod d target values fro	No No Itreatment according to the available OS No No No	CRF indicator ording to national clinical guidelines CRF indicator CRF indicator CRF indicator	unit of Measure Diabetic patients attending CCM per year Unit of Measure Unit of Measure	Baseline O Baseline	Baseline Year 2019 Dy program.	P A	2024 80 -	EOP 2024 90 -
Means of Ver Observations Evaluation M Pro-Gender 0.5 Details Means of Ver Observations Evaluation M Pro-Gender	Indicator Diabetic pa Indicator Diabetic pa Indicator Indicator Indicator Indicator Indicator Indicator Indicator Indicator Diabetic pa	Pro-Ethnicity EHR clinical mod d target values fro	No No Itreatment according to the available OS No No No	CRF indicator ording to national clinical guidelines CRF indicator CRF indicator CRF indicator	Unit of Measure Diabetic patients attending CCM per year Unit of Measure Diabetic patients attending CM per year	Baseline O Baseline	Baseline Year 2019 Dy program.	P A	2024 80 -	EOP 2024 90 -

Indicator Indicator Unit of Measure Baseline Baseline Very 2024 EOP 2017 P 80 80 80 80 80 80 80	valuation M	lethodology: -									
Disbotic patients referred from primary health care contexts to COM contexts. Disbotic patients 40 2019 P 30 30 50 50 50 50 50 50	Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
Disbutic patients referred from primary health care centers to CCM contents and citarishing CCM 2019 P 20 20 10 20 20 20 20 20											
Details Means of Verification: Data from CCM EHR relevants mutule Observations: Signature and target values from available QSS data. *Values will be updated with data from information mutules developed by program. Evaluation Methodology: - Pro-Gender Yos Pro-Ethnicity No		Indicator				Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
Specific Development Objectives Nbr. 1: Access to priority CD preventive services for targeted population increased Observation: 1.0 Indicator	0.7	Diabetic p	atients referred fro	om primary health	care centers to CCM centers.		40	2019		80	80
Discretations - Research and target values from available OSS data - Values will be updated with data from information modules developed by program. Pro-Gender Vas Pro-Ethnicity No CRF indicator	Details										
Pro-Ethnicity No CRF indicator Pro-Ethnicity No CRF indicator Pro-Ethnicity No CRF indicator Pro-Ethnicity No CRF indicator	Means of Ve	rification: Data	from CCM EHR r	eferrals module							
Specific Development Objectives Nbr. 1: Access to priority CD preventive services for targeted population increased Deservation: Indicator Unit of Measure Baseline Baseline Year P 560 560	Observation	s: • Baseline an	d target values fro	om available OSS	data. • Values will be updated w	rith data from information mo	odules developed	by program.			
Specific Development Objectives Nbr. 1: Access to priority CD preventive services for targeted population increased Indicator	Evaluation M	Methodology: -									
Discreption	Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
Indicator Unit of Measure Baseline Year 98.00 patrients	Specific Dev	relopment Obje	ctives Nbr. 1: Ac	ccess to priority C	D preventive services for targete	ed population increased					
TropClinic patients eligible for testing being tested for HIV patrients 232 2017 P 560 560 560 A	Observation	:									
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 20		Indicator				Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
Details	1.0	TropClinic	patients eligible for	or testing being te	sted for HIV	patrients	232	2017	Р	560	560
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 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 with reference to the above; there is no baseline for HIV receiving counseling Patients Pro-Gender Yes Pro-Ethnicity No CRF indicator Unit of Measure Baseline Baseline Year 2024 EOP 20 2.993 2.9									Α	-	-
Observations: - Coal 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 Unit of Measure Baseline Baseline Year 2024 EOP 20 1.1 Indicator Pro-Clinic patients tested for HIV receiving counseling Patients 232 2017 Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-											
Indicator TropClinic patients tested for HIV receiving counseling Patients 232 2017 P 2,993 2,993 2,993 Patients Patient		-		No	CRF indicator						
TropClinic patients tested for HIV receiving counseling Patients 232 2017 P 2.993 2.993 A	To Gender	100	TTO Ethnioley		OTT INGIOACO						
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 Unit of Measure Baseline Baseline Year 2024 EOP 20 A 2075 P 75 75 75 75 A Details Means of Verification: KAP study report Observations: • Numerator and Denominator will depend on sample size KAP study Evaluation Methodology: -		Indicator				Unit of Measure	Baseline	Baseline Year		2024	EOP 2024
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 20	1.1	TropClinic	patients tested fo	r HIV receiving co	ounseling	Patients	232	2017	Р	_	2,993
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 states and the population of the work of eligible people actually being tested. Considering the mobile character of target population, the goal may be overestimated states. Evaluation Methodology: - Pro-Gender Yes Pro-Ethnicity No CRF indicator Unit of Measure Baseline Baseline Year 2024 EOP 20 Persons from target population who score optimal malaria knowledge in KAP % of persons 46.6 2017 P 75 75 75 75 75 75 75 75 75 75 75 75 75									Α	-	-
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	Details										
Indicator Persons from target population who score optimal malaria knowledge in KAP 1.2 Persons from target population who score optimal malaria knowledge in KAP Survey We ans of Verification: KAP study report Observations: • Numerator and Denominator will depend on sample size KAP study Evaluation Methodology: -	Observation With reference Evaluation N	s: • Goal value to the above;	based on assump there is no baselir	ne for the % of elig	gible people actually being tested						l be eligible •
1.2 Persons from target population who score optimal malaria knowledge in KAP % of persons 46.6 2017 P 75 A	Pro-Gender	Yes	Pro-Ethnicity	No	CRF indicator						
1.2 Persons from target population who score optimal malaria knowledge in KAP % of persons 46.6 2017 P 75 A		Indicator				Unit of Manage	Baseline	Raseline Year			
Details Means of Verification: KAP study report Observations: • Numerator and Denominator will depend on sample size KAP study Evaluation Methodology: -	1.2					Unit of Weastire				2024	FOP 2024
Details Means of Verification: KAP study report Observations: • Numerator and Denominator will depend on sample size KAP study Evaluation Methodology: -		Persons fr	om target populat	ion who score ont	imal malaria knowledge in KAP				Р		EOP 2024
Observations: • Numerator and Denominator will depend on sample size KAP study Evaluation Methodology: -			om target populat	ion who score opt	imal malaria knowledge in KAP					75	
Evaluation Methodology: -	Details		om target populat	ion who score opt	imal malaria knowledge in KAP					75	
		survey		ion who score opt	imal malaria knowledge in KAP					75	
	Means of Ve	survey	study report							75	
	Means of Ve Observation	rification: KAP s: • Numerator	study report and Denominator							75	
	Means of Ve Observation Evaluation N	rification: KAP s: • Numerator a	study report and Denominator	will depend on sa	mple size KAP study					75	

