



MINISTRY OF HEALTH IN SURINAME
THE HEALTH SERVICE IMPROVEMENT PROJECT
No.4593/OC-SU
FINANCIAL REPORT
FOR THE PERIOD YEAR ENDED DECEMBER 31, 2022

Submitted to:

Ministry of Health in Suriname
The Health Services Improvement Project (HSIP)
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Submitted by:

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Ministry of Health in Suriname
The Health Services Improvement Project (HSIP)

CONTENTS

Page

INDEPENDENT AUDITOR'S REPORT	2
FINANCIAL STATEMENTS	
Statement of cash flows for the period january 01, 2022 to december 31, 2022.....	5
Statement of cumulative investments as at december 31, 2022	6
Notes to the financial statements december 31, 2022	7
Appendix 1: BUDGET VERSUS REALIZATION	26

INDEPENDENT AUDITOR'S REPORT

To the Ministry of Health in Suriname

Program Implementation Unit of the Health Service Improvement Project (HSIP)
(SU-L1054) Loan No.4593/OC-SU
Attn.: Ms. Kamla Madho (Project Manager)
Henck Arronstraat 64

Report on the audit of the financial statements 2022

Our opinion

We have audited the accompanying financial statements 2022 of the Health Services Improvement Project (further refer to as 'The Program'), executed by the Ministry of Health and financed with funds from the Inter-American Development Bank Loan Agreement NR 4593/OC-SU-L1054.

In our opinion, the accompanying financial statements present fairly, in all material respects, the cash flows and cumulative investments of the Program as of December 31, 2022, in accordance with the accounting policies described in Note 2.

The financial statements comprise:

1. the statement of cash flows;
2. the statement of cumulative investments as at 31 December 2022; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with International Standards on Auditing and specific requirements of the Inter-American Bank.

Our responsibilities under those standards are further described in the 'Our responsibilities for the audit of the financial statements' section of our report.

We are independent of the Health Services Improvement Project (further refer to as 'The Program'), executed by the Ministry of Health, in accordance with the 'Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten' (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence). Furthermore, we have complied with the 'Verordening gedrags- en beroepsregels accountants' (VGBA, Code of Ethics).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management for the financial statements

The project management of the Health Services Improvement Project is responsible for the preparation and fair presentation of the financial statements in accordance with Cash Basis Accounting and specific requirement of the Inter-American Development Bank.

Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, management is responsible for assessing the Program's ability to continue as a going concern. Based on the financial reporting framework mentioned, management should prepare the financial statements using the going concern basis of accounting, unless management either intends to cease operations, or has no realistic alternative but to do so. Management should disclose events and circumstances that may cast significant doubt on the Program's ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion. Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.

We have exercised professional judgement and have maintained professional skepticism throughout the audit, in accordance with International Standards on Auditing, ethical requirements and independence requirements.

Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Program's internal control;
- evaluating the appropriateness of accounting policies used and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Program's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a company to cease to continue as a going concern.
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with Program execution regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Report on other legal and/or regulatory requirements

We did not observe any situations suggesting non-compliance with the financial clauses in the Inter-American Development Bank Loan Agreement No. 4593/OC-SU-L1054 during the period reviewed by us.

The basis of accounting and restriction on use and distribution

We draw attention to Note 2 to the accompanying financial statements which describes the basis for accounting. The accompanying financial statements are prepared to comply with the specific reporting requirements of the Inter-American Development Bank. As a result, the accompanying financial statements may not be suitable for another purpose. Our opinion is not qualified in respect of this matter.

The accompanying financial statements and our auditor's report thereon are intended solely for the Health Services Improvement Project, Ministry of Finance of the Republic of Suriname and the Inter-American Development Bank and should not be used for other purposes.

Paramaribo, 17 January 2023

Crowe Burgos Accountants N.V.

Romeo K. Burgos MSc. CA RA
Managing Partner

FINANCIAL STATEMENTS

STATEMENT OF CASH FLOWS FOR THE PERIOD JANUARY 01, 2022 TO DECEMBER 31, 2022

(Expressed in US Dollars)

	Notes	In US\$	
CASH RECEIVED			
Accumulated cash at beginning of period		1,581,415	
Adjustments on beginning balance	*	-11,245	
Accumulated cash at beginning of period after adjustments			1,570,170
<u>Activity during the year:</u>			
Disbursements (Advances, reimbursements, and direct payments)	4		3,203,640
Total cash received	7		4,773,810
DISBURSEMENTS MADE			
Cumulative cash disbursed at beginning of period		454,014	
Adjustments on beginning balance	*	-11,245	
Accumulated cash disbursed at beginning of period after adjustments			442,769
<u>Activity during the year:</u>			
Payments for goods and services	5/6	1,000,232	
Currency exchange losses (cumulative)		6,938	
			1,007,170
Total cash disbursements			1,449,939
Available cash balance, December 31	3		3,323,871

*) This adjustment relates to cash refunds in 2021 for payments to local consultants in the period 2020. The adjustments is made for the fair presentation of the cash disbursed as at beginning of the year 2022.

The accompanying notes on pages 7 to 26 form an integral part of the financial statements.

STATEMENT OF CUMULATIVE INVESTMENTS AS AT DECEMBER 31, 2022

(Expressed in US Dollars)

IDB Nr.	Category of disbursement	Notes	December 31, 2021	Movement during 2022	December 31, 2022
1	Institutional strengthening of the MoH for evidence-based policymaking	6	2,923	390,414	393,337
2	Expansion of the Chronic Care Model	6	-	4,179	4,179
3	Increase access to priority services for communicable diseases in at risk population	6	96,110	513,006	609,116
4	Project administration and management	6	221,091	92,633	313,724
5	Contingencies		114,391	-	114,391
	Foreign Exchange Gain or Loss/Bank charges		8,254	6,938	15,192
	Total		442,769	1,007,170	1,449,939

The accompanying notes on pages 7 to 26 form an integral part of the financial statements.

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2022

1. GENERAL INFORMATION

The Health Services Improvement Project (HSIP) was developed to contribute to the improvement of the health status and the health outcomes for all people in Suriname. To finance the project, on the 16th of October 2018 the Republic of Suriname and the Inter-American Development Bank (IDB) signed a loan agreement (No. 4593/OC-SU) of twenty million US Dollars (US\$20 million). The project is being implemented through a Program Implementation Unit (PIU), under the Directorate of the Ministry of Health (MoH), the Executing Agency. The PIU was established in October 2019.

1.1. Program background

Suriname is currently in the advanced stages of an epidemiological transition, marked by a sharp rise in the prevalence of Chronic Non-Communicable Diseases (NCDs) in the general population, while high rates of Communicable Diseases (CDs) persist in specific population subgroups. This context, referred to in the literature as the double burden of disease, requires that health authorities reorient and strengthen their approach towards a renewed primary health care system that can offer integrated and comprehensive care for both NCDs and CDs.

