

SOCIO-ECONOMIC IMPACT ASSESSMENT AND RESPONSE PLAN FOR COVID-19 IN **SURINAME**







**COVID-19
RESPONSE**

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1. PREFACE

In April 2020, the United Nations Secretary General launched an operational framework¹ to develop and implement a socio-economic response and recovery plan on the impacts of the COVID-19 pandemic whereby UN Country teams in 162 countries and territories were to activate a recovery plan over the next 12 – 18 months. The UN's global framework, which sets out a strategy for an urgent socio-economic response and recovery plan based on the Secretary General's five pillars for recovery, is a joint product of the Suriname UN Country Team as it aims to support Suriname's efforts to save lives, protect people, and build back better from the effects of the global COVID-19 pandemic.

This report is a rapid assessment based on discussions held between UN agencies² and their technical counterparts at the Government of Suriname and other relevant non-government agencies and

development partners, as an input to help mitigate the COVID-19 impact on vulnerable groups and for developing a response plan and recovery framework. The assessment has been undertaken in dynamic and challenging circumstances as the impact of the pandemic becomes clearer. Furthermore, this assessment serves as a key component for resource mobilization that aims to ensure that the UN plays its part in supporting the authorities of Suriname in recovery efforts.

During this process, UNDP was identified as the technical lead under the overall leadership of the Resident Coordinator, with a total of ten UN agencies (resident and non-resident) engaged and contributing. At the beginning of the process, UNDP held bi-lateral meetings with UN agencies to determine each agency's priorities and inputs through different levels of resources, expertise, tools and analyses. The methodology followed was a blended

1. United Nations: A UN framework for the immediate socio-economic response to COVID-19 (April 2020).

2. Partner agencies / entities include UNDP (technical lead), UNICEF, ILO, UN Women, UNAIDS, PAHO, FAO, UNFPA, UNEP, UNRCO, ECLAC.

approach depending on agency mandates and resources; primary / secondary or tertiary data used; anecdotal information used; national data when available. Information gaps have been tackled through questionnaires; data collection by surveys / interviews. Vulnerable groups have been identified, both based on agency mandates and on relevance within the Suriname context. Regular technical meetings were held as well as specific working sessions across the five Pillars.

This socio-economic impact assessment and recovery plan provides an analysis on the first six months of the COVID-19 pandemic in Suriname, since the country's first case on March 13, 2020. The plan will be a living document which will be updated on the basis of both ongoing assessments and government priorities.

2. INTRODUCTION

Suriname is a small, commodity-dependent, open economy with institutions with limited capacities and governance framework. These structural features, often negatively reinforcing each other, have contributed to recurrent economic and political crises. These characteristics also imply that the country was not well prepared for the COVID-19 shock of 2020. The country had insufficient policy buffers (lack of fiscal and foreign reserves space), was / is amidst growing economic imbalances derived from a commodity shock as the international commodity cycle ended in 2012, compounded by policy inertia due to this year's contested general elections of May 25th, and exacerbated by the lack of a comprehensive social safety net that could act as an automatic stabiliser.

Suriname's most recent notable governance development is the May 25th general elections, whereby the Progressive Reform Party won the majority of votes and

20 seats in the 51-seat National Assembly, leading to a new administration for the first time in a decade. The new administration has been addressing the consequences of the ongoing COVID-19 pandemic as well its effects on the Surinamese economy while simultaneously grappling with an already-present economic crisis. Nonetheless, the country has responded quickly to the onslaught of COVID-19, following the report on March 13, 2020 of Suriname's first positive (imported) COVID-19 case in the capital of Paramaribo.

COVID-19 represents a significant health, social and economic shock for countries, and Suriname is no exception. As Suriname confirmed its first COVID-19 case, local authorities acted swiftly to contain the importation of the virus, by barring access to the country and closing its borders (by land, sea and air), indefinitely. Authorities subsequently limited social gatherings, closed schools and universities, restricted

in-restaurant and bar-dining services, in an effort to prevent community spread. While Suriname's cases remained stagnant at ten positive cases from March 2020 through the country's general elections in May 2020, Suriname has since experienced a concerning uptick in cases. In June 2020³, Suriname entered community transmission and as of September 29, 2020, Surinamese authorities had confirmed 4,836 cases of which 4,667 had recovered with 102 deaths.

Suriname belongs to a group of middle-income countries that face structural constraints yet have historically been largely excluded from cooperation in the form of emergency liquidity response, concessional funding, trade exemptions, deferral of debt service payments and humanitarian assistance⁴. Yet, access to economic and social assistance as well as basic services for those in need, especially for informal workers, women, youth and those most marginalized, is

crucial. Undertaking structural reforms to improve private sector competitiveness, provide social protection, and stimulate growth and investment will be crucial to support broad-based economic recovery and social development in a post-COVID-19-Suriname.

The overall objective of this rapid assessment is to generate a snapshot of the macroeconomic and socioeconomic impact, policy options and response framework aligned to the UN Multi-Country Sustainable Development Framework (MSDF), with the goal of strengthening Suriname's long-term resilience. The specific objectives are to:

- (i) *Conduct a rapid assessment of the COVID-19 impact in Suriname in alignment with the broad guidelines provided in the Secretary-General's Socio-Economic Framework;*

3. [COVID-19.SR: Explosieve Groei COVID-19 Geïnfecteerden Baart Zorgen \(June 1, 2020\)](#).

4. Policy Brief: The Impact of COVID-19 on Latin America and the Caribbean (July 2020).

- (ii) Provide policy recommendations to the Government of Suriname on inclusive, environmentally-sensitive and equitable socio-economic recovery programmes, to enable Suriname to build back better;*
- (iii) Strengthen the UN's COVID-19 intervention and programmatic portfolio in consultation with the Government of Suriname, key development partners and stakeholders (such as CSOs); and*
- (iv) Support the coherence of engagement between the UN Country Team, the Government of Suriname, the International Financial Institutions (IFIs) and international partners in addressing the country's needs.*

3. COMMODITY DEPENDENCE, COMMODITY SHOCK, AND VULNERABILITY

Suriname's average growth rate from its independence from the Netherlands in 1975 until 2015 was 1.6%, which was roughly half the average growth rate of 3% in other Latin American and Caribbean countries.⁵ Subsequently, Suriname plunged into a deep recession after the 2015 commodity price shock, which the country is still recovering from. The economy had experienced a triple commodity shock: first, the price of gold declined by 30% compared to 2012; secondly, crude oil prices declined by 56% compared to a previous peak in 2012; and finally, alumina production came to a halt.⁶ With these three commodities being the cornerstone of the Surinamese economy, the country's

growth rate declined by 3.4% and 5.6 % in 2015 and 2016, respectively.⁷ The impact of a commodity shock on the economy can depend on number of factors such as: the degree of dependence on commodities⁸, the size and duration of the shock, whether adequate policy buffers exist, and the quality of institutions in their capacity to expediently respond to the shock. In the case of a different external shock, the COVID-19 crisis at hand, the United Nations also factors in two additional elements in its analysis: the country's preparedness to respond to pandemic threats and the resilience of households and business (i.e. the health factor and the social safety net factor).

5. See Khadan J (2020) "Macroeconomic Effects of Commodity Shocks in a Small Resource Dependent Economy" IDB, Unprocessed.

6. See Khadan J (2020) "Macroeconomic Effects of Commodity Shocks in a Small Resource Dependent Economy" IDB, Unprocessed. He uses a vector error correction model and a trade weighted commodity price index to analyse the 2016 shock.

7. See Khadan J (2020) "Macroeconomic Effects of Commodity Shocks in a Small Resource Dependent Economy" IDB, Unprocessed.

8. Commodity dependence is defined by the UNDP as when a country's commodity exports account for more than 60% of its total merchandise exports in value terms. ([UNCTAD: Commodity Dependence Worsens for Developing Countries](#)).

3.1 COMMODITY DEPENDENCE AND THE ECONOMY

The dependence of Suriname on commodities (gold, crude oil and aluminium, the latter of which lasted until 2016) is evidenced by Suriname's increasing proportions of commodities in exports and revenue as a percentage of GDP as well as by the collinearity between commodities prices and the country's economic growth. Furthermore, Suriname's dependence on commodities has increased over time: in 2016, commodities represented 79% of total exports and 8% of government revenue; by 2018, this had increased to 86% of exports and 36% of government revenue, mainly reflecting two new gold mines starting production.⁹ An international perspective on dependency is provided by the International Council of Mining and Metals mining index: Suriname's ranking jumped 46 places from 2016 to first place in 2018.¹⁰ Another extractive dependence index that includes oil is developed by Hailu, D. and C. Kipgen,

the Extractives Dependence Index (EDI)¹¹ which ranks Suriname at 36TH place out of 73 countries.¹²

The size of the commodity shock, at the tail-end of a world super commodity boom, was a culmination of the concurrent decline in prices of two of Suriname's three main export commodities (gold and crude oil) combined with the cessation of production in the third commodity, alumina. Since 2006, there had been changes in the relative contribution to GDP of the three commodities: alumina exports declined from 21% of GDP (2006) to zero; gold exports increased from 15.6% of GDP to 48% of GDP in 2016; and crude oil exports increased from 2.2% of GDP to 5.3% of GDP over the same period.

The shock pushed the economy into a recession as policy buffers were low despite the previous international commodity boom (see Figures 1 and 2). In 2015, the year of the largest negative shock, the fiscal balance to GDP was -6.5% and government debt-to-GDP was

9. World Development Indicators, World Bank.

10. [International Council on Mining & Metals \(ICMM\): Role of Mining in National Economies: Mining Contribution Index \(4th Edition, 2018\)](#): Suriname dramatic rise of 46 places to was partly due to large increases in mineral rents – up from 6.3% in 2014 to 24% in 2016 – and in metals and minerals production value (which doubled over the two years). These combined with a significant decline in GDP (38%) between 2014 and 2016 led Suriname to overtake countries that have historically had greater a role for mining in their national economies. The drop in GDP is significant as it effectively increases the two components of the index that are referenced as a percentage of GDP.

11. The Extractives Dependence Index (EDI) is a composite index consisting of six indicators: 1) the share of oil, gas and minerals in total export revenue; 2) the share of resources in total government revenue and; 3) oil, gas and mineral value-added in GDP; 4) export revenue from high-skill and technology-intensive manufactured (HTM) exports as a share of total global HTM exports; 5) total non-resource taxes from incomes, profits and capital gains as a share of GDP; and 6) per capita manufacturing value added. Using the six indicators, the Index ranges between 0 and 100, with 100 being the highest dependence score. It is well established that persistent dependence on resource incomes can subject an economy to volatile growth; knowing where the dependence originates from, using measures such as the EDI, allows policy makers to design better diversification policies and strategies.

12. Hailu, D. and C. Kipgen. 2017. The Extractives Dependence Index (EDI). *Resources Policy*, 51(C): 251–64.

43.4% while the current account of the balance of payments to GDP was -16.2% and foreign reserves could cover only 1.5

months of imports, half of the minimum 3-month benchmark often used.