	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	% of persons	44.6	2019	Р	70	70
	in KAP survey					А	-	-
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	
	Health Information System operational in MOH inlcuding BOG linked to CCM data	system	Р	-	1	2,540,000	4,000,000	
1.01			P (a)	-	1	200,000	3,800,559.21	
				-	-	-	1,098.26	
	Steps survey administered	Survey	Р	-	2	150,000	300,000	
1.02			P (a)	-	2	75,000	300,000	
			А	-	-	443.97	443.97	
	MOH infrastructure improved	building compound	Р	-	1	1,855,000	7,200,000	
1.03			P (a)	-	1	450,000	7,200,000	
			А	-	-	382,592.74	382,592.74	
	Departments of MOH equipped	workstations	Р	400	400	-	900,000	
1.04			P (a)	-	400	-	900,000	
			А	-	-	-	-	

Component Nbr. 2 Expansion of the chronic care model

				PHYSICAL PR	OGRESS	FINANCIAL PROGRESS		
	Output	Unit of Measure		2022	EOP 2024	2022	EOP 2024	
	Continuous Quality Improvement strategy implemented in CCM centers	Chronic Care Model centers	Р	2	8	120,000	300,000	
2.01		Centers	P (a)	2	10	120,000	300,00	
				4	4	-		
	CCM model guidelines updated	Guideline	Р	-	1	-	60,000	
2.02			P (a)	1	3	60,000	60,000	
			А	3	3	4,215.51	4,215.51	
	CCM Centers with Behavior Change and patient activation strategy implemented	Chronic Care Model centers	Р	4	8	119,000	170,000	
2.03			P (a)	4	5	-	170,000	
			А	1	5	-		
	CCM Centers with infrastructure upgraded	Chronic Care Model centers	Р	4	8	400,000	800,000	
2.04			P (a)	1	8	120,000	800,000	
			А	1	3	-		
	CCM Centers with equipment upgraded	Chronic Care Model centers	Р	4	8	1,180,000	2,140,000	
2.05			P (a)	-	8	60,000	2,140,000	
			А	-	3	-		
	CCM Training Modules completed	Training modules	Р	1	4	90,000	380,000	
2.06			P (a)	1	6	100,000	380,000	
			Α	3	3	100,000	100,000	