The MOH is responsible for the provision of care for all citizens. The MOH is responsible for governance functions through the Central Office (inspectories, planning and monitoring), and the Bureau of Public Health (surveillance, environmental health, national referral laboratory, disease- and population specific programs). In 2014, Suriname mandated all residents to have health insurance, provided via a public-private mix. Approximately 78% of the population is covered by public insurance (the State Health Insurance Fund (SZF) affiliates primarily government employees, poor, and near poor) or private insurance (2% of all insured). Since 2014 total health and public health expenditures as a proportion of GDP have been around 6% and 3% respectively, lower than the average of other upper-middle income countries in the Latin American and Caribbean (LAC) region (7 and 4%).

Supply of health services is concentrated in the Northern coastline, where about 85% of the population resides. MoH funded primary care in this area (the focus of this program) is provided by the Regional Health Services (RGDs in Dutch) through a network of 43 general primary care facilities. Around 146 private clinics serve people covered by the SZF, by a private insurance, or who are self-paying. Secondary and tertiary health care services are supplied by five hospitals, four located in Paramaribo and one in Nickerie. Outpatient specialized care is provided in polyclinics linked to hospital facilities.

1.2.1. Project scope and objective

The objective of the Health Services Improvement Project is to contribute to the reduction of the burden of disease in Suriname by improving access to high quality, integrated primary health care services and enhancing the effectiveness of the health sector to address priority epidemiological challenges.

More explicit, the requested loan will serve several purposes related to improving the e-health ecosystem in Suriname and allowing the MOH to address more effectively responses regarding:

1. Communicable diseases (CD),
2. Non-communicable diseases (NCD),
3. Prevention, Diagnosis and Treatment of Covid-19
4. Health disparities in vulnerable populations; and,
5. Strengthening the functioning of the Ministry of Health (MoH).

HSIP's activities are set out to attain the objectives above and are divided among three components.

- **Component 1:** Institutional strengthening for the MOH for evidenced-based policymaking.
This component seeks to improve the ICT and physical working environment platforms for the MOH to exercise core policy and technical functions. Subcomponent 1.1 till 1.6 - Improved Health Information System. This component seeks to improve the Health Information System in Suriname. Subcomponent 1.7 - MoH headquarters and central services infrastructure. This will consist of improvement to the physical working environment for the MoH to perform its core business functions, enhancing productivity and hence a more effective management of the health sector's priorities.
- **Component 2:** Expansion of the Chronic Care Model
The objective of this component is to improve accessibility and quality of clinical pathways for non-communicable diseases. It will support improvement and expansion of an integrated, patient-centered healthcare model for diabetes in the OSS of Paramaribo and Nickerie, and within approximately 18 RGD primary care facilities that already operate in these areas. Facilities will be selected based on results of a health care network demand and supply analysis.
- **Component 3:** Increase access to priority services for communicable diseases in at risk population.
The objective is to sustain and improve the response to communicable diseases. This component will finance the following activities targeting the gold mining population: (i) design and implementation of culturally appropriate BCC strategies to reduce exposure to risk factors for malaria and HIV (i.e. promoting use of bed nets, increasing health seeking behavior) and improve adherence to treatment by at-risk population; (ii) specialized training for the MP and National Reference Laboratory personnel; (iii) training of MP personnel in BCC; (iv) equipment upgrades for the national reference laboratory and TropClinic surveillance; (v) technical studies; and (vi) training and laboratory and field equipment for HIV screening.
- **Component 4:** Program Administration and Evaluation
This component will support the operation of the PIU and project administration and evaluation activities, including the design and implementation of an impact evaluation.

1. Cost and financing structure of the Project

Category of disbursement		US\$	%
1	Institutional strengthening of the MoH for evidenced-based policymaking	12,372,000	62
2	Expansion of the Chronic Care Model	3,840,000	19
3	Increase access to priority services for communicable diseases in at risk population	1,500,000	8
4	Project administration and evaluation	1,665,000	8
5	Contingency reserve	623,000	3
TOTAL		20,000,000	100

1.2.2 The Status of the project as at the end of 2022

Progress Update on Component 1 till 4.

Component 1 Institutional strengthening for the MOH for evidenced-based policymaking

This component seeks to improve the ICT and physical working environment platforms for the MOH to exercise core policy and technical functions. Subcomponent 1.1 will focus on assessment and data collection for Improving the Health Information System. Subcomponent 1.2 will focus on governance roles, structures, and plans at MOH level to support and govern the Health Information Systems. Subcomponent 1.3 will focus on improving ICT infrastructure at the MoH and RGD and Medical Mission. Subcomponent 1.4 will focus on info structure, technical enterprise business architecture and the Health Information Exchange platform. Subcomponent 1.5 will focus on key information systems and components to support the MoH, such as the Financial Management Solution and dashboards for decision making, Electronic Health Records to support

the CCM and disease registries. Subcomponent 1.6 will focus on strengthening the IS4H team, data standards, governance and policies, data sharing and privacy and connecting to regional networks.

The following project activities have been completed for the second half of 2022.

Activity 1.1.1. STEPS Survey

The last STEPS Survey was conducted by the MOH in 2013. As part of the IDB loan for the Health Services Improvement Project Su-L 1054, the MOH has planned to execute 1 (one) STEPS survey in 2023 to assess the progress in implementation of policies and interventions based on the results of the STEPS Survey which was already conducted in 2013. The procurement process for the STEPS Survey was started up in 2022, with the technical support of the Pan American Health Organization (PAHO) on the adaptation and implementation of the STEPS protocols. The purpose with implementing the Pan-American Health Organization STEPS survey, is to strengthen the national capacity on surveillance to monitor NCDs/RFs and assess policies and interventions of the MOH.

This activity will be conducted by a Consultancy Firm and will be executed for a period of eighteen (18) months. The PIU obtained NOB on 11 July 2022 for the Expression of interest (EOI), evaluation sheet and request for proposals (RFP). The Bank had comments on the RFP and the Evaluation sheet that was submitted along with the RFP. The Bank also indicated that the EOI could be published while the RFP and the evaluation sheet were being adjusted. The EOI was advertised in the local newspapers on 26 September 2022, 1 October 2022, and 5 October 2022. The deadline for the submission was set on 26 October 2022. The Request for EOI was also published on the UNDB website (United Nations Development Business) and on the Facebook page of the Ministry of Health. On the submission date of 26 October 2022, only two (2) firms responded and submitted their Expression of Interest for this Consultancy assignment to the PIU. On 15 December 2022 the Evaluation report, the RFP and the evaluation sheet were submitted to the Bank for NOB. The PIU expects to receive the NOB in January 2023

1.2. Key IS4H Governance products and National IS4H Functional Roles and Organizational Structures completed

This activity has been completed in 2021. The National IS4H Governance Structure has already been approved at Cabinet / MOH Level and the Steering Committee has been installed.

The Kick-off meeting has also taken place to discuss the creation of the Technical Advisory Groups.