Figure 1. Domestic Policy Buffers

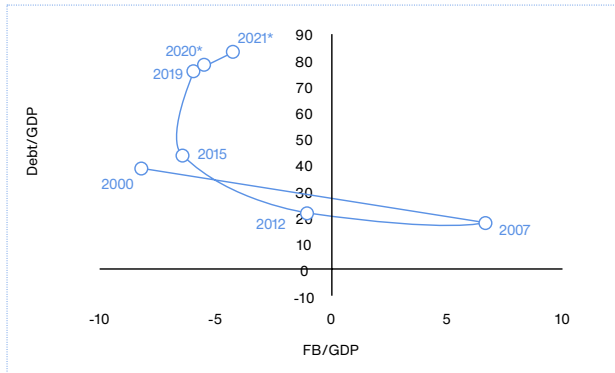


Figure 2. External Policy Buffers

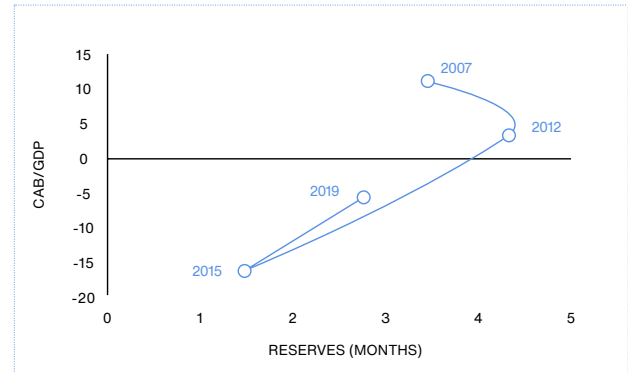


Figure 3. Economic Growth

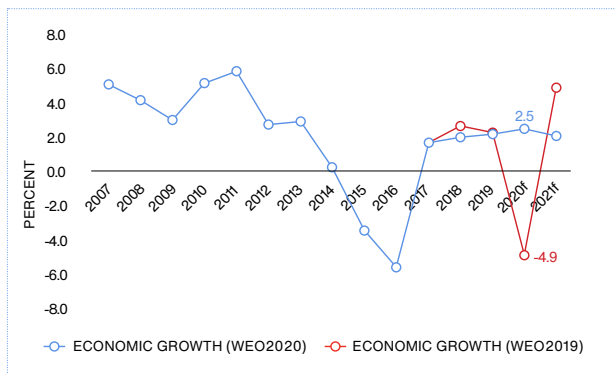
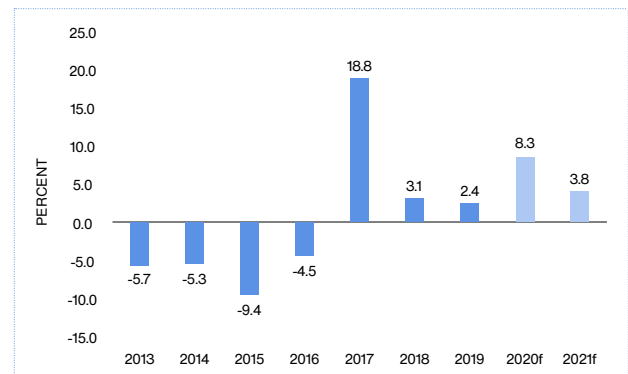


Figure 4. Size of Annual Export Commodity Shocks



Source: World Economic Outlook, 2019 and 2020, IMF

Figure 5. Commodity Exports

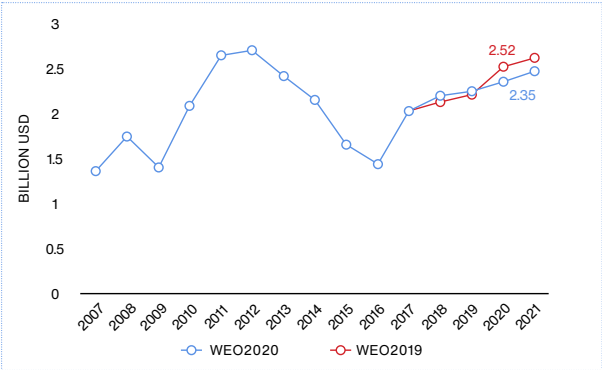
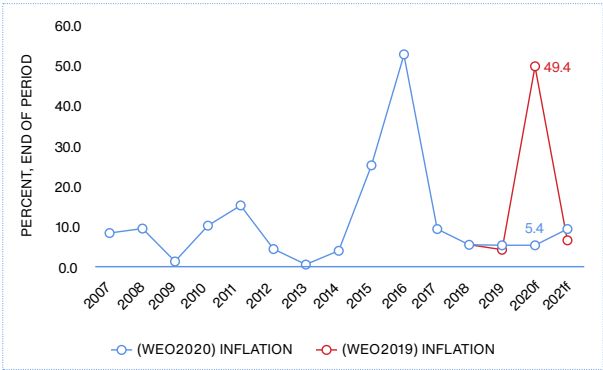


Figure 6. Inflation



Source: World Economic Outlook, 2019 and 2020, IMF

Prior to this shock, Suriname had experienced a relatively sustained growth rate averaging 4.4% between 2001 and 2014 (second highest in the Caribbean), mainly due to favourable commodity prices.¹³ With the subsequent sharp decline in international gold and oil prices and the cessation of alumina production, Suriname recorded the largest economic decline in real GDP (-5.1%) in the Caribbean in 2016. Economic growth did return after the commodity shock, (see Figure 3) although at a reduced rate, averaging 1.9% between 2017 and 2019, mostly led by gold production which increased by over 40%

in 2017, due to two new gold mines starting production and eventually experiencing an increase in commodity prices, which balanced out the negative external shocks (% change in commodity exports) of 2013-2016 with positive external shocks from 2017 onwards (see Figures 4 and 5). Inflation, which had originally also shot up, began to decline as well (see Figure 6).

As there was no institutional arrangement during the boom to save resources for future price corrections, Suriname experienced a steeper exchange rate depreciation, and a larger rise in inflation and government

debt than most commodity exporters.¹⁴ Subsequently, an IMF 24-month Stand-By Arrangement for Suriname in an amount equivalent to \$478 million¹⁵, which was agreed to in April 2016, was abandoned in May 2017. The programme included various key elements on fiscal policy (i.e. introducing VAT and significantly reducing subsidies to fuel, electricity and water), social protection, monetary and foreign exchange policy as well as structural reforms. Although economic growth had partially recovered, and inflation reduced (see Figure 3 and 6) other indicators suggested a worsening situation.

Suriname experienced a series of rating downgrades in the first half of 2020. However, it is important to note that, on July 16, 2020, Fitch ratings upgraded Suriname's LT-FC IDR from 'RD' to 'CC'¹⁶ reflecting a turn from earlier downgrades¹⁷ which had been based on various elements including Suriname's "large structural budget deficit" (estimated at 10% of GDP between 2017 and 2019 by Fitch) and based on the country's debt position which

had reached 80.9% of GDP from 72.1% in 2018.¹⁸ S&P's rating also took a turn¹⁹ as it upgraded Suriname's position in July 2020 to CCC with a stable outlook,²⁰ due to consent from commercial bondholders on July 9TH to the government's "consent solicitation" dated June 30 to amend the amortization schedule of Suriname's 2023 notes and the related accounts agreement.²¹

Today, gold remains the driving force of the Surinamese economy. In 2018, Suriname produced roughly 32,800 kilograms²² of gold, with more than half of it (17,035 kilograms) coming from artisanal and small-scale mining (see Figure 7). Additionally, oil dependence is expected to increase with recent offshore oil discoveries in Suriname. In 2020, the Apache Corporation, a US-based oil and gas exploration company, and its partner France-based Total, announced three consecutive significant oil discoveries offshore Suriname at the Maka Central²³, Sapakara West, and most recently, Kwaskwasi well. It is expected to take approximately eighteen months for

14. IMF Executive Board Concludes 2016 Article IV Consultation with Suriname – January 24, 2017.

15. Request for Stand-By Agreement – Press Release (June 2016).

16. Rating Action Commentary – Fitch Downgrades Suriname's LT-FC IDR to 'RD' (July 13, 2020).

17. In July 2020, rating agency Moody's downgraded Suriname's from B3 to Caa3 and maintained a negative outlook, citing the downgrade "as a result of the economic and financial shock the country is experiencing due to the coronavirus outbreak," which further compounds Suriname's already existing fiscal and funding challenges.

18. Fitch Ratings – Fitch Downgrades Suriname's Ratings to 'CCC' (16 January, 2020).

19. Standard & Poor Global Ratings (S&P) downgraded Suriname's credit rating in April 2020 from B to CCC+ assigning a negative outlook, citing its views on the economic shock deriving from the COVID-19 pandemic, which could further affect the level of government deficits and financing requirements.

20. <https://countryeconomy.com/ratings/suriname>.

21. <https://tradingeconomics.com/suriname/news>.

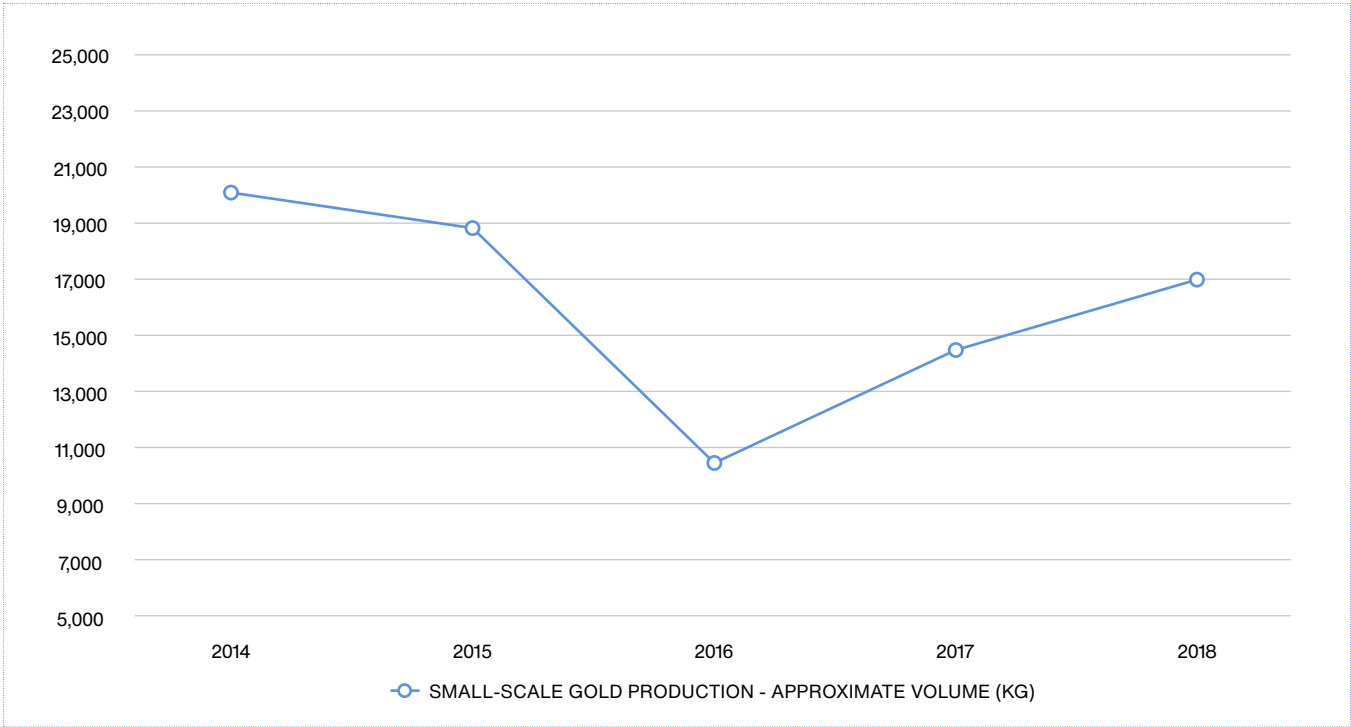
22. IUCN National Committee of The Netherlands: Regional Mercury Report Suriname – The Political Ecology of Mercury within the Small-scale Gold Sector.

