PMR Public Report

Operation Number	SU-L1054	**Chief of Operations Validation Date**	04/17/23
Year- PMR Cycle	Second period Jan-Dec 2022	**Division Chief Validation Date**	05/01/23
Last Update	04/17/23	**Country Representative Validation Date**	05/03/23
PMR Validation Stage	Validated by Representative		

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

Operations	Total Cost and Source					Available Funds (US$)			
	Original IDB	Current IDB	Local Counterpart	Co-Financing / Country	Total Original Cost	Current IDB	Disb. Amount to Date	% Disbursed	Undisbursed Amount
SU-L1054	20,000,000	20,000,000	0	0	20,000,000	20,000,000	4,773,809.41	23.87%	15,226,190.59
Aggregated	**20,000,000**	**20,000,000**	**0**	**0**	**20,000,000**	**20,000,000**	**4,773,809.41**	**23.87%**	**15,226,190.59**

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	

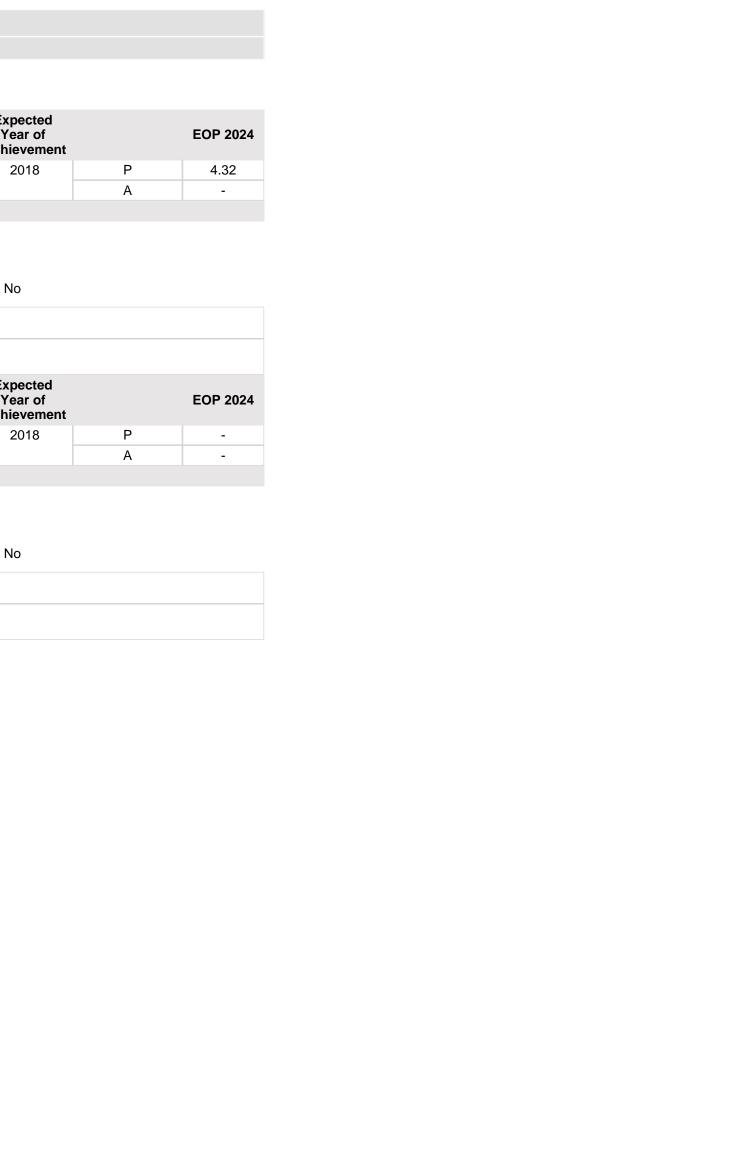|	Indicator	Unit of Measure	Baseline	Baseline Year	Expected Year of Achievement		EOP 2024
0.1	Autochtonous malaria cases	Cases Rate per 1,000 population per annum	40	2017	2018	P	-
						A	-

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

Means of Verification: CCM EHR appointments 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
0.7	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	

	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

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				2022	EOP 2024	2022	EOP 2024
1.01	Health Information System operational in MOH inlcuding BOG linked to CCM data	system	P	-	1	2,540,000	4,000,000
			P (a)	-	1	200,000	3,800,559.21
			A	-	-	-	1,098.26
1.02	Steps survey administered	Survey	P	-	2	150,000	300,000
			P (a)	-	2	75,000	300,000
			A	-	-	443.97	443.97
1.03	MOH infrastructure improved	building compound	P	-	1	1,855,000	7,200,000
			P (a)	-	1	450,000	7,200,000
			A	-	-	382,592.74	382,592.74
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