1.3 Public Health Infrastructure deployed and maintained at central and local levels:

1.3.1 IT Infrastructure deployed to Ministry of Health phase 1

To facilitate the immediate IT needs of the MOH, the Inventory needs list was updated and approved by the MoH (Gap analysis and budget for MOH and BOG were completed). The SPN and Request for Bids were submitted to the Bank on 6 July 2022. The PIU had obtained NOB on 15 July 2022 and the SPN was advertised in the local newspapers on 28 July 2022 and 1 August 2022. The submission date was set for 12 September 2022. On the submission date two (2) bidders submitted their proposals. The evaluation report and the draft contracts were submitted to the Bank on 31 October 2022 for NOB. As of 31 December 2023, the documents were still at the Bank for NOB.

1.3.1.2 IT Infrastructure deployed to Ministry of Health phase 2

The second stage (phase 2) of the purchase and installation of the IT equipment will take place approximately at the end of 2024, when the new building of the MOH has been completed and the further needs have been identified regarding IT equipment. The PIU however will begin early preparation of the procurement process, (4th quarter of 2023).

1.3.1.5. Upgrading Network Infrastructure BOG

The objective for conducting this procurement activity was to upgrade the network infrastructure of the Bureau of Public Health (BOG). On 28 October 2022 the RFQ was submitted to the Bank for NOB. The PIU obtained NOB from the Bank on 29 November 2022. An invitation letter with the Request for Quotation (RFQ) was sent to the suppliers on 2 December 2022. The submission date was set on 16 December 2022.

Activity 1.3.2.2 “Basic IT infrastructure updated and deployed in RGD and Medical Mission Public Health facilities”.

The inventory needs lists for RGD and MM were also updated and the PIU commenced with the preparation of the draft SPN and ICB Bidding document for the purchase of the IT equipment. The procurement method for this activity was initially stated in the Procurement Plan as “Consultancy Firm: “Quality and Cost Based Consultancy Services, (QCBS)”. The PIU proposed to change the procurement method from Consultancy Firm to Goods (International Competitive Bidding)”, because the Ministry of Health (RGD and MM) will take care of the installation, and upgrading of the hardware, software and the configuring of the servers itself, making the hiring of a Firm unnecessary. The SPN and Request for Bids were submitted on 29 July 2022. The PIU obtained NOB on 29 October 2022. The SPN was advertised in the local newspapers on 7,19 and 28 November 2022. The bid submission date was initially set on 14 December 2022 and it was later extended with 20 working days, because of the following reasons:

1. Procurement had obtained late responses from stakeholders from MM and RGD for the questions that were posed by suppliers.
2. A number of suppliers who were waiting on the answers to prepare their bid, requested more time for the preparation of their bidding documents and therefore requested to postpone the bid submission date.

The new bid submission date was set for 11 January 2023.

Activity 1.3.2.7 The Purchase of ICT equipment for the National Reform Plan (NRP)

The PIU received a request from the National Reform Plan for the purchase of ICT equipment. This request was submitted by the MoH through the PIU to the Bank for approval. The Procurement Plan was updated with this activity after obtained approval from the Bank. The RFQ was submitted to the Bank on 28 September 2022 and the PIU received NOB on 30 September 2022. The RFQ was submitted to the suppliers on 3 October 2022 and the submission date was set on 18 October 2022. The evaluation report and the draft contract were submitted to the Bank on 31 October 2022 and the PIU received NOB on 10 November 2022. The contract was signed on 23 November 2022 and the goods are expected to be delivered the third week of January 2023. An advance payment was conducted upon contract signature to the Firm ICS for the delivery of ICT equipment for the National Reform Plan) on December 22, 2022.

Activity 1.5.4: EHR-Solution

The Electronic Health Requirements were approved by the Steering Committee as part of the E.H.R. Solution that supports CCM and were submitted to the Bank for review and NOB on December 19,2022.

Via the Electronic Health Record system, reliable information will be made available, in combination with the Health Information Exchange (HIE). An inventory has already been made of existing systems in Primary care and in October 2022, the EHR requirements for the automated system was approved. The most important requirement hereby, was the “interoperability requirement” that will result in enabling the exchange of information between various systems, such as with the CBB, the insurers, the different automation systems, Emergency Health Care (SEH.) at the Academic Hospital, Bureau of Public Health (BOG), laboratories, the pharmacies and with the HEARTS consumer app of the Ministry of Health.

The Ministry of Health, together with all those involved in primary care, including the Regional Health Service, Medical Mission and the Association of Medical Doctors in Suriname, with the aim that the clinics nationwide are digitally operational by 1 January 2024, whereby the clinics will gradually be linked to the Health Information Exchange (HIE) platform.

Activity 1.5.5 “Cancer registry”.

For this Activity, it is required that a dedicated Cancer Program Manager at the national level is appointed to ensure that the Cancer Registry fits into the broader approach for Cancer Control in the country and for overall institutional strengthening of the MOH. The IS4H Program Director and the IS4H Team are working on further defining this sub- component.

Activity 1.6 Subcomponent Information Systems for Health (IS4H)

The PIU continued through 2022, with the assistance of the Bank with the procurement process for hiring the IS4H Lead team, a team consisting of consultants with six different areas of expertise to be led by the IS4H Director. The NOB from the bank to proceed with the hiring of the IS4H lead team was received on August 3, 2022.

The IS4H team consists of the following positions:

- 1.6.1.1 - Program Director.
- 1.6.1.3 - IT Solution and Infrastructure Lead
- 1.6.1.4 - Health Data and Info Structure Lead
- 1.6.1.5 - Digital Health Clinical Lead
- 1.6.1.6 - Change Management and Communications Lead
- 1.6.1.7 - Governance and Policy Lead

Of the team of six consultants, contracts were signed with the Program Director, the Digital Health Clinical lead and the Governance and Policy Lead. The contract with the Program Director (Mr. Albert van Bochove) was signed on November 01, 2022 and up till now, the comprehensive workplan has been submitted (deliverable 1). The contract with the Digital Health Clinical Lead Mr. Richard Mendes, was signed on October 01, 2022. Up till December 2022, the deliverables were submitted (1 November 2022: Detailed Work Plan and 1 December 2022: EHR Requirements).

The contract with the Governance and Policy Lead Mrs. Minouche Bromet was signed on 15 November 2022 and the first deliverable "detailed workplan" was submitted. As of December 2022, negotiations were ongoing for the position of Communications lead.

Subcomponent 1.7: Ministry of Health Infrastructure Improved

For Subcomponent 1.7: Ministry of Health Infrastructure Improved, the following activities were conducted:

Activity 1.7.1.2: Phase 3 of the Design stage.