23. Maka Central discovery was estimated at 300 million barrels of oil and 1.4 trillion cubic feet of gas. Estimates from Wood Mackenzie consulting group: <https://oilnow.gy/featured/suriname-discovery-contains-300-million-barrels-of-oil-over-1-trillion-cubic-feet-of-gas-woodmac/>

the companies to decide whether the oil will be commercially extracted, and then approximately three years before the oil goes into production. The State-owned oil company Staatsolie, which currently operates the entirety of Suriname’s upstream sector, has a right to a stake of up to 20% and would have to put up about

USD\$ 800 million to USD\$ 1 billion if it would want to participate in the production.²⁴ The three finds significantly increase the known reserves of Suriname and could imply a positive economic outlook by mid-2020s for Suriname.²⁵

Figure 7. Small-Scale Gold Production Suriname (2014-2018)



24. The State-owned oil company is in the process of raising about USD\$1 billion (26 percent of GDP) to support its 2020-2027 investment program. The first bond issue of USD\$150 million was made in the first quarter of 2020.

25. [How Important Is The Suriname Oil Discovery \(January 18, 2020\)](#).

3.2 VULNERABILITY AND REDUCED RESILIENCE: HOUSEHOLDS AND FIRMS

Another legacy of the commodity price shock is poverty and increased vulnerability due to reduced resilience of households and businesses to another income shock. The 2017 Suriname Survey of Living Conditions (SSLC)²⁶ captures the effects of the 2016 recession on poverty, extreme poverty, and vulnerability to poverty (see Figure 8). Although 5% of the population earned less than USD\$1.9 per day, the figure jumps to 21% for households earning less than USD\$5. Importantly, those that are vulnerable to a shock, i.e., earning less than USD\$ 12.4 per day made up roughly 36% of households. Moreover, poverty in the interior region of Suriname is much higher than the coastline. And finally, although women and men are equally likely to be poor, female-headed households are more prevalent in the left tail of consumption by quintile. The share of female headed households by quintile 1, 2, 3, 4 and 5 is 39%, 35%, 34%, 36% and 33% respectively.²⁷

Poverty and vulnerability to poverty differ according to the occupation of the worker. In terms of occupations (see Figure 9A) employment in: Services and Sales Workers (18.8%), Craft and Related Trades Workers (14.2%), Elementary Occupations (13.1%), and Professionals (12.2%) that together account for most workers (58%). The estimates show that those classified as Poor range across occupations, with the highest percentage of 30% within the Skilled Agricultural, Forestry, and Fishery Workers category to the lowest percentage within the Professional's category. In terms of coping mechanisms, 7.4% of workers in the Services and Sales Workers category benefit from remittances²⁸, while 8.4% of Skilled Agricultural, Forestry, and Fishery workers benefit from some form of government assistance. More than half of all workers in almost every sector are currently repaying a personal loan (including mortgages);²⁹ alternatively, dependence on government support (see Figure 9B) is distributed unevenly across occupations, with the largest share being Skilled Agriculture Workers (8.4%), followed by Elementary Occupations (7.1%), and Professionals (5.2%).

26. See <https://publications.iadb.org/en/suriname-survey-living-conditions-2016-2017> for the dataset.

27. See Beuermann D. (2018) "Main Findings: Suriname Survey of Living Conditions 2016-2017", IDB.

28. Remittances, mainly from Holland, are not a major source of financing neither for the current account of the balance of payments nor household's income. <https://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT?locations=SR>.

29. Khadan, "COVID-19 Socio-economic Impacts on Suriname, using data from Suriname Survey of Living Conditions 2016-2017,

Figure 8. Poverty And Inequality In 2016 (Percent)

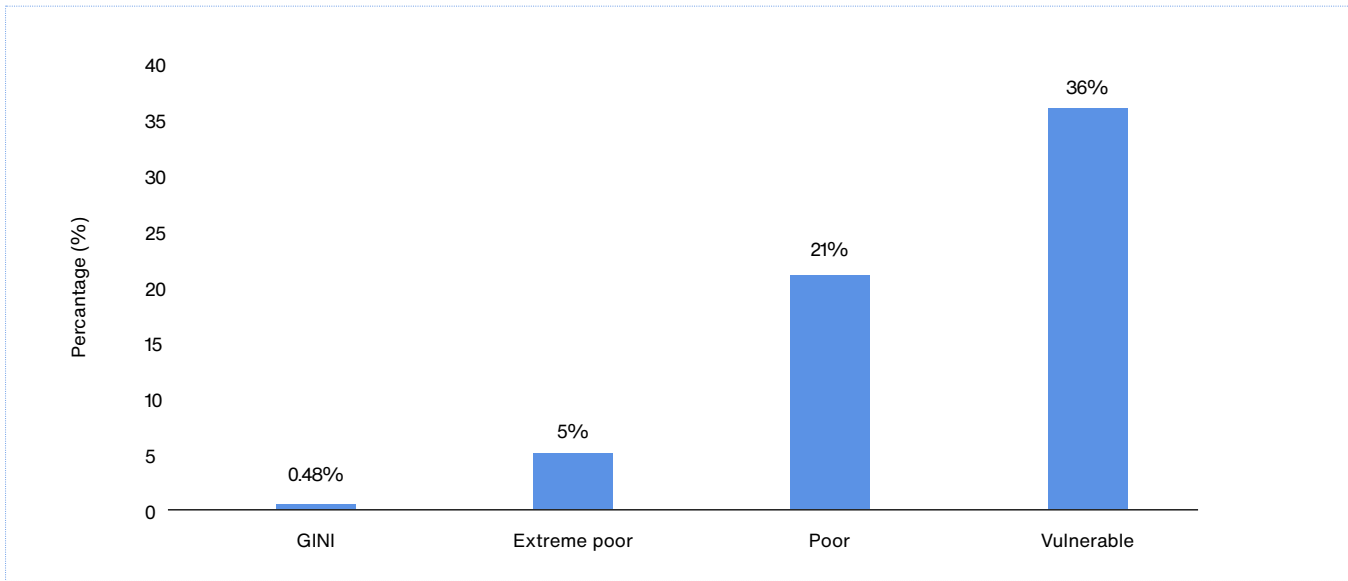
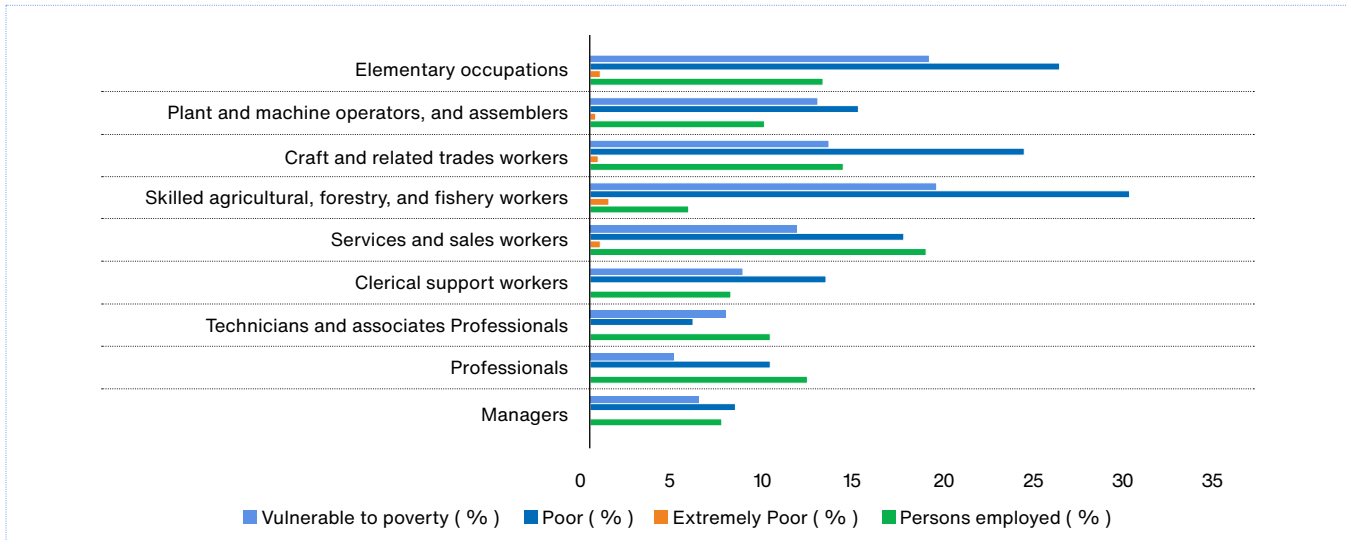
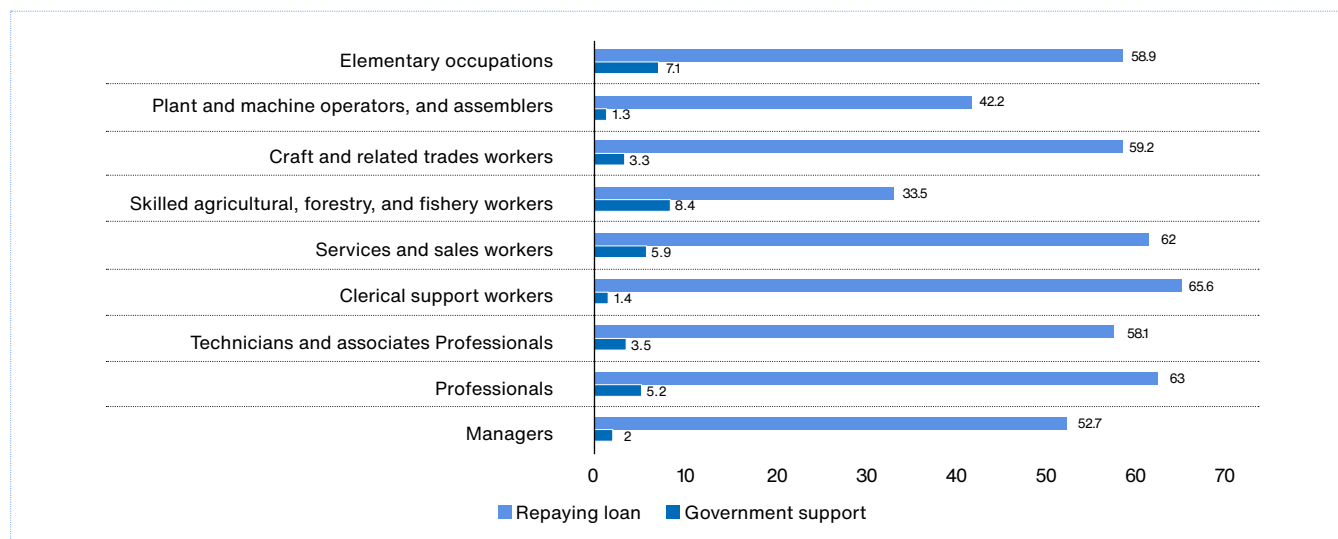