	Output	Unit of Measure		PHYSICAL PROGRESS		FINANCIAL PROGRESS	
				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	10	120,000	300,000
			A	4	4	-	-
2.02	CCM model guidelines updated	Guideline	P	-	1	-	60,000
			P (a)	1	3	60,000	60,000
			A	3	3	4,215.51	4,215.51
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	5	-	170,000
			A	1	5	-	-
2.04	CCM Centers with infrastructure upgraded	Chronic Care Model centers	P	4	8	400,000	800,000
			P (a)	1	8	120,000	800,000
			A	1	3	-	-
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	2,140,000
			A	-	3	-	-
2.06	CCM Training Modules completed	Training modules	P	1	4	90,000	380,000
			P (a)	1	6	100,000	380,000
			A	3	3	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	1	1	84,210.81	84,410.13
3.02	MSD personnel trained for outreach activities	Training	P	1	4	15,000	60,000
			P (a)	1	5	30,000	60,000
			A	2	2	-	-
3.03	KAP surveys completed	Survey	P	1	3	30,000	90,000
			P (a)	1	3	29,668.71	64,104.09
			A	1	1	3,772.8	4,104.09
3.04	Long-lasting bednets distributed	bednets	P	4,000	20,000	30,000	259,000
			P (a)	4,000	36,197	49,616.91	323,599.89
			A	17,877	28,197	114,216.8	150,599.89
3.05	MSD trained in quality analysis and quality control	Training	P	1	4	50,000	200,000
			P (a)	1	5	60,000	196,460.83
			A	2	3	56,460.83	70,162.41
3.06	TropicClinic equipped with software and hardware for data analysis and processing	clinique	P	-	1	-	60,000
			P (a)	1	1	60,000	29,344.93
			A	1	1	29,344.93	29,344.93
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	46,819.22
			A	1	1	16,819.22	16,819.22
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	166,793.63
			A	1	1	56,700	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	3	9,000	87,534.93
			A	3	3	80,330.72	87,534.93
3.13	National Reference Laboratory equipped with supplies	Supply packages	P	1	4	10,000	40,000
			P (a)	1	3	10,000	49,160.71
			A	-	2	19,160.71	24,482.71
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	1,177,231.78
		A	92,801.79	244,873.33
	Contingencies	P	0	600,000
		P (a)	41,000	82,000
		A	0	0

Total Cost

	Total Cost	P	7,046,000	20,000,000
		P (a)	2,176,731.74	20,000,000
		A	1,041,070.83	1,391,390.53

CHANGES TO THE MATRIX

Section	Name	Type of Change	Sub type	Modified By	Entered in System
Output	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

Risk ID		Management Strategy	Status
1	1.01	AVOID	INACTIVE
	1.02	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
2	2.01	AVOID	INACTIVE
	2.02	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
3	3		

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Environmental and Social Safeguards

Response Actions

Risk ID		Management Strategy	Status
4	4.01	MITIGATE	INACTIVE
	4.02	AVOID	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
5	Inactive	Institutional Environment

Response Actions

	Management Strategy	Status
5		

Risk ID	Risk Status	Risk Taxonomy
6	Inactive	Institutional Environment

Response Actions

	Management Strategy	Status
6		

Risk ID	Risk Status	Risk Taxonomy
7	Inactive	Institutional Environment

Response Actions

	Management Strategy	Status
7.01	AVOID	INACTIVE
7.02	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
8	Inactive	Institutional Environment

Response Actions

	Management Strategy	Status
8		

Risk ID	Risk Status	Risk Taxonomy
9	Inactive	Institutional Environment

Response Actions

	Management Strategy	Status
9.01	MITIGATE	INACTIVE
9.02	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Active	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
10	10.01	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
11	11.01	AVOID	INACTIVE
	11.02	MITIGATE	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
12	12.01	AVOID	INACTIVE

Risk ID	Risk Status	Risk Taxonomy
	Inactive	Institutional Environment

Response Actions

Risk ID		Management Strategy	Status
13	13.01	MITIGATE	INACTIVE
	13.02	AVOID	INACTIVE

IMPLEMENTATION STATUS AND LEARNING

Lesson Learned - Categories
Project Management Capacity