By the end of October 2022, the delivery of all Design documents from WE-Architect (Phase 3 Deliverables), were submitted by the Architects Firm WE Architect to the PIU / MOH Management for final approval. Aforementioned date was amended twice from the original completion date (amendments from end of May 2022 and Aug 2022), due to factors ranging such as modifications that needed to be made to the original program design, the COVID-19 outbreak which impacted a slowdown in project activities, and- the ability of the Architects Firm to travel and to perform field inspections. The MoH Management and the Bank granted their NOB to the extension in time of the contract, as both parties realized that it is better to have a good design of both buildings in the preliminary stage rather than changing the design during the Bidding and Construction phase. It may be mentioned that during the Phase 3 period, no physical work visits of the Architects' team to Paramaribo were conducted (only virtual work sessions meetings). For the final delivery and presentation, the Architects travelled from 28 Nov-1 Dec 2022 to Suriname. There was also a review meeting held with the Architects and PIU regarding some technical aspects and a visit to the existing BOG compound. The Review of the Architects documents took place during the month November and the third phase of the design process was concluded by a presentation of the Architects Firm at the Cabinet of the President on the 1st of December 2023. Representatives of the IDB and WE-Architect were also present at this meeting. Meanwhile from August 2022 onward, the PIU team also started preparing the Bidding documents for the Construction phase (1.7.2.1). The Bid invitation for construction, is scheduled to take place and be completed in the first half of 2023.

Activity 1.7.2.1 Construction of the new building for the Ministry of Health

In the first half of 2023 and onward, the PIU will continue with the process for the international tender for the construction of the new building (s) for the Ministry of Health. A site visit will be organised with the contractors participating in the tender to view the premises, and clarification round(s) will also be held. The planned Bid Submission date is March 8, 2023, after which the evaluation process of the bids will begin with the aim to have the contract signed during the first week of June 2023. The construction process will take place in phases with the start of the construction of the new building of the Ministry of Health together with the new office of the Vaccination department of BOG, the National Immunisation Programme. Hereafter one of the existing buildings of BOG (recognised as building B) will be demolished and the construction of the new BOG building will start. After which, the last existing building (recognised as building C) will be demolished and the landscaping works will be finalized. The total construction duration is scheduled for a total of 18 months, and the expected/planned first technical delivery period is December 2024. There will also be a defects and liability period of 12 months. The Project- supervision will be conducted by "WE Architects Consultancy", the same Firm which was also responsible for the design of the building(s).

The Standard Bidding Document and the Specific Procurement Notice for construction was submitted to the Bank on 15 December 2022. The PIU is waiting for the NOB for the Bank after which the SPN will be published.

Budgetary constraints construction

After the final delivery of the phase 1 Design documents by the Architects in January 2022, and after budget calculations, the Architects Team presented an estimated cost budget for this construction project of around 10.25 million USD. Initially at the start of this project, the estimate was around USD 7.15 Million. This budget shortage was communicated with the MoF and the Bank, whereby the Government of Suriname on behalf of the MoF provided a letter of guarantee that the Government of Suriname will provide in the shortage amount of USD 3.1 Million in budget. After completion of phase 3 of Design, the Architects made a unit price calculation in October 2022 and the estimated budget increased to USD 12.7 million United States Dollars (USD 12.25 Million Project estimate and USD 450,000.00 Contingency funds. The second increase in the final cost estimate budget is due to, in part an adjustment of the actual design concept, as well as an increase in the international-and material prices because of an outbreak of the Covid-19 pandemic and the Ukraine-Russia war. With regard to the last increase a budget shortage of USD 2.45 Million can be observed that needs to be discussed with the Executing Agency, the Bank and the MoF.

Component 2: Expansion of the Chronic Care Model (CCM)

The Ministry of Health has committed itself in 2021 on the implementation and execution of to the HEARTS initiative of the WHO/PAHO model in Suriname. The PAHO and the IDB are supporting the MOH with the execution of this project component. The HEARTS initiative consists of the following pillars:

- (1) use of standardized diagnostic and treatment protocols,
- (2) accurate reproducible blood pressure measurements with trained observers using of accurately validated automated BP devices,
- (3) standardized training for team-based patient-centered care,
- (4) standardized data collection to cover the overall program, health regions, the monitor, evaluate and report on clinical and performance,
- (5) the use of implementation research methods for program implementation, evaluation and guidance and
- (6) innovation in patient-centered team-based healthcare

The National Coordination Team (NCT) is responsible for the implementation of the HEARTS initiative.

The NCT reviewed and documented the requirements that outpatient clinics need to meet in order to provide this type of care according to the HEARTS Initiative requirements. In addition, an NCD protocols committee has also been working on updating the existing hypertension guidelines in accordance with recommendations from the HEARTS initiative and reviewed and revised the Healthy Lifestyle (HLS) guidelines.

The first phase of the implementation phase was concluded with a refresher course for Primary Care Service Providers. There will be 2 refresher courses organized in which will serve to contribute to standardize and improve chronic care, with the aim to make this more accessible, so that all citizens everywhere can access equal care. The first of the series of refresher courses were offered to the target group: general practitioners/ those who have a general practice, RGD doctors and MZ doctors. The first four initial sites were identified; 2 RGD and 2 Medical Mission clinics and after consultation with the General Physicians Section Board of the VMS it was decided to allow private General Practitioners to participate in phase 1 of the implementation.

Workshops were held in December of 2022 by the MOH with the support of the IDB and PIU, to promote and create awareness amongst the stakeholders on the CCM Strategy, the Hearts Model and its implementation in practice. Worth mentioning are:

- Launch of the HEARTS model in Suriname: the launch of this Model was done in July 2022 in combination with Capacity building workshops
- The Workshop to review and approve protocols for the Chronic Care Model: pre-implementation phase of HEARTS model in Suriname on October 4, 2022, which was organized in Marriot Hotel, with the outcome that the health protocols were approved (Activity 2.3.1).
- The first training on the CCM HEARTS protocols, was organized in Ballroom Torarica on 2 Dec 2022 (Activity 2.11.1).
- Launch of the Su Moves Campaign by the President and the Ministry of Health on 2nd of December 2022

During this launch, the HEARTS posters, NCD passport and treatment guidelines booklet were handed over to the President of Suriname being the first person to receive these. The PIU submitted on December 8, 2022 the Concept note for the Su-Moves initiative for component 2 - Expansion of the Chronic Care Model to the Bank for approval.

2.4.2.1. Health Center with infrastructure upgraded

The component owners for MM and RGD, “Dr. van Dijk and Dr. Koendjibiharie” submitted to the PIU their “needs list” containing equipment and supplies for the upgrading of the infrastructure of the Health Care Centers. The PIU met on 28 September 2022 with the Component Owners regarding the needs list for clarification. After the meeting, Procurement and Construction went through the lists, updated it and put the lists in the “IDB format” and send the list to the Component Owners for approval. After the approval of the Component Owners the RFQ and the list will be submitted in the first week of January 2023 to the Bank for NOB.

2.4.2.2. Purchase of Prefab building for clinic Powakka of the Medical Mission (CCM infrastructure upgrading – Phase 1)

After the field assessment of the 4 clinics, it became apparent that the MM-clinic in Powakka urgently needed a space as an observation room for patients in order to implement the Hearts Model “patient care flow” as required. The PIU (Procurement) started preparing the documents and on 21 November 2022 the justification and the RFQ were submitted to the Bank. The PIU received on 30 November 2022 NOB. On 1 December 2022 the RFQ was submitted to the supplier “Precamp South America” (Direct Contracting) to obtain a quotation. The submission date was set on 8 December 2022. The contract was signed on 12 December 2022. The delivery and set up of the Prefab facility will commence according to contract in the first week of January and will take up to two- six-weeks for installation and set-up. In December 2022, the supplier “PreCamp South America” started with the preparatory work with regard to the set-up.