Figure 9a. Employment And Vulnerability By Occupation (2016)



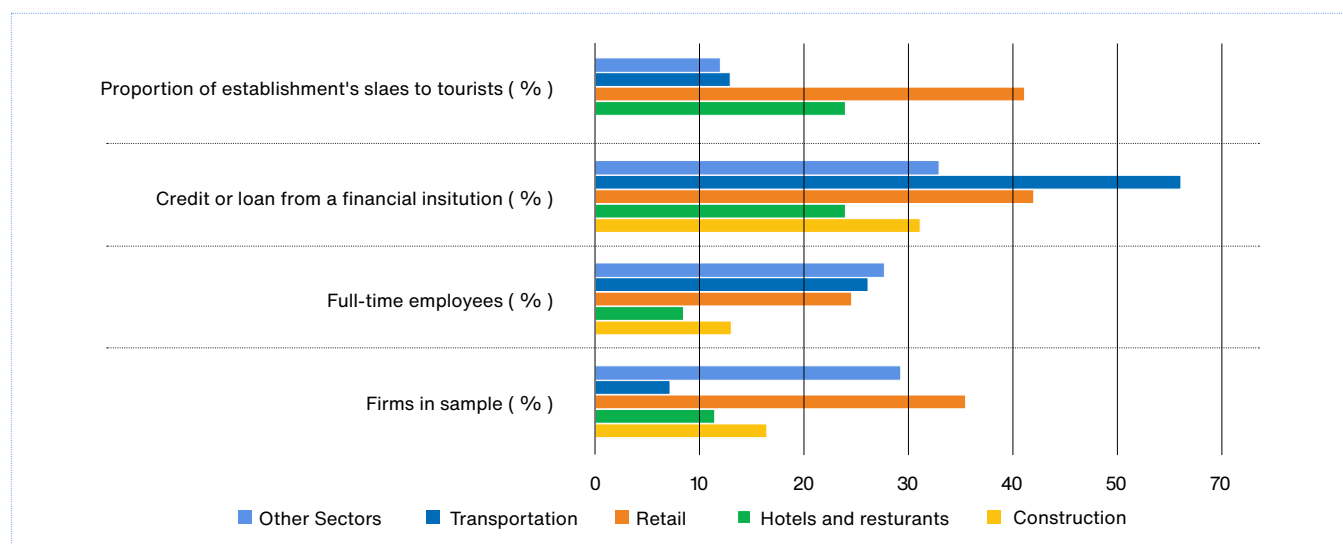
Source: World Economic Outlook, 2019 and 2020, IMF

Figure 9b. Employment And Vulnerability By Occupation (2016)



Source: IDB – COVID-19 Socioeconomic Implications on Suriname

Figure 9b. Employment And Vulnerability By Occupation (2016)



Source: IDB – COVID-19 Socioeconomic Implications on Suriname

TABLE 1: HIGH AND HIGH-MID RISK INDUSTRIES' EMPLOYMENT CHARACTERISTICS

	Relative share of total employment in the industry %. 1	Salaried formal employment in private sector (% of total employment in the industry). 2	Salaried informal employment private sector in the industry (% of total employment in the industry). 2	Own account workers (% of total employment in the industry). 4	Other self employed (% of total employment in the industry). 5	Informality (% of total employment in industry). Sum of 3, 4, and 5.	Women employment (% of total employment in the industry)
High Risk							
Manufacturing	12.75	43.85	20.54	25.03	6.16	51.3	28.16
Wholesale and retail trade; repair of motor vehicles and motorcycles	11.3	41.9	21.6	19.3	9.6	50.5	40.4
Accommodation and food service activities	2.2	29.0	41.5	14.0	14.3	69.9	72.8
Administrative and support service activities	9.2	44.3	25.8	14.9	9.1	-	40.2
Mid-High Risk							
Information and communication	2.6	61.2	9.6	14.2	9.3	33.1	35.0
Transport and Storage	5.9	27.9	26.1	31.6	10.3	67.9	16.8
Arts, Entertainment, and Recreation	2.0	72.3	7.1	12.3	4.5	23.9	51.6
Other services	2.1	21.5	21.2	31.6	23.4	76.2	36.2
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	1.4	6.5	61.5	15.3	14.8	91.5	65.3

Source: Suriname Survey of Living Conditions 2016 – 2017.

Vulnerability of businesses in Suriname can be gleaned from the 2019 World Bank Enterprise Survey (ES)³⁰. Firms in the four vulnerable sectors account for more than 72% of permanent full-time private sector employees. These four sectors are: (1) Hotel and Restaurants, (2) Retail, (3) Transportation, and (4) Construction. The sectors most likely to be affected by the pandemic account for over 60% of firms with Retail (35.5%) and Construction (16.5%) being the two largest sectors. More than 50% of the firms in the Transportation sector and 42% of firms in the Retail sector had a credit or loan from a financial institution at the time of the survey. Workers in these sectors are more vulnerable to the policy of containment as their livelihoods rely mainly on face-to-face transactions. ILO has a detailed classification of industries according to five categories of employment risk³¹: high, medium-high, medium-low, low-medium and low. The first group (high) includes sectors that could experience steep falls in production levels such as: Accommodation and Food Services and Retail-Wholesale-Trade. The workers in these sectors are exposed to a

higher probability of losing jobs, facing wage cuts, and / or reduced hours worked. At the other extreme, the low-risk group includes Public Administration, Education Services, and Health Services. Table 1 shows the high and mid-high risk industries and their characteristics; they together represent almost 50% of total employment (36% in high and 14% in mid-high risk categories).

Furthermore, the prevalence of informality is high in many of the industries in Suriname: 76% in Other Services, 68% in Accommodation and Food Services, 68% in Transport and Storage. Women represent a high percentage of these industries (which have a high prevalence of an informal workforce): 72% of the workforce in Accommodation and Food Services sector and 52% of the workforce in the Arts and Entertainment sector are female.

30. The Enterprise Surveys (ES) are an ongoing World Bank project in collecting both objective data based on firms' experiences and enterprises' perception of the environment in which they operate. The objective of the Enterprise Survey is to gain an understanding of what firms experience in the private sector. As part of its strategic goal of building a climate for investment, job creation, and sustainable growth, the World Bank has promoted improving the business environment as a key strategy for development, which has led to a systematic effort in collecting enterprise data across countries.

31. The categorisation is based on a number of parameters including possibility for telework, path in worldwide demand and real-time economic and financial data. See ILO (2020) "COVID-19 and the world of work. Second edition" available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_740877.pdf.

4. MOST AT RISK GROUPS

In addition to direct exposure to the COVID-19 virus, some communities are especially vulnerable during this pandemic and will continue to feel the long-term impacts of the crisis. Containment measures implemented to control the spread of COVID-19 are resulting in loss of household and community incomes, including a reduction in remittances. This will have a major impact on the 9.4% of the Surinamese population (53,000 people) who are multidimensionally poor,³² especially on children, adolescents, and women by even further reducing their access to health, nutrition, water and sanitation, protection and education services. Furthermore, the constant fear, worry and acute stressors experienced by families during this crisis can lead to long-term consequences, such as: a deterioration of social networks; stigma and discrimination towards surviving COVID-19 patients.

While the consequences of the pandemic will vary for each of Suriname's most-at-risk

communities,³³ many have already had their pre-COVID-19 vulnerabilities heightened due to the socio-economic impact of the pandemic. At-risk communities in Suriname whose access to health services may be impacted by the COVID-19 pandemic and who are at risk of experiencing dire socio-economic impacts are the following:

- Indigenous and Tribal Peoples (ITPs)
- Migrants, asylum-seekers and refugees
- Persons living with HIV
- Persons and Children with disabilities
- Elderly Persons
- Children and Adolescents³⁴
- Women and girls³⁵
- Persons with mental health conditions

32. Suriname Multidimensional Poverty Index (MPI) 2010, National Bureau of Statistics.

33. Qualitative and quantitative studies are underway to measure the impact.

- Persons in high density situations, i.e. prisons (including those in juvenile centers)
- Adults and children in institutionalized settings i.e. persons in psychiatric care, drug rehabilitation centers
- Persons with pre-existing and / or chronic medical conditions

Indigenous and Tribal Peoples (ITPs) The crisis has exacerbated inequalities for communities living in Suriname's hinterland (both Indigenous and Maroon tribes) where testing, hand-washing, self-isolation and quarantine has been particularly difficult to implement.



United Nations, 2020

Indigenous communities, which represent roughly 4% of Suriname's population,³⁶ live mostly in the interior and their communities are spread over the 80% of the geographical landmass of Suriname (largely in the hinterland) with limited or no access to basic services such as health, electricity, and / or water and sanitation due to the lack of infrastructure or absence thereof.³⁷ The language barrier for Indigenous communities

34. UNICEF Programme Guidance – COVID-19 Guidance Note on Programming Approaches and Priorities.

35. [WHO – COVID-19: Vulnerable and High-risk Groups](#)

36. The population of Asian Indian ancestry is the largest ethnic group (27% of the population), followed by the Maroons (22%, of African descent), Creoles (16%), people of Javanese ancestry (14%), Mestizos (13%), and Amerindians (4%).