					OGRESS	FINANCIAL PROGRESS		
	Output	Unit of Measure		2022	EOP 2024	2022	EOP 2024	
	Communication and behavior change strategy implemented	Campaign	Р	1	5	125,000	520,000	
3.01			P (a)	1	3	173,266.89	520,000	
			A	1	1	84,210.81	84,410.1	
	MSD personnel trained for outreach activities	Training	P	1	4	15,000	60,00	
3.02			P (a)	1	5	30,000	60,00	
			А	2	2	-		
	KAP surveys completed	Survey	P	1	3	30,000	90,000	
3.03			P (a)	1	3	29,668.71	64,104.09	
			А	1	1	3,772.8	4,104.09	
	Long-lasting bednets distributed	bednets	Р	4,000	20,000	30,000	259,000	
3.04			P (a)	4,000	36,197	49,616.91	323,599.89	
			А	17,877	28,197	114,216.8	150,599.89	
	MSD trained in quality analysis and quality control	Training	Р	1	4	50,000	200,000	
3.05			P (a)	1	5	60,000	196,460.83	
			А	2	3	56,460.83	70,162.41	
	TropicClinic equipped with software and hardware for data analysis and processing	clinique	P	-	1	-	60,000	
3.06			P (a)	1	1	60,000	29,344.93	
			A	1	1	29,344.93	29,344.93	
	Parasitological microscopes installed at selected locations	microscopes	Р	-	8	-	20,000	
3.07			P (a)	-	8	-	20,000	
			A	_	4	_	12,862.21	
	Portuguese language training provided to staff working with migrate populations	Training	Р	1	4	10,000	40,000	
3.08			P (a)	1	4	10,000	46,819.22	
			Α	1	1	16,819.22	16,819.22	
	National strategy for provision of health services for priority infectious diseases to migrant populations	strategy	P	-	1	-	15,000	
3.09	elaborated	strategy	P (a)	-	1	-	15,000	
3.03			Α	-	1	-	214.58	
	Survey in HIV/TB prevalence study in migrant populations conducted	Survey	P	1	4	25,000	163,000	
3.10	Salvey in this, to prevalence study in high and populations conducted	Janvey	P (a)	1	3	53,000	166,793.63	
3.10			Α	1	1	56,700	63,240.84	
	Migrant study on population size, migration, turnover and health priorities completed	Study	P		1	-	207,000	
3.11	wilgrant stady on population size, migration, turnover and neutri priorities completed	Study	P (a)	_	1	_	207,000	
5.11			Α	_				
	Laboratory and field equipment for HIV screening in gold mining areas installed for field visits	Laboratory and field	P	1	4	9,000	36,000	
3.12	Laboratory and field equipment for fire serecting in gold mining areas instance for field visits	equipment	P (a)	1	3	9,000	87,534.93	
3.12			A	3	3	80,330.72	87,534.93	
	National Reference Laboratory equipped with supplies	Supply packages	P	1	4	10,000	40,000	
3.13	National Reference Laboratory equipped with supplies	Supply packages	P (a)	1	3	10,000	49,160.71	
5.15				1	2	19,160.71	24,482.71	
	COVID 40 Disital Calutions developed	# District and all all and	A P	-	2	13,100.71	24,402.71	
2.44	COVID-19 Digital Solutions developed	# Digital solutions		-	1	-	214 200 79	
3.14			P (a)	-	1	-	214,390.78	
	Design and fau COVID 10 accombined used in in a	# of Do	A	-	-	-	114,390.78	
2.45	Payment for COVID-19 essential medicines	# of Payments	P	-	-	-	400.000	
3.15			P (a)	-	2	-	490,000	
			A	-	-	-	-	
	Public Health Laboratory equipped	# of laboratories	P	-	-	-		
3.16			P (a)	-	1	-	200,000	
			A	-	-	-	-	