2.4.4.1. Purchase of non-clinical supplies for upgrading of 4 Chronic Care Model centers2.4.3.1. Purchase of clinical equipment for the upgrading of 4 Chronic Care Models centers2.4.6.1. The purchase of medical supplies for Chronic Care Start-Up

For the 3 above mentioned activities for Phase 1, the Component Owners for MM and RGD “Dr. van Dijk and Dr. Koendjibiharie” also submitted “needs list” for the purchase of clinical equipment, non-clinical -and for medical supplies for Chronic Care Start-Up for the upgrading of the Chronic Care Model centers. Procurement went through the lists, updated them and put the lists in the “IDB” format. The lists were sent back for approval and procurement discussed the “needs list” with the component owners. After approval, the PIU plans to submit the SPN and the RFB to the Bank in the first week of January 2023 for NOB.

2.6.1 Assistant Project Coordinator for the implementation of a National Chronic Care Model

The Contract with the Assistant Project Coordinator for the implementation of a National Chronic Care Model was signed on 15 October 2022. The Consultant has continued working on the deliverables 1 and 2 for 2022 (workplan for period 15 October – 15 November 2022 and progress report 1 for 2022) and has worked with the PIU on the organisation of the two previous mentioned workshops whereby the launch of the Hearts Model and the review and approval of the protocols for the Chronic Care Model on October 4, 2022 (Activity 2.3.1) as well as the workshop on 2 Dec 2022 regarding the Launch of the Su Moves Campaign by the Ministry Health (Activity 2.11.1) took place.

2.6.2- Contract for the Data Analyst-National COVID-19 vaccinations

The agreement with the Data Analyst, activity 2.6.2 signed with the “Consultant Raoul Franker” on April 1st 2022, with a duration of 6 months (until October 2022) had to be terminated. As per the contract, the PIU was to be provided with deliverables starting as of May 2022, and according to contract, a deliverable was to be submitted every month thereafter, for the duration of 6 months. Only the first deliverable (Workplan) was submitted in May 2022 after which the second and third (2nd and 3rd) deliverables were not submitted. After numerous attempts by the PIU/ MOH to contact the consultant, the contract had to be terminated. The Bank provided its NOB to the termination request after which the consultant was notified of the termination on September 8, 2022.

The Continuous Quality Improvement strategy was implemented in 4 CCM centers.

A total of 3 CCM model guidelines (protocols) were updated and are being used in CCM Centers

Up until December 2022 the CCM HEARTS Behavior Change and patient activation strategy was implemented in at least 1 CCM center

In one (1) CCM Center at Powakka, the infrastructure works was upgraded with one part. The remaining upgrading of phase 1 will be executed in the 1st quarter of 2023 at all the 4 Clinics of the Pilot.

With the implementation of HEARTS, the MoH completed 3 CCM Training Modules in the 2nd half of 2022.

Component 3: Increasing the access to priority CD preventive services for targeted populations

As part of the implementation of the first BCC Campaign led by the BCC consultant Katia Delvoye (the contract was signed on May 1, 2022 for a period of 1 year), various activities were carried out to implement the BCC strategy.

The refreshment trainings for MSD, lab staff and health workers also took place in November 2022.

The printing of Children’s Booklets and posters activity for creating awareness for Malaria Prevention was also completed and the distribution of these booklets in Kwamalasemutu, has taken place in the second half of 2022

Under Component 3, many of the scheduled activities are in execution. The Malaria Program under which component 3 falls, has experience with the activities of this component and has a good collaboration with the PIU, whereby approximately 95% of the activities are on schedule and are being executed.

According to the approved Procurement Plan, up till now, the following activities from component 3 have been completed by the PIU:

Activity 3.1.1 Design of the Behavior Change Communication Campaign. The consultant completed on 15 February 2022, the design of the Baseline Study for the BCC Campaign and with it the contract was completed.

Activity 3.1.2.1.1 Procurement process for material development (children's booklets): Print and copy services to develop material for Malaria Prevention.

This activity for the printing of children's booklets and posters is part of the activities of raising awareness on Malaria prevention. The first round of children's booklets and posters were distributed amongst the target groups of 5th and 6th grade schoolchildren of approximately 400 primary schools in Suriname, in March 2022. A second batch of children's booklets were produced and distributed in the area of Kwamalasemutu. The Health Minister, Amar Ramadhin, and the Coordinator of the malaria program, Dr. Helene Hiwat, launched on Thursday December 15, 2022, at the school of the village of Kwamalasamutu a children's book about malaria prevention, which was translated in the Trio language.

3.1.5.1 With the purchase and delivery of 20.000 long-lasting units of mosquito bed nets completed for the Tropic Clinic Malaria program in 21 April 2022, the distribution of bed nets continued throughout the year. During 2022, a total of 17877 bed nets have been distributed by the Malaria Program.

3.2.1 Logistical services for the Annual trainings for Malaria Service Deliverers and lab staff in Quality Assurance and Quality Control.

This non -consultancy services activity 3.2.1 "Logistics services for the refreshment and annual trainings for MSD's and for lab Staff in QA and QC" which is scheduled from 2021-2024 (for 4 years) . During 2022 it was recorded that 1 Training was completed (the training for 2021 was completed in 2022).

Activity 3.11.1&3.11.2 This activity which was split up in the purchase of condoms and HIV kits for HIV testing and prevention purposes by the Malaria Program of the population in gold mining. This activity is fully completed with the purchase of condoms during the months of March and May of 2022 and two purchase rounds of HIV control kits (of which the last was completed in October 2022).

3.3.1 Trop clinic equipped with software and hardware for data analysis and -processing for the Malaria Program.

With the purchases of ICT equipment at 3 different companies and the equipment being delivered during the months May, July and November 2022 this activity has also been completed.

3.3.2.1. Purchase of ICT equipment for Tropic Clinic for the 6 laptops (remaining items 1st procurement)

During the first procurement process as mentioned above, in cooperation with the component owner of the MP and the IDB, it was decided to exclude 6 laptops from the original purchase. For these remaining laptops a separate procurement process was to be conducted, because the specifications of the laptops were not clear enough defined for the suppliers. Procurement in cooperation with the Component Owner and the IDB, provided a clearer description of the specifications and the technical features and on 5 September 2022 the separate RFQ containing the 6 laptops was submitted to the Bank for NOB. The PIU received NOB on 21 September 2022. The RFQ was then send to the suppliers on 26 September 2022.

The submission date was set on 14 October 2022. The evaluation report and draft contract were submitted to the Bank on 14 November 2022 and the PIU is waiting on the Bank for NOB.

3.4.1 The purchase of parasitological microscopes

The procurement process for the purchase of 8 microscopes, covering the whole need of the program, was concluded in 2021.