37. About 90% of the population lives in the coastal area, and 72% lives in a 30-kilometer radius around the capital of Paramaribo.

presents an additional challenge as many communities communicate in native languages. Although the country has taken immediate actions, such as closing its borders, prescribing social distancing, and instituting (both partial and full) lockdowns to manage the situation nationally, the coverage with regards to information dissemination, sanitary facilities (for handwashing) and facilitation such as provision to quarantine facilities in case of a full outbreak in the hinterland, are not adequate (or are absent in some areas) due to various factors including: limited national capacity, scarce financial resources, limited media reach and language barriers. The already vulnerable position of the ITPs as a result of a myriad of challenges ranging from continuity of health services, no local presence of medical doctors, limited access to health workers, distance to nearest emergency health facilities, and limited means of transport, have come under further pressure with emergence of the COVID-19 pandemic. Finally, the frequent illegal entrance by gold miners from COVID-19-prone neighbouring countries (i.e. Brazil and French Guyana) increases the risk to ITPs

in contracting the virus, putting additional pressure on their already vulnerable position.

Preventive and mitigation measures, such as adequate outreach and awareness activities, utilizing traditional methods and materials in local languages, combined with provisions of handwashing and other sanitary and hygiene facilities in addition to the already government-enforced human traffic stop to and from the interior may help prevent a full-blown spread of the COVID-19 virus among the ITPs.

Migrants, Asylum Seekers, Refugees, and Illegal Miners Another at-risk group consists of migrants, asylum seekers, refugees and illegal miners³⁸ in Suriname. Most asylum-seekers and refugees in Suriname are from Cuba, although there are also persons originating from Venezuela, Bangladesh, Nigeria, Cameroon, Sierra Leone, the Dominican Republic, and Jamaica. Recently, the country has seen an increase in new arrivals from Venezuela. In 2019, the registered immigrant population was estimated to be roughly 46,200. The Government of Suriname

38. [UN Partner Portal – Protection and Assistance to Refugees and Asylum Seekers in Suriname](#).

established a Migration Flow Committee in November 2019 as an inter-ministerial coordination mechanism on migration to facilitate cooperation among different government agencies to focus on this group. Adding to this group are immigrant gold miners from neighbouring countries such as Brazil and French Guiana.³⁹ While access to health, education and government assistance programmes have not been formalised for this group,⁴⁰ through the COVID-19 pandemic, this subset has slowly begun to receive supplemental support through a combination of both civil society and private sector mobilization, i.e. the provision of medical services specifically targeting Spanish-speaking and Portuguese speaking communities.

People with HIV There are about 3,680 adults in treatment,⁴¹ which is an increase from the 2,300 in treatment in 2016.⁴² In 2016, among pregnant women living with HIV, 89% were accessing treatment or prophylaxis to prevent transmission of HIV to their children while an estimated <100 children were newly infected with HIV due to mother-to-child transmission.

One of the key populations most affected by HIV in Suriname is sex workers, with an HIV prevalence of 5.8% (2016).

Persons and Children with Disabilities

Persons with disabilities, who number 45,354⁴³ in Suriname and make up 9.2% of the total population, are at greater risk of infection from COVID-19 and of poor diagnosis and poor treatment access. This is owing to the lack of information in accessible formats and poor accessibility to health facilities. According to the Census 2012 data, Suriname had 6,677 persons from 0 – 18 years with at least one disability, with the lion share of the children residing in Paramaribo, Wanica and Sipaliwini.⁴⁴ The proportion of the latter district is striking, because the share of children with a disability in the youth population in all districts varies between 1% and 3.8%, while in Sipaliwini the number amounts to 7.2%; this is almost twice the number of children with a disability compared to other districts.⁴⁵

Elderly Persons Higher vulnerability to COVID-19 is encountered at both ends of the

39. Much of the small-scale gold mining in Suriname is occurring within the boundaries of the traditional territories of the Maroons – descendants of formerly enslaved people of African heritage- i.e., Central-Eastern part of the country. Villagers are increasingly becoming economically dependent, particularly youth, on gold mining. Further, gold mining is quickly spreading south into the lands of indigenous communities. deforestation caused by gold mining has been growing. The negative effects include deforestation and through mercury poisoning in the food chain via bioaccumulation. See: <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/maroon-gold-miners-and-mining-risks-suriname-amazon>.

40. The National Basic Health Insurance Law requires that all residents, including registered immigrants, have health insurance. Legally employed migrants have a right to public pensions but do not have access to other social welfare payments. However, all children, irrespective of their legal status, have a right to education. Estimates are that the numbers of undocumented immigrants, especially from Brazil and Guyana, are far higher than documented immigrants. Undocumented immigrants are not entitled to any social benefits, including free health care.

41. They are currently at increased risk due to a weak supply chain; 2,000 are on treatment with 4 drugs from delayed shipment from India, a delay originally due to non- payment but now delayed further due to significant rise in freight costs due to COVID-19.

42. <https://www.unaids.org/en/regionscountries/countries/suriname>.

43. 2016-7 Survey of Living Conditions.

44. Institute for Graduate Studies and Research "Children with Disabilities in Suriname" (April 14, 2018).

45. Institute for Graduate Studies and Research "Children with Disabilities in Suriname" (April 14, 2018).

age spectrum. Elderly persons carry multiple roles in Surinamese society, including serving as caregivers, volunteers and community leaders. Although all age groups are at risk of contracting COVID-19, older persons are at a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five times the average rate.⁴⁶ The risk to elderly persons is particularly high in families with large household sizes.

Children and adolescents As of 2018, Suriname's population was estimated at 568,000, with an almost equal share of women (49.8%) as men. Suriname has a large share of young people, with individuals below 19 years making up nearly 37% of the total population.⁴⁷ Moreover, Suriname has the second highest rate of adolescent pregnancy in the Caribbean.⁴⁸ The adolescent fertility (AFR) rate is estimated at 64 births per 1,000 girls aged 15-19, which is well above the Caribbean average of 60.2.⁴⁹ However, this rate is disproportionately high in certain districts like Brokopondo, Marowijne and Sipaliwini with 129, 140 and 210 births per 1,000 girls

aged 15-19 respectively. Indigenous and Maroon girls experience the highest rates among all ethnic groups at 124 and 99⁵⁰ births per 1,000 girls respectively. The largest gap however is noted when comparing adolescent fertility rates in relation to the educational level of the adolescent mother: compared to the national average, adolescent fertility rate is 6 times higher among girls with no primary education and 3.5 times higher among those with only primary education. Although no data has been publicized yet, it is expected that the measure of closing the educational facilities will negatively influence adolescent pregnancies in Suriname as well as the return of adolescent mothers to school. Finally, children living without family care especially orphans (whose parents have recently passed away from COVID-19), and those in street situations, are witnessing loss of daily incomes, thus depriving them of essential nutrition, hygiene, protection and health, and exposing them to violence, including sexual violence.

Women and Girls Women employed in both formal and informal sectors are especially

46. Policy Brief: [The Impact of COVID-19 on Older Persons](#).

47. Suriname SRH Policy (2020 - 2030) Population Dynamics (page 23).

48. CARICOM. (2014). CARICOM Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean; and UNFPA Sexual & Reproductive Health Thematic Brief, available on the UNFPA website at <https://caribbean.unfpa.org/en/news/sexual-reproductive-health-thematic-brief>.

49. MICS 2018: UNICEF, Ministry of Social Affairs and ABS.

50. MICS 2018: UNICEF, Ministry of Social Affairs and ABS.

impacted by the increase in the care burden linked to the disease. Women spend thrice the time that men do on unpaid domestic and care work each day — between 22 and 42 hours per week before the crisis.⁵¹ Despite women's wider presence on the front lines of the crisis (they account for 72.8% of persons employed in the health-care sector), their income in this sector tends to be lower than that of their male counterparts.

Specific and comprehensive data on the impact of COVID-19 on women and girls in Suriname is not yet available, but reports arising around the world are showing a considerable increase of gender-based violence (GBV) incidents, with ample research on survivors who are locked in their homes with their abusers, the lack of access to basic services and a breakdown of the rule of law and social support networks. As measures to contain and control the spread of COVID-19 are taken, cases of violence may remain unreported due to the lack of available, safe, ethical and quality responses and a lack of information on how to access services. In Suriname, GBV continues to be

a disproportionate and constant threat to women and girls. Of ever-partnered women, 32% have experienced physical and / or sexual IPV in their lifetime. Experiencing IPV is rarely one-off and most female survivors of IPV have experienced violence many times. The majority (67%) of women who experienced physical and / or sexual IPV did not seek help from any organization or support agency. From the relatively few women who chose to disclose IPV to professionals, most did to the police (6%), a counsellor (3%), or health workers / doctors (2%). These statistics on GBV from last year's National Women Health Survey⁵² will be further negatively impacted due to the COVID-19 measures; response actions should therefore not be dependent on reporting, as reported cases represent a small portion of the indices. Loss of household incomes and livelihoods in these most at risk groups can increase women's dependency on others for their own survival, thus increasing vulnerability to gender-based violence.

51. [COVID-19 sends the care economy deeper into crisis mode \(UN Women, 22 April 2020\)](#).

52. National Women's Health Survey for Suriname - IADB, 2019.

5. PREPAREDNESS

As COVID-19 entered Suriname, households and firms were not adequately prepared for another shock due to the already-present economic disequilibrium and reduced resilience of households and firms. Preparedness for an economic shock-pandemic, however, goes beyond fiscal and exchange space and the resilience of households and firms; it also depends on the country's level of governance generally, the capacity of its health system and its social safety net.

5.1

PREPAREDNESS: HEALTH SYSTEM

Suriname has seven hospitals – four of which are in Paramaribo⁵³, one in the district of Nickerie at the Western border (Mungra Medisch Centrum) and one in Marwina on the Eastern border (Ziekenhuis Marwina), and a regional hospital Wanica Hospital, located in Lelydorp, on the

outskirts of Paramaribo, was opened in February 2020. The only psychiatric hospital (Psychiatrisch Ziekenhuis Paramaribo) is located in Paramaribo. The Bureau of Public Health (known as the BOG, for its Dutch acronym) is responsible for the public health programs (including environmental health and sanitation) and operates a public health laboratory. Access to specialized and emergency care for those living in the interior remains a challenge because of the organization of services, coverage of care, and high transportation costs either by air, road, or boat to a hospital in the capital. Access to secondary care occurs through referrals by primary care physicians. While the country has expanded its number of hospitals from five to seven in the last two years, Suriname's healthcare system consists of low numbers of medical doctors and nurses when compared to other countries in the Caribbean region.

53. The four hospitals located in Paramaribo are: 1) Academic Hospital, 2) 's Lands Hospital, 3) Diakonessen Hospital, 4) St. Vincentuis Hospital.