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

	Administration and Management costs	P (a)	466,179.23	1,177,231.78
		А	92,801.79	244,873.33
	Contingencies	Р	0	600,000
		P (a)	41,000	82,000
		А	0	0
Total Cost				
	Total Cost	Р	7,046,000	20,000,000
		P (a)	2,176,731.74	20,000,000
		А	1,041,070.83	1,391,390.53

CHANGES TO THE MATRIX

Section	Name	Type of Change	Sub type	Modified By	Entered in Syst
tput	CCM Centers with Behavior Change and patient activation strategy implemented	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	CCM Centers with equipment upgraded	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/14/2023
	CCM Centers with infrastructure upgraded	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/14/2023
	CCM model guidelines updated	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	CCM Training Modules completed	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	Continuous Quality Improvement strategy implemented in CCM centers	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	Health Information System operational in MOH inlcuding BOG linked to CCM data	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/14/2023
	KAP surveys completed	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
	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).	MORENOJ	3/9/2023
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
			Modify Physical Historical Actual	MORENOJ	3/9/2023
	Long-lasting bednets distributed	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	MSD personnel trained for outreach activities	Modify Output	Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	MSD trained in quality analysis and quality control	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	National Reference Laboratory equipped with supplies	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
			Modify Physical EOP P(a) value - caused by a change in the Physical P(a).	MORENOJ	3/9/2023
	Portuguese language training provided to staff working with migrate populations	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
	Steps survey administered	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/14/2023
	Survey in HIV/TB prevalence study in migrant populations conducted	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023
			Modify Financial Historical Actual	MORENOJ	3/9/2023
	The design of the system	Modify Milestone	Modify Financial EOP P(a)	DAFOONJONES	3/14/2023
	TropicClinic equipped with software and hardware for data analysis and processing	Modify Output	Modify Financial EOP P(a) value - caused by a change in the Financial P(a).	MORENOJ	3/9/2023



RISKS AND PLANNED RESPONSES

Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Response Actions		
		Management Strategy	Status
1	1.01	AVOID	INACTIVE
		Management Strategy	Status
	1.02	MITIGATE	INACTIVE
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Response Actions		
		Management Strategy	Status
2	2.01	AVOID	INACTIVE
			Chaban
		Management Strategy	Status
	2.02	MITIGATE	INACTIVE
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
2	Response Actions		
3	2	Management Strategy	Status
	3		
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Environmental and Social Safeguards
	Response Actions		Chal
		Management Strategy	Status
4	4.01	MITIGATE	INACTIVE
		Management Strategy	Status
	4.02	AVOID	INACTIVE
	4.02	AVOID	INACTIVE

Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Response Actions		
5		Management Strategy	Status
	5		
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
•	Response Actions		
6		Management Strategy	Status
	6		
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Danie and Astrono		
	Response Actions	Management Strategy	Status
	7.01	AVOID	INACTIVE
7	7.01	7.11 6.12	
		Management Strategy	Status
	7.02	MITIGATE	INACTIVE
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Response Actions		
8		Management Strategy	Status
	8		
Risk ID		Risk Status	Risk Taxonomy
		Inactive	Institutional Environment
	Response Actions		
		Management Strategy	Status
9	9.01	MITIGATE	INACTIVE
		Management Strategy	Status
	9.02	MITIGATE	INACTIVE
	3.02	52	

Risk ID	Risk Status		Risk Taxonomy	
10	Active		Institutional Environment	
	Response Actions			
	10.01	Management Strategy	Status	
		MITIGATE	INACTIVE	

Risk ID	Risk Status		Risk Taxonomy		
11	Inactive		Institutional Environment		
	Response Actions				
	11.01	Management Strategy	Status		
		AVOID	INACTIVE		
	11.02	Management Strategy	Status		
		MITIGATE	INACTIVE		

Risk ID	Risk Status		Risk Taxonomy		
12	Inactive		Institutional Environment		
	Response Actions				
	12.01	Management Strategy	Status		
		AVOID	INACTIVE		

Risk ID	Risk Status		Risk Taxonomy		
13	Inactive		Institutional Environment		
	Response Actions				
	13.01	Management Strategy	Status		
		MITIGATE	INACTIVE		
	13.02	Management Strategy	Status		
		AVOID	INACTIVE		

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories

Project Management Capacity