3.8.1 Consultancy to Conduct and Elaborate a Prevalence Survey (HIV/TB/Leishmaniasis /Leprosy) in migrant populations.

This baseline study consultancy which lays the basis for the execution of the Monitoring studies to be executed in 2023, was completed in April 2022.

3.12.2 The purchase of HIV equipment and supplies for the National Reference Laboratory (Bureau of Public Health).

Also, for completeness, it may be noted that the purchase for the equipment and supplies was conducted in 2021 for the first round. The purchase of the equipment and supplies for the second through the fourth round will be conducted in the first half of 2023.

Below is an overview of the activities of Component 3 which are currently in execution and the status as per December 31, 2022:

3.1.2.1 Consultancy to coordinate the Behavior Change Communication Annual Campaign (coordinator).

The BCC Coordinator will be responsible for the coordination of all the activities within the HSIP Program that are part of the BCC Campaign. The BCC contract has been signed on May 01, 2022 for the duration of 1 year and renewal of the contract is based upon mutual agreement and after a positive evaluation of the parties involved (PIU, Coordinator Malaria Program etc.in 2023). A total of 4 BCC Campaigns are to be executed annually, for 4 rounds. The contract is progressing well and up until now four deliverables1-4B) as per the signed contract have been submitted.

3.1.4.1 Consultancy Firm to conduct Knowledge Attitude and Practices (KAP) studies.

After a lengthy process and much deliberation and negotiations back and forth between the PIU, the Bank, the MOF and the Component Owner on a number of factors considering the contract, the contract was finally signed with the Consultancy Firm SS Solution on December 1, 2022. The contract is in execution and the first deliverable (workplan) was submitted and approved by December 15, 2022.

3.2.1 Logistical services for the Annual and refreshment trainings for Malaria Service Deliverers and lab staff in Quality Assurance and Quality Control.

The non -consultancy services activity 3.2.1 "Logistics services for the annual training for MSD's and lab Staff in QA and QC" is scheduled for a total of 4 years and is being executed Annually as of 2021.

This activity is scheduled for 4 (four) consecutive years with a total budget of USD 200,000 for the duration of the Program.

Under this activity, the following trainings will be executed during the lifespan of the HSIP Su-1054 project:

- Annual and Refreshment Trainings for MSD
- Annual and Refreshment Trainings for Lab Staff

For 2022, the Malaria Program had submitted the request to the PIU for the execution of three trainings, as a result of which a Budget expansion of USD 60,000.00 was requested and approved by the Bank.

During this period, a Behavioral Change Communication outreach training has also been integrated and implemented for MSDs and GZAs (Health assistants of the Medical Mission) therefore completing the first outreach training output for 2022- Activity 3.1.3 Training MSDs and outreach personnel for outreach activities). This part was integrated into the refreshment training for the MSDs and Lab staff. The Annual Refreshment training for Microscopist took place on respectively 31 October- 4 November 2022 and 7- 11 November 2022 and the third Annual Training for MSD Lab staff took place from 14-26 November 2022.

Activity 3.6. 1 Consultancy for the Basic Language training (Portuguese) provided to Medical Mission clinics personnel located near mining areas.

The Contract was signed with the Firm Lybra Consultancy on November 01, 2022. The first and second deliverable were submitted by the Consultancy Firm and the contract is progressing well. As part of the Development of "Basic Portuguese Language modules for health workers by Lybra Training, Coaching and Consulting N.V., a stakeholder meeting was organized by the Consultancy Firm to discuss the needs and expectations as well as the preliminary design with representatives from the Malaria Program and the Medical Mission in November 2022.

3.8.2 Consultancy to conduct and elaborate a Prevalence Survey (HIV/TB/Leishmaniasis/Leprosy) in migrant populations

The Prevalence baseline study was completed by the consultant, according to contract on August 15, 2022 (after a contract extension of 3 months). For the Prevalence Baseline study, the Component Owner has notified it was done very efficiently despite the flooding and bad traveling conditions that were apparent during that time in the interior of Suriname. Worth mentioning is, that during the execution of the Prevalence Baseline Survey which with a focus on the research of the Prevalence of HIV/TB/Leishmaniasis/Leprosy in migrant populations, the research was expanded on Chagas Disease due to the fact that most of the mobile migrants originated from Brazil where Chagas Disease is a problem.

The Consultant, as part of the baseline study, included in his research, the collection of blood samples for assessment of Chagas Disease, since little to no information is available in Suriname about the prevalence of Chagas Disease, let alone the prevalence of this disease in the (high risk) migrant populations living in the country. Unfortunately, the actual diagnostic assessment of the blood samples and the required budget to conduct the diagnosis was not part of the Consultants' contract and was therefore not executed. After conferring with the Component Owner of the Malaria Program, the PIU continued in October and December 2022, to seek and obtain the approval of the IDB for the purchase of medical and serology supplies for the research of the Prevalence of Chagas disease in migrant populations in gold mining areas of Suriname. This activity was executed by working with the Malaria Program on the procurement of the medical supplies in coordination with the Academic Hospital lab (Direct Contracting). The Academic Hospital is the only hospital in Suriname that has the required equipment and technicians available to perform the tests and diagnosis for Chagas disease. The Malaria Program coordinates the payments and reports back to the PIU/ MOH.

The status as of December 2022 is that there is a slight delay in the execution of this activity which was originally scheduled for November-December 2022. The reasons are to be attributed due to an untimely payment of the company that needed to deliver the Chagas testing supplies, which resulted in postponed delivery time. The testing supplies have been ordered and are expected to be delivered by February 2023.

3.9.1 Consultancy to elaborate a Migrant study on population size, migration, turnover and health priorities in mobile migrant populations".

For the first half of 2023 the PIU will work with the MOH Malaria Program Coordinator on further execution of the activities. Where it was originally planned according to the PEP for "Conducting a Migrant mobility study on population size, migration, turnover and health priorities in mobile migrant populations, the MOH Malaria Program (MP) Coordinator has requested a reprogramming of this activity whereby the focus will be on the *mobility of the "Amerindian population tribes* the Wayana and Trio populations when it comes to the prevention of malaria. The rationale behind this, is that respectively in 2018, 2019 resulting until 2021, in recent outbreaks, the MP has experienced that aforementioned Amerindian tribes tend to extend across the Surinamese borders (Wayana into French Guiana, and Trio into Brazil) which is an important characteristic that needs to be taken into account for the malaria prevention of Suriname. For the Malaria Program, it is especially important to gain a better understanding of the mobility of the Wayana and Trio Amerindian tribes in the South of Suriname. The proposal to do a Migration study on the Amerindian populations instead of (a repeat of) the Migrant populations, will be submitted to the IDB, and the PIU is working on the Terms of Reference in collaboration with the Component Owner and will continue to do so the first half of 2023.

3.11.3 Procurement of Modular Prefab cabin facilities for the additional office space for the MOH Malaria program

As a sustainable solution to the acute lack of office space, that the Malaria Program of the MOH had been dealing with, the PIU was approached with the request to create flex office space and a dedicated meeting space for the field teams by adding on about 50 m2 to the existing Malaria Program prefab building.