United Nations, 2020

In 2014, the 'National Basic Health Insurance Law' (Wet Nationale Basiszorgverzekering)⁵⁴ came into effect with the aim to provide health insurance coverage for the populations under 16 and over 60 years old and intended to improve access to services across all levels of care, while the working population would be insured through employers' health insurance programs. However, recent MICS 2018 data⁵⁵ reveals a significant gap in coverage, with the lowest health insurance coverage among young women of

reproductive age. Furthermore, Suriname's health expenditure as a percentage of GDP is low (4%)⁵⁶ when compared to the 6% threshold recommended for countries to meet universal health coverage goals.⁵⁷



United Nations, 2020

Amid these shortfalls, the country had just begun to plan the redesign and reorganisation of its health system as outlined in the National Strategic Plan on Health and Well-being (2019 – 2028),⁵⁸ when COVID-19 arrived. This Strategic Plan described a new direction for the

54. [ILO database of national labour, social security and related human rights legislation: National Basic Health Insurance Law \(No. 114 of 2014\).](#)

55. Multiple Indicator Cluster Survey 2018 – Monitoring the Situation of Children and Women (Suriname).

56. PAHO Core Indicators 2019 - Health Trends in the Americas.

57. In 2011, Suriname spent roughly one-third as much per capita for healthcare in the interior as it spent for individuals living in cities. Children in the interior are more than twice as likely to be malnourished as children in cities. The Medical Mission has 51 clinics in the interior that largely services the indigenous and Maroon populations. Medical Mission employs 233 people: a small number of doctors, a single dentist, nurses and medical aides, in addition to auxiliary workers. Over 300 people per year are air-lifted from interior villages to hospitals in cities for medical treatment.

58. [National Strategic Plan for Health and Wellbeing in Suriname 2019 - 2028.](#)

health sector towards their vision of ‘A Healthy Surinamese Population.’ This Plan, which was developed by the Ministry of Health and its stakeholders, outlined the development and implementation of a new Model of Care for Suriname – a logical framework that defines how the health system is organized, financed and governed to deliver the required services that meet the health needs, demands and expectations of the population. The limited fiscal space coupled with attention currently focused on immediate COVID-19 concerns and associated increased expenditures, casts doubt on when it will begin to be implemented.⁵⁹

The first level of care in Suriname’s health system comprises a network of government-subsidized primary health care facilities. The Regional Health Services (RGD in Dutch) receives public funds to operate some 57 primary health clinics in the coastal area. In addition, there are some 150 private primary care clinics that are only accessible to the population in the coastal area. Finally, Medical Mission,

a faith-based organization, receives government funding to manage about 51 primary health clinics in the interior districts, providing service to Indigenous and Maroon populations.

In January 2020, when the world became aware of the threat of COVID-19, Suriname’s Ministry of Health convened a Public Health Response team headed by the Director of Health. It started developing standard operating procedures aligned with the country’s Pandemic Influenza Preparedness plan. Together, PAHO/WHO and the Ministry of Health developed guidelines for quarantine management, monitoring of ports of entry, protocols for early detection, screening and clinical management. In February 2020, all Surinamese hospitals conducted, with technical guidance from PAHO / WHO, a self-assessment of their readiness to respond to the COVID-19 pandemic. Each hospital identified gaps in several areas such as infection prevention and control, human resource capacity, and other parameters were required to

59. It has also implies an update to PAHO fiscal space study. See <https://www.paho.org/en/news/17-4-2019-pahowho-suriname-presents-fiscal-space-study-health>.

implement recommendations to improve their readiness. The clinics at the first level of care received training, equipment and supplies to prepare them to respond to COVID-19 and received guidance on how to reorganize services to respond to COVID-19 while maintaining essential health services. The BOG's⁶⁰ Epidemiology Unit and Contact Tracing team was trained and equipped to respond to suspect and probable cases and to enter this data into the Go. Data platform – a digital outbreak investigation software provided by PAHO.

To improve the country's preparedness, PAHO and the Ministry of Health continuously used forecasting tools to estimate the essential supplies and human resources needed to effectively respond to COVID-19 and to coordinate donor support offered to the country. Online courses on COVID-19 developed by WHO were translated into Dutch to make them more accessible to all health workers in Suriname and to build their capacity in putting on and taking off PPE, infection prevention and control, and hand hygiene.

To facilitate the wide dissemination of messaging on public health measures to protect persons against COVID-19, the Ministry of Health and its partners coordinated risk communication and community engagement activities throughout the country including in the interior through collaborations with various Indigenous and Tribal groups. An array of print and electronic media materials was developed in multiple languages to communicate effectively with vulnerable groups including those with non-communicable diseases and mental health disorders.

The Government's experience in preparing for COVID-19 has also created a unique opportunity to chart a new path for public health in the country. Suriname is seeking to strengthen its capacity in health emergency preparedness beyond COVID-19 through cross-sectoral engagement and collaboration to develop and maintain capacities to prevent, detect and respond to future outbreaks, epidemics and pandemics.

60. Bureau van Openbare Gezondheidszorg (BOG) is the Bureau of Public Health which houses the Central Laboratory.

5.2

PREPAREDNESS: SOCIAL SAFETY NET

The current system is challenged by a lack of sustainable financing mechanisms; 9.4% of the population (~53,000) who are multidimensionally poor, and an additional 4.5% who are classified as vulnerable to multidimensional poverty (~25,000), currently do not have access to the social protection net system.⁶¹ In terms of its social safety net, Suriname has approximately seven cash or in-kind transfer programmes administered by the Ministry of Social Affairs and Public Housing:

1. The financial assistance programme (FB);
2. The Alivio complement;
3. The allowance for people with disabilities (UPH);
4. The child allowance;
5. The food for kids' in-kind provision (meals);

6. The school supplies allowance, the school fees allowance (run by the Ministry of Education); and

7. The Social Health Card

Very little systematic and comprehensive recent information (administrative cost per benefit, targeting efficiency particularly under- coverage, adequacy of benefits, evaluations of their efficacy etc.) on these programmes is available. Further, the system is challenged by a lack of or absence of a sustainable financing mechanism. The system is not shock responsive as no automatic stabilisers are in place to mitigate negative shocks and avoid the poor from falling further into poverty as a result of the economic crisis.

The Government, through the Ministry of Social Affairs, is developing a Multi-Purpose Grant (MPGs) or a Multi-Purpose Cash Transfer (MCAs) strategy to reach the most deprived households. The Multi-Purpose Grant (MPGs) will be a regular or one-off cash transfer corresponding to the

61. Suriname Multidimensional Poverty Index (MPI) 2010, National Bureau of Statistic. (reference HDI 2019 Report

amount of money a household needs to cover, fully or partially, a set of basic and / or recovery needs. The MPG / MCA aims to meet a Minimum Expenditure Basket (MEB) or other calculation that determines basic needs but can also include a one-off or recovery cash transfer. Based on the evidence of past results across different sectors through investments in targeted Social Security Allowances (term used to refer to different Social Protection schemes / measures), creating the necessary fiscal space will allow the Government's commitment to the Universal Child Grant roll-out. This would require an increase from the current 0.22 % of the GDP to 0.35% of the GDP.

5.3

PREPAREDNESS: ECONOMIC GOVERNANCE

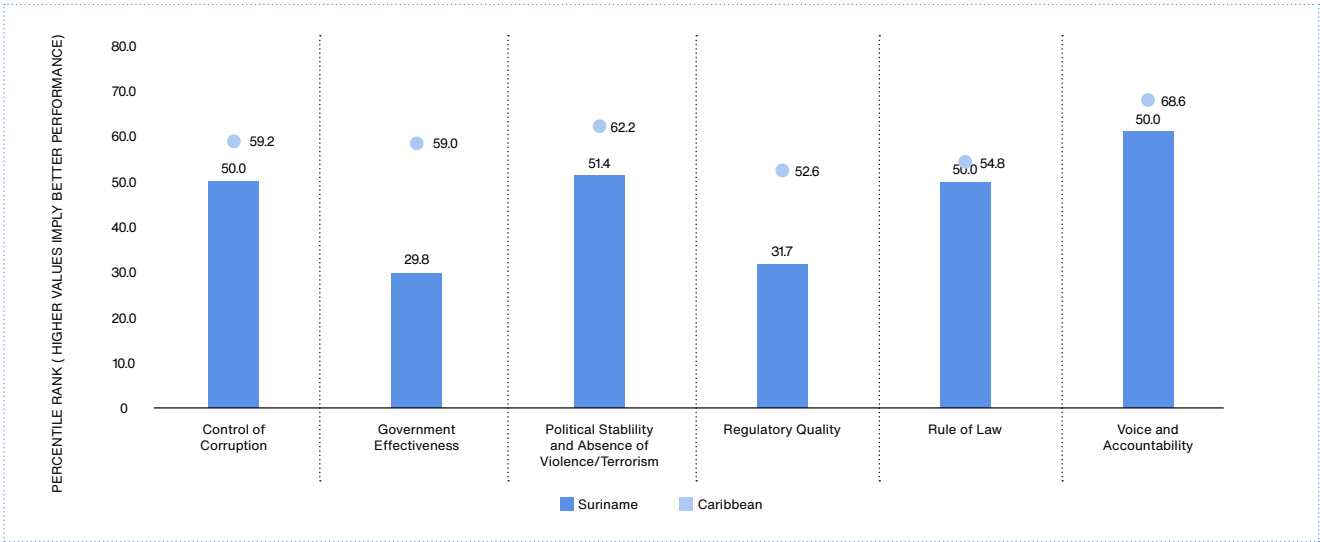
Studies⁶² show that when incomes rise, governments tend to become more democratic. Yet, some political science scholars imply an exception to this: when

rising incomes are traced to a country's oil wealth, it is suggested that the democratizing effect could shrink. It is important to note that this claim that oil and democracy do not mix is often used by specialists to explain the democratic properties of the Arab Middle East countries though it has not been carefully tested with regression analysis, either within or beyond the Middle East.

A review of the World Bank's governance indicators for Control of Corruption, Government Effectiveness, Political Stability, Regulatory Quality, the Rule of Law and Voice and Accountability, show that Suriname's indicators fall below the Caribbean average (Figure 11). The pattern is similar when using World Economic Forum Data, according to which Suriname performs better than the Caribbean average only for the Reliability of Police Services Indicator (Figure 12).