The PIU worked on the procurement documents and on August 24, 2022 the contract was signed with the supplier Precamp Suriname for the purchase and supply of Modular Prefab cabin facilities for the provision of additional office space for the MOH Malaria program. The Precamp unit was completed on the 26th of September 2022.

Component 4: Logistics and Administration Management

4.1. The Activities under this component are ongoing.

For 2022 no major purchases / procurements were conducted under this component with regard to furniture, etc, as the set-up of the PIU office was already completed in the first half of 2022.

4.3.1 Consultancy for External Audit.

The External Audit was completed in May 5th 2022 with the submission of the AFS for 2021. The PIU is making preparations for the audit of 2022 which will be conducted in the first quarter of 2023.

Staffing PIU

As noted in the previous Semi-Annual Reports, the PIU has (on an ongoing basis) been dealing with staff challenges. Advertising for vacant “key” (Specialist) positions by the PIU in at least two rounds did not prove successful. The PIU suspects that staff shortages and staff members not renewing their contracts, for large parts are to be contributed to the low wages that the MOF is offering in comparison with the wages that the labour market is paying (nationally and internationally) for these key positions. In this regard reference is being made to the “exchange rate issue” and the exchange rate that is being applied to PIU staff contracts as opposed to other consultancy contracts of the Program, which will be discussed in greater detail in the next paragraph.

With regard to the positions Financial Assistant and Senior Procurement Specialist the following can be mentioned:

To overcome the staff shortages, the IDB had initially made available and paid for out of own IDB funds, a part time Procurement Specialist and a Financial Specialist (both being consultants) that provided their services to the PIU up till August 2022. After expiration of the contract in August 2022, the Financial Specialist decided not to go into contract with the MOH. The PIU has thereafter been operating without a Financial Specialist as of September 2022. The Information and Technology Specialist of the PIU also did not to renew his contract which expired in September 2022.

The contract of the (external) Senior Procurement Specialist was extended by the IDB.

In the second half of 2022 however, the MOH/ PIU was able to sign contracts with the Procurement Officer in October 01, 2022 and the Procurement Assistant in August 15, 2022. Both staff members had been working already at the PIU and were assigned by the MOH.

1.1 Institutional background

Program Management

The Program Implementation Unit (PIU) members as at December 31, 2022 are as follow:

Responsibility	Name
Program Manager	Kamla Madho
Construction Specialist	Previen Mahabir
Procurement Officer	Surodj Soekhai
Procurement Assistant	Angracia Gowricharn
Operations Specialist	Priscilla Dompig
Financial Specialist	Vacant

The position of the Financial Specialist was filled by Ms. C. Zeegelaar till August 2022 and is vacant as of December 31, 2022.

2. SIGNIFICANT ACCOUNTING POLICIES

2.1 Cash basis of accounting

The financial statements of the Project for the year ended December 31, 2021 have been prepared using the cash basis of accounting, which recognizes transactions and acts only when the cash and or its equivalent is received or disbursed by the entity, and not when they give rise to accrue or originate rights or obligations.

2.2 Currency

The functional currency of the Project is US\$, and its accounting records are kept in its functional currency. Transactions in SRD are translated at the foreign exchange rate of the Central Bank of Suriname ruling at the date of the transaction, unless otherwise stated.

The financial statements are presented in American dollars, rounded off to the nearest whole U.S. dollar value, unless otherwise stated.

Cash receipts and cash disbursements denominated in the currency other than the U.S. dollar were translated using the applicable rate of the Central Bank of Suriname at the date of the transaction.

The exchange rates at December 31 were:

	12-31-2022	12-31-2021
	SRD	SRD
US\$ 1	31.765	20.893

3. AVAILABLE CASH BALANCE

The available cash balance as at December 31, 2022 consisted of the following:

	Account no	In SRD	In US\$
Central Bank of Suriname US\$ account	0313100-001-136-840		3,320,214
Central Bank of Suriname SRD account	0313100-001-236-968	28,225	889
Cash on hand - Petty cash		8,422	265
Cash on hand - Operations cash		73,987	2,329
Unused advances of PCF*		5,530	174
Total			3,323,871

The exchange rate for the US\$ went from SRD 20.983 at the beginning of the year 2022 to SRD 22.733 in June and at yearend SRD 31.765. This resulted in an exchange rate loss of approx. US\$ 6,937.

*) The unused advances of PCF regards advances provided to the project coordinators unused as of December 31, 2022.

ADVANCES PENDING JUSTIFICATION

The project receives funds from the IDB based on disbursement requests. When reaching 80% disbursement out of the funds received, the project justifies the expenditures before requesting the next funds.

	January to December 2022
	In US\$
Balance December 31, 2021	1,456,152
Cash advances received from IDB during the period	3,203,640
Less: Justification of advances	1,184,949
Balance December 31, 2022	3,474,843

The advance of funds balance of US\$ 3,474,843 is composed of the following:

	January to December 2022
	In US\$
Cash available balance (Note 3)	3,323,871
Payments made after last justification of funds December 2022	135,780
Currency exchange losses (cumulative)	15,192
	3,474,843

The payments made after the last justification of funds (December 13, 2022) amounted to US\$ 135,780. This amount will be part of the first justification to be submitted to the IDB in 2023.

4. PROCUREMENT OF GOODS, SERVICES AND WORKS

4.1 Procurement of services

The following are the services procured by the Project from 01 January 2022 to 31 December 2022:

Contractor/supplier	Description of services	Investment category	Amount in US\$
Operations Cash	Publications (Times, Dagblad Suriname, De Ware tijd)	Comp. 1	1,136
Consultancy Service	Van Bochove	Comp. 1	2,781
Consultancy Service	Richard Mendes	Comp. 1	3,433
We Architect	consultancy service(firm)	Comp. 1	320,901
Building Construction Bcc	Constructions works	Comp. 1	61,717
Art Sabina	non consultancy service(prints)	Comp. 2	674
Marriot	non consultancy service workshop (Marriot)	Comp. 2	1,108
Torarica	non consultancy service workshop (Torarica)	Comp. 2	1,835
Raoul Franker	consultancy service	Comp. 2	561
NV RIT	RIT Customs Broker(service)	Comp. 3	420
Malaria Program	GumAir(service)	Comp. 3	3,756
Orchant	Printing Childrens Booklets-BCC	Comp. 3	33,122
Erna Aviankoi	BCC campaign designed	Comp. 3	19,858
Stephen Vreden	Prevalence Survey in Migrant	Comp. 3	53,595
Nils Printing Nv	Printing Childrens Booklets-BCC	Comp. 3	2,013
Art Sabina	Printing Childrens Booklets-BCC	Comp. 3	9,100
MSD Refreshment	MSD refreshment microscopist lab training	Comp. 3	27,885
Katia Delvoye	Implementation of BCC campaign activities/services	Comp. 3	24,282
MSD Refreshment	MSD 'Logistics Services for the annual Trainin	Comp. 3	26,283
Marieke Heemskerk	KAP	Comp. 3	3,773
Mr. Richero Kasanwidjojo /Malaria Program	Distribution of long lasting bed nets	Comp. 3	4,692
Publications Times+Dagblad Suriname	Publication in local newspapers	Comp. 3	859
MAF Surinaamse Zending Vliegdiens	Launch children's booklets Trio language Flight cost	Comp. 3	5,767
Lybra NV	Basic language	Comp. 3	16,820
Dyorn Boldewijn-Menig	Procurement Officer	Comp. 4	228
Angracia Gowricharn	Procurement Assistant	Comp. 4	775
Kamla Madho	Program Manager	Comp. 4	21,425
Previn Mahabir	Construction Specialist	Comp. 4	13,390
Priscilla Van Doorn-Dompig	Operations Specialist	Comp. 4	3,214
Surodj Soekhai	Procurement Officer	Comp. 4	711
Vijay Sewradj	IT Specialist	Comp. 4	8,558
Crowe Burgos Accountants	Independent External Accountant	Comp. 4	7,608
Total			682,280