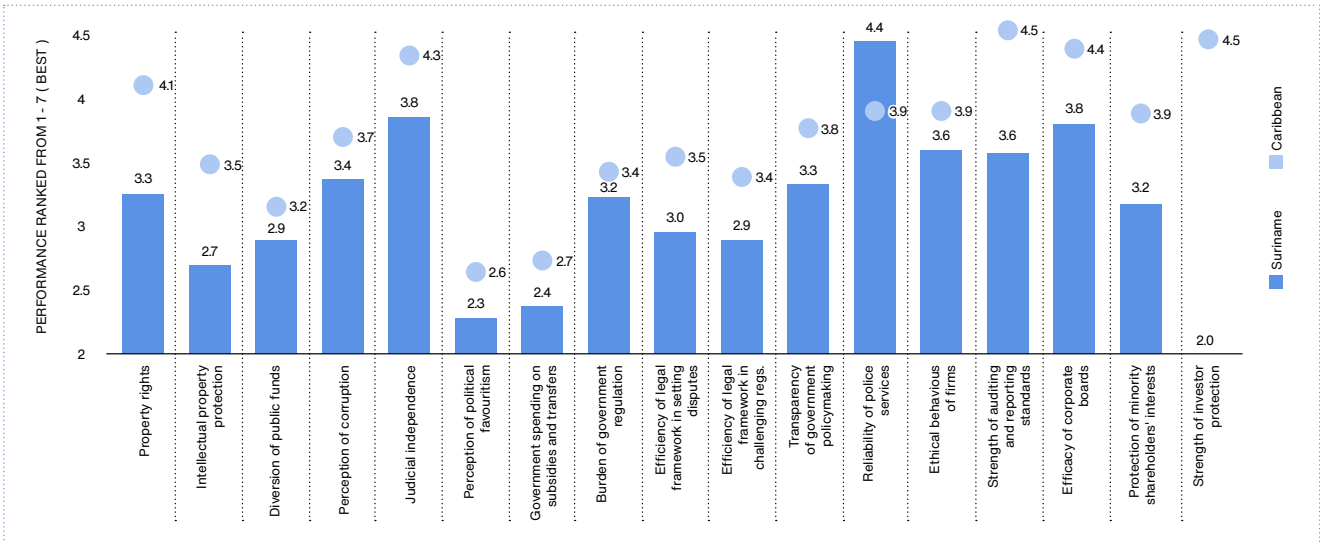
62. See Ross, M. L. (2001), "Does oil hinder democracy?", *World Politics*, 53(3), 325–361. Isham, J., L. Pritchett, M. Woolcock, and G. Busby, "The Varieties of Resource Experience: Natural Resource Export Structures and the Political Economy of Economic Growth," *World Bank Economic Review* 19 (2005):141–74. Shaxson, Nicholas. "Oil, Corruption and the Resource

Figure 11. World Bank's Governance Indicators



Source: World Bank

Figure 12. World Economic Forum's Governance Indicators



Source: WEF (2019)

6. COVID-19 AND POLICY RESPONSE

The COVID-19 shock has been unprecedented for most countries, and Suriname is no exception. First, uncertainty has risen simultaneously throughout the world as concurrent demand and supply shocks effects remain unsettled. Compared to other economic downturns, the COVID-19 pandemic alters economic activity through different channels and on an accelerated timeline. Second, the pandemic's effects are hitting all countries simultaneously. The International Monetary Fund's (IMF) 2020 World Economic Outlook forecasted global growth contracting by 4.9% in 2020.⁶³ Suriname GDP is forecasted to contract

instead of expanding by 2.9%, with an inflation rate of 49.4% instead of 5.4% forecasted in 2019.⁶⁴ Third, any external shock will be compounded with second-round impacts on domestic economic activity through curfews, social distancing measures and travel restrictions. Fourth, the country's health preparedness to deal with epidemic threats matters and carries significant weight, which was not the case with previous shocks.⁶⁵ Fifth, the COVID-19 pandemic comes as firms and households have not recovered fully from the previous external shock and the country's policy buffers remain weak.

63. IMF World Economic Outlook Update, June 2020 – A Crisis Like No Other, An Uncertain Recovery.

64. IMF World Economic Outlook Update, June 2020 – A Crisis Like No Other, An Uncertain Recovery.

65. Global Health Security Index assess a country's technical, financial, socioeconomic, and political capability to prevent, detect, and rapidly respond to epidemic threats. <https://www.ghsindex.org/>.

TABLE 2: SURINAME POLICY MEASURES TO MITIGATE COVID-19 SHOCK OVER THE PERIOD MARCH 2020 – SEPTEMBER 20

PUBLIC HEALTH AND SOCIAL

- As Suriname recorded its first positive (imported) case on **March 13**, the government took swift action, including closing the borders as of **March 14**, closing of schools as of **March 16**, halting public entertainment as of **March 20**, stopping all travel to / from the interior of the country as of **March 25**. On **March 27**, the government implemented a series of measures for two weeks (including limiting gatherings to a maximum of **10 people**, implementing a nighttime curfew).
- On **10 April**, these measures were extended for two more weeks. On **April 24**, Suriname continued to extend all measures for two weeks while businesses and markets have had rolling closures by sector and locality. On **April 29**, new expanded measures for sealing the border were announced due to outbreaks in French Guyana along the Eastern border of Suriname.
- On 9 May the maximum number allowed to gather was increased to **50 people**. On **11 May**, casinos and some public markets were allowed to reopen. On **21 May**, it was announced that the partial lockdown would be suspended on **24 and 25 May** for the country's general elections taking place on May 25, 2020.
- In **early June**, it was announced that the country had entered Code Red whereby the curfew was changed to 6:00PM to 6:00AM, reopened markets and casinos were closed again, and the maximum number of persons at meetings was reduced to **5 people**. Subsequently, due to community spreading of COVID-19 virus, a full lockdown was announced from **June 8** through **June 21**. All schools at all levels continued to remain suspended until further notice. Citizens were required to stay at home, vehicles occupancy was limited to a maximum of **2 persons**, non-essential businesses were closed. On **20 June**, it was announced that the night time curfew would be changed back to 8:00PM to 5:00AM, and that companies and organizations were allowed to maintain regular working hours. Hotels, casinos, places of worship, covered vegetable, fruit, meat and fish markets, brothels and bars remained closed to the public. Residents of old people's and children's homes were allowed to receive visitors, with the understanding that each resident may only receive 1 visitor per day. Drive and walk-through testing provided in different locations.
- On **July 25**, the newly elected President Santokhi announced the COVID-19 measures, whereby it was announced that as Surinamese schools neared the end of the school year, the Government ensured that the educational process for the examination classes at all levels would remain maintained in compliance with the COVID-19 prevention protocols developed by the Government. On **August 19⁶⁶**, the Government announced a series of total **weekend lockdowns** (which lasted until **September 14**), with a warning that measures could gradually move to a total lockdown if society did not comply with the restrictions. During the weekdays, prohibitions were set on going out between 8:00 PM and 5:00 AM with the exception of medical emergencies and essential services.
- To this date, the curfew from 8:00 PM to 5:00 AM remains in force. The borders remain close, unless permission is granted by the COVID-19 management team for urgent reasons and public transport is permitted in strict accordance with the public transport COVID-19 protocol. Finally, the Government has also instituted strict safety guidelines to ensure that government offices can remain open.⁶⁷
- As support in addressing the COVID-19 pandemic, Suriname has received aid and resources from various countries since March, including the Netherlands, United States, Cuba, China, Brazil, India, World Bank, EU, United Nations, and other international partners.⁶⁸ Suriname received aid from Cuba in the form of medicine and 50 health professionals who are in the country to assist. The Netherlands also assisted the country with additional health professionals (Doctors).

66. COVID-19 Preventie Protocol Voor Transport Sector.

67. COVID-19 Preventieprotocol Overheidsinstanties Gerecht (September 12, 2020).

68. Press Release: The United States Provides Assistance to Suriname to Respond to COVID-19.

FISCAL

- SRD 5 million has been promised to a provisional COVID-19-related budget for health services.⁶⁹ There are also funds being made available for Surinamese citizens stranded abroad who cannot repatriate due to the ban on incoming flights.⁷⁰
- On April 8, the Government passed the COVID-19 Exceptional Condition Act⁷¹ that is in force for 3 months and may be extended for another 3 months. The Act supersedes all prior laws and consists of the following measures:
 - Provides SRD 400 million for health-related spending, converts all current government debt to the Central Bank to long-term debt and removes barriers to further monetary financing;
 - Removes the law on the public debt limit;
 - Allows the Government to exceed the budget without having to inform Parliament;
 - Gives the Government control over all media regarding the crisis;
 - Allows the Government to prosecute media for any news it deems as fake;
 - Grants the Government power to take any unused private land or building for use to address the crisis.⁷²
- An SRD 300 million (1.3% of GDP) Emergency Fund was created to fund aid facilities.⁷³ More specifically, the following social support measures for vulnerable groups were announced for a period of 6 months:
 - The General Children's Allowance was increased to SRD 1,000 per household;
 - SRD 525 was added to the General Old-Age Provision per person per month for people who live on just this provision;
 - An allowance for pensioners from SRD 500 per month;
 - Increased benefit from SRD 325 to SRD 1,000 per month for people with disabilities;
 - Increased benefit from SRD 37 to SRD 250 per month for weak households;
 - Unemployment benefit of SRD 1,500 per month in the COVID-19 framework.
 - SRD 50 million from this Emergency Fund was allocated to the Residential Building Fund, targeting groups who do not have their own home or are not able to pay rent.⁷⁴
 - Extended the existing tax credit from SRD 125 to SRD 750 per month⁷⁵ in May 2020.
- In August 2020,
- On September 18, 2020, Parliament approved a State submitted short-term proposal to address the current financial and economic situation in the country⁷⁶, which included measures to support the most vulnerable groups in society, by strengthening the social safety net and implementing adjustments targeting the most vulnerable groups. The motion that had been submitted, included the following:
 - To continue to support vulnerable groups in society through a good social safety net, whereby the following adjustments are necessary:
 - General Old Age Pensions (AOV) from SRD 525 to SRD 750 per month;
 - General Child Benefit (AKB) from SRD 50 to SRD 75 per month;
 - Financial assistance for people with disabilities from SRD 325 to SRD 500 per month;
 - Maintain the tax credit of SRD 750 per month;
 - Intensify controls on inflows so that society is protected;
 - To set maximum selling prices for 30 basic goods; and
 - Make the purchase and distribution of the goods transparent.
 - Furthermore, it has been requested to increase the income of the state through: increase control and adjustment of royalties in small-scale gold mining; adjustment of land rental rates and rapid implementation of land conversion; increase in control of roundwood and fish exports; rationalize utility tariffs, accompanied by screening of these companies; request gold companies to make an extra contribution for a crisis levy; continue to consult with relevant groups to ensure that the measures to be taken take place in harmony; intensify communication with society in order to increase involvement and understanding in society; among others.

69. DWT – Voorloopig Coronabudget SRD 5 million.

70. Policy Response to COVID-19, IMF, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

71. Wet uitzonderingstoestand COVID-19 goedgekeurd (April 8, 2020).

72. Law Exceptional Condition (PDF).

73. Regering maakt sociaal pakket met verhogingen bekend. <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/58551>.

74. Regering maakt sociaal pakket met verhogingen bekend. <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/58551>.

75. Heffingskorting belastingen van SRD 125 naar SRD 750. <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/58552>.

76. DNA – DNA Stemt voor Motie Regering Over te Treffen Maatregelen (<http://www.dna.sr/nieuws/dna-stemt-voor-motie-regering-over-te-treffen-maatregelen/>).