4.2 Procurement of goods

The following are the goods procured by the Project from January 1, 2022 to December 31, 2022:

Contractor/supplier	Description of Goods	Investment category	Amount in US\$
Surpermarkets	Consumption items	Comp. 1	446
Intermed NV	Purchase condoms(goods)	Comp. 3	3,860
Cominex NV	Purchase condoms (goods)	Comp. 3	58,023
Chembio	Purchase of HIV tests (goods)	Comp. 3	21,402
Malaria program	Cabin(goods)	Comp. 3	38,725
Tianjin Yorkkool	Longlasting Mosquito Bednets(goods)	Comp. 3	109,450
Supermarket	Comp3 -IDB mission(foods)	Comp. 3	8
CHS	IT-Equipment (goods	Comp. 3	22,853
ICS	TropicClinic equipped(goods)	Comp. 3	3,177
ICS	IT-Equipment (goods	Comp. 3	7,359
ITEE	TropicClinic equipped	Comp. 3	3,228
Chagas	Disease medical equipment (goods	Comp. 3	10,603
MSD refreshment	MSD-Finger Food	Comp. 3	1,701
Graphic Designer	National reference Lab equipped	Comp. 3	393
Supermarket	Water,Office supplies,and other consumption items	Comp. 4	521
Local suppliers	Publications,Office supplies,and others	Comp. 4	1,620
Local suppliers	Laptops and other office supplies	Comp. 4	15,853
Local suppliers	Office Furnitures and others	Comp. 4	18,730
Total			317,952

The total of the services and goods procured by the Project from 01 January 2022 to 31 December 2022 is USD 1,000,232.

5. DISBURSEMENT CATEGORIES

IDB Nr	Category of disbursement	In US\$
1	Institutional strengthening of the MoH for evidence-based policy making	390,414
1.1	Improved Health Info System	-
1.2	Steps Survey	489
1.3	Basic IT Infrastructure	8,006
1.4	ER4H Israel IS4H	133
1.5	HER Solution CCM	63
1.6	IS4H Team contracted and delivered	6,264
1.7	Ministry of Health Infrastructure	375,459
2	Expansion of the chronic care model	4,178
2.3	CCM Centers Behaviour	1,121
2.5	Chronic Care Centers staff	1,915
2.6	Data analyst Covid-19	561
2.11	Logistical & implement. SuMoves	581
3	Increase the access to priority CD preventive services for targeted population	513,007
3.1	Communication and BCS implementation	247,194
3.2	Annual Training MSDs and lab staff	32,537
3.3	Distribution Long lasting Mosquito Bed nets	29,258
3.6	Basic Language Training	17,170
3.8	Consultancy to Prevalence Survey	64,198
3.11	Laboratory and equipment's	122,010
3.12	HIV Equipment	640
4	Project Administration & Evaluation	92,633
4.1	PIU Basic staff salaries	48,300
4.2.1	Financial Audits	7,608
4.3	Logistic and Minor Management costs- Cumulated expenses	36,725
	TOTAL	1,000,232

6. DISBURSEMENT MADE

Transaction type	Request number	Amount in USD	Authorization date	Balance in USD
Advance of Funds (ANT)	3	3,203,640	13-Dec-22	3,474,843
Justification Advance of Funds (ANJ)	4	320,174.16	13-Dec-22	271,203
Justification Advance of Funds (ANJ)	3	531,537.12	19-Oct-22	591,377
Justification Advance of Funds (ANJ)	2	333,238	24-Jun-22	1,122,914
Advance of Funds (ANT)	2	1,384,070	08-Apr-20	1,456,152
Justification Advance of Funds (ANJ)	1	114,018	31-Mar-20	72,082
Advance of Funds (ANT)	1	186,100	09-Dec-19	186,100

	In US\$
Total Funds Advanced as of December 31, 2022	4,773,810
Total Justifications Completed as of December 31, 2022	1,298,967
Balance of Funds to be Justified as of December 31, 2022	3,474,843

7. RECONCILIATION BETWEEN THE STATEMENT OF CASH FLOW AND THE STATEMENT OF CUMULATIVE INVESTMENTS

	Total in US\$
Cumulative cash received as at December 31, 2022	4,773,810
Less:	
Cumulative investments at December 31, 2022	1,434,747
Currency exchange losses (cumulative)	15,192
Available cash balance at December 31, 2022	3,323,871

8. RECONCILIATION BY DISBURSEMENT CATEGORIES BETWEEN THE PROJECT'S RECORDS AND THE IDB'S RECORDS

Category	Per Project's records 2022	Per IDB's records	Difference
Institutional strengthening of the MOH for evidenced-based policymaking	393,337	313,648	79,689
Expansion of the chronic care model	4,179	2,429	1,750
Increase the access to priority CD preventive services for targeted population	609,116	556,624	52,492
Project administration and evaluation	313,724	311,875	1,849
Contingency reserve	114,391	114,391	-
Total	1,434,747	1,298,967	135,780

	Per Project's records	Per IDB's records
	US\$	US\$
Total investments	1,434,748	1,298,967
Cash available balance	3,323,871	-
Cash advance of funds	-	3,474,843
Currency exchange losses (cumulative)	15,191	-
Total	4,773,810	4,773,810

Appendix 1: BUDGET VERSUS REALIZATION

Components	Total Budget	Realization per 31 December 2022	Under realization	% Realization
1. Institutional strengthening of the MOH for evidenced-based policymaking	12,372,000	393,337	11,978,663	3.2%
2. Expansion of the CCM	3,840,000	4,179	3,835,821	0.1%
3. Increase access to priority services for communicable diseases in at risk population	1,500,000	609,116	890,884	40.6%
4. Program administration and evaluation	1,665,000	313,724	1,351,276	18.8%
5. Contingency reserve	623,000	114,391	508,609	18.4%
TOTAL	20,000,000	1,434,748	18,565,083	7.2%