MONETARY AND MACRO-FINANCIAL

- Central Bank allowed commercial banks to grant deferrals for to 6 months to businesses and individuals.⁷⁷
- The Central Bank allowed commercial banks to provide new short-term loans to private sector companies, institutions and to individuals affected by the pandemic at a special interest rate of 7.5% per year, which is lower than current market rates.
- Central Bank announced that it would lower the domestic currency reserve requirement from 35% to 27.5%.⁷⁸

EXCHANGE RATE AND BALANCE OF PAYMENTS

- Although official rate remained at 7 SRD / USD, commercial banks were allowed to exchange in a band of 12 to 14 SRD / USD and transaction offices (Cambios) at other rates.⁷⁹ On September 21, the Central Bank of Suriname officially announced the "unification" rate, leading to a depreciation of the Surinamese currency of 86%.⁸⁰

Source: Policy Response to COVID-19, IMF, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>, and Economic Commission for Latin America and the Caribbean, ECLAC. COVID-2019 Observatory for Latin America and the Caribbean: measures by country. <https://cepalstat-prod.cepal.org/forms/covid-countrysheet/index.html?country=SUR>.

6.1 POLICY BUFFERS

In 2019 the policy buffers were low: The fiscal balance was -5.9% of GDP and debt was 75.6% of GDP while the current account of the balance of payments was -5.7% of GDP and foreign reserves import coverage was 2.8 months. However, the size and sign of external shock in 2020 is different.⁸¹ Regarding the size of the

commodity shock in 2020, there is a fall in crude prices but simultaneously a rise in gold prices⁸² and most likely a fall in remittances⁸³ and tourism.⁸⁴ In March 2020, crude oil prices fell by 50% compared to December 2019, during the same period gold prices increased by 8%. Gold is more important now in terms of exports and revenues. However, it is unclear how much of the positive export shock will ease the fiscal constraints, in

77. Policy Responses to COVID-19, IMF, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

78. Policy Responses to COVID-19, IMF, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

79. Data as of August 2020.

80. Wisselkoers US\$: SRD 14.018 aankoop en SRD 14.29 verkoop (September 21, 2020): <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/60763>.

81. Export shock defined as year to year change in exports as a percentage of the previous year's GDP (all in nominal terms).

82. Gold prices continue to edge higher in 2020, reaching an all-time high of USD\$1,902/toz on July 24. Gold prices benefited from strong demand for safe-haven assets following record-high global uncertainty and widespread negative economic data arising from the COVID-19 crisis.

83. The Inter-American Development Bank implemented an online socioeconomic survey over a period of almost three months, from April 16 to July 5, 2020. 1,866 responses were collected for Suriname with a mean household size of 5. According to this survey, 42.9% of surveyed households that received remittances in January 2020, had stopped receiving them by April 2020.

84. For Suriname's the macroeconomic impact of tourism is small, as tourism accounts for a small share of employment (3.4% of total employment), export revenue (3% of total exports), and GDP (3%), hence will not be a major factor in the evolution of the overall economy.

that it can be used to finance the increased expenditures required to tackle COVID-19. Gold production and export are partially in hiatus in 2020 due to export transport issues. Furthermore, revenue does not go into government's general fund but rather to an earmarked account to service the two bond issues that were backed by gold and Staatsolie's dividends revenue.⁸⁵ Debt service on the 2023 and 2026 bonds totaling USD \$94 million in 2020 exceeds the 2017 – 2018 levels of relevant gold royalties (USD \$22 million average) and Staatsolie dividends (USD \$41 million average). Pressures imply an increased default risk as the escrow account may be used for other expenditures.⁸⁶

This also raises the concern of financing the budget in general. Parliament had increased the debt limit to 95% of GDP from 60% in November 2019. In addition, more than 75% of the debt is denominated in foreign currency, further increasing vulnerability to devaluation of the Suriname dollar. While the Central Bank had ceased monetary financing

of the budget via a Memorandum of Understanding with the Ministry of Finance in 2016, the Government cancelled the MoU in March 2019 and is allowing financing from the Central Bank. Given the limited net external disbursements and commercial bank exposure to the Government (~9% of GDP at the end of 2019), the Central Bank ramped up lending to the Government in 2020, providing net financing totaling 16% of projected annual GDP during January-June 2020 and raising the stock of Government liabilities held by the Central Bank to 23% of GDP at the end of June 2020.⁸⁷

6.2

MEASURES TAKEN

The country has implemented almost the full gamut of social-health containment measures, many of which are still in place despite being relaxed temporarily during the May 25th general elections. Table 2 summarizes Suriname's policy measures to control and mitigate the effects of

85. The government issued USD125 million 2023 notes (3.4% of GDP) in December 2019. The yield on Suriname's other USD550 million 2026 notes breached 16% temporarily on subordination concerns. As a result, investors agreed to the depositing of gold royalties, proceeds from electricity sales to a gold company, and dividends of Staatsolie, into the same escrow account for servicing the 2023 and 2026 bonds.

86. However, an agreement was reached with bondholders on July 9 2020 to the Government's "consent solicitation" to amend the amortisation schedule of Suriname's 2023 notes.

87. See Note by Fitch. <https://www.fitchratings.com/research/sovereigns/fitch-upgrades-suriname-lt-fc-idr-to-cc-16-07-2020>

COVID-19: the measures are divided into 1) Social-Health measures, 2) Fiscal, 3) Monetary and 4) Exchange Rate. In addition to health and containment measures, special funds have been created and directed to the health sector (see Table 2 for details). Furthermore, fiscal measures have been directed at easing the financing constraint, including dropping the limits to debt financing and introducing a solidarity tax on income.

In March 2020, the Government introduced a new legislation called “Act on the Currency Transactions and Transaction offices.” With this Act, local foreign cash transactions were banned, aiming to reduce the demand for cash in foreign currencies for settling local transactions (this restriction does not apply to wired transfers). The transactions offices (Cambios) were required to sell their ForEx to the Central Bank of Suriname against the Central Bank fixed exchange rate (the exchange rate is determined by the Central Bank of Suriname oppose to the market⁸⁸). This Act was viewed as controversial by different stakeholders with concerns of

possible market distortion and emerging black-market transactions, and ultimately, in May 2020, the Act was suspended.⁸⁹

The country has been experiencing a shortage of foreign currencies⁹⁰ which contributed to the parallel market exchange rate: the US dollar had been trading at almost double the official rate on the black market. Amid the economic crisis and the growing mismatch between the official and black-market exchange rates, a devaluation of the Suriname dollar for 2020 was foreseeable. While the Suriname dollar had been stable at an unofficial peg of SRD 7.45 : USD \$1 since August 2017, but had been clear signs that this level was unsustainable, including the widening black-market premium, the tightening of foreign-exchange controls, and the renewed slide in foreign reserves since mid-2019.⁹¹ On September 21, the Central Bank of Suriname officially announced the “unification” rate⁹², leading to a depreciation of the Surinamese currency of 86%.⁹³

The new administration, issued on the 7th

88. <https://www.srherald.com/suriname/2020/03/23/president-bouterse-bekrachtigt-omstreden-valutawet/>

89. <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/58455>

90. <https://flagships.iadb.org/en/caribbean-region-quarterly-bulletin-2020-q2/suriname>

91. Economist – Suriname: Country Outlook (September 30, 2020).

92. Wisselkoers US\$: SRD 14.018 aankoop en SRD 14.29 verkoop (September 21, 2020): <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/60763>.

93. Wisselkoers US\$: SRD 14.018 aankoop en SRD 14.29 verkoop (September 21, 2020): <https://www.starnieuws.com/index.php/welcome/index/nieuwsitem/60763>.

of August 2020, an Exception Situation Act, which facilitates the Government's policy response to COVID-19. It establishes an Outbreak Management Team (OMT) to coordinate the Government's response and imposes fines and / or imprisonment of up to 6 months on those who violate the prohibitions, obligations, measures or regulations established by the presidential decree. The decree sets out the Financing Exception situation from the emergency reserve. In addition to an initial amount of SRD of 1.5 billion, the reserve fund will draw upon Government contribution, including voluntary contributions from state-owned companies; donations and gifts from national and international organizations for the purpose of dealing with the civil emergency. Finally, regarding communication in order to guarantee that citizens receive timely, correct, accessible and comprehensible information, the holders of broadcasting licenses of any kind are obliged to guarantee broadcasts of the information and instructions to be given by the Government to the citizens and the Government is authorized to take measures

with regard to those who disseminate incorrect reports and information which are harmful to society.

Regarding Suriname's health response, a number of measures have been taken to confront the pandemic. In June 2020, a Comprehensive National Preparedness and Response Plan for COVID-19 was created in partnership with the Inter-American Development Bank (IDB) and PAHO in Suriname. There is an active COVID-19 hotline number system which links suspect cases and contacts with the health sector for further screening, triage and investigation. Suriname has also developed and disseminated messages at Points of Entry for both travelers and staff working at airports, land and sea crossings. In the area of surveillance, BOG, Suriname's Bureau of Public Health, tracks and reports basic data on suspected and confirmed COVID-19 cases and deaths disaggregated by age, sex and location. During the period January 2020 to July 2020, Suriname expanded its COVID-19 laboratory testing capacity to run 200 tests per day. Suriname has a

central mechanism for the procurement, management and distribution of medicines to health facilities and pharmacies, which has been stretched.⁹⁴ The supply of medicines for essential health services in Suriname has been adversely affected. Medicines for select communicable and non-communicable diseases and for the management of patients in ICU are low in stock with no current identified plan for replenishing supply in a timely manner.

Given limited resources in the health sector, Surinamese authorities are facing a trade-off between meeting the demands of COVID-19 and traditional health services. Additionally, there is no formally established process for phasing the reallocation of capacity based on triggers associated with the transmission scenarios in the country. This process would include strategies for deploying additional human resources, repurposing health workers within the limits of training and skills, and / or redistributing roles among health workers. There is a significant diversion of resources that is taking place in the health system, hence

there is a strong likelihood of excess morbidity and mortality due to non-COVID related illness.⁹⁵ Beyond reducing COVID-induced morbidity and mortality, containing the outbreak has endangered the delivery of essential health services, which provide preventive measures such as immunisation, family planning services, pre- and post-natal care interventions and addressing communicable and non-communicable diseases.

6.3 COMMUNICATION AND COMPLIANCE ISSUES

Since the beginning of the pandemic in March, authorities have grappled with problems of effectively communicating policy measures and ensuring compliance by the population. According to Figure 13, Surinamese citizens rely heavily on social media, which tends to be prone to misinformation, while relying less so on traditional media. According to Figure 14, there is a misunderstanding of which

94. To facilitate contact tracing and outbreak investigation, the government team uses go. Data - a WHO/GOARN epidemiological tool.

95. See Robertson T. et al (2020) "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low- income and middle-income countries: a modelling strategy" *Lancet Global Health* 8.e 901-08, that uses LIST estimates of indirect child and maternal deaths resulting from service disruptions during the COVID-19 pandemic. [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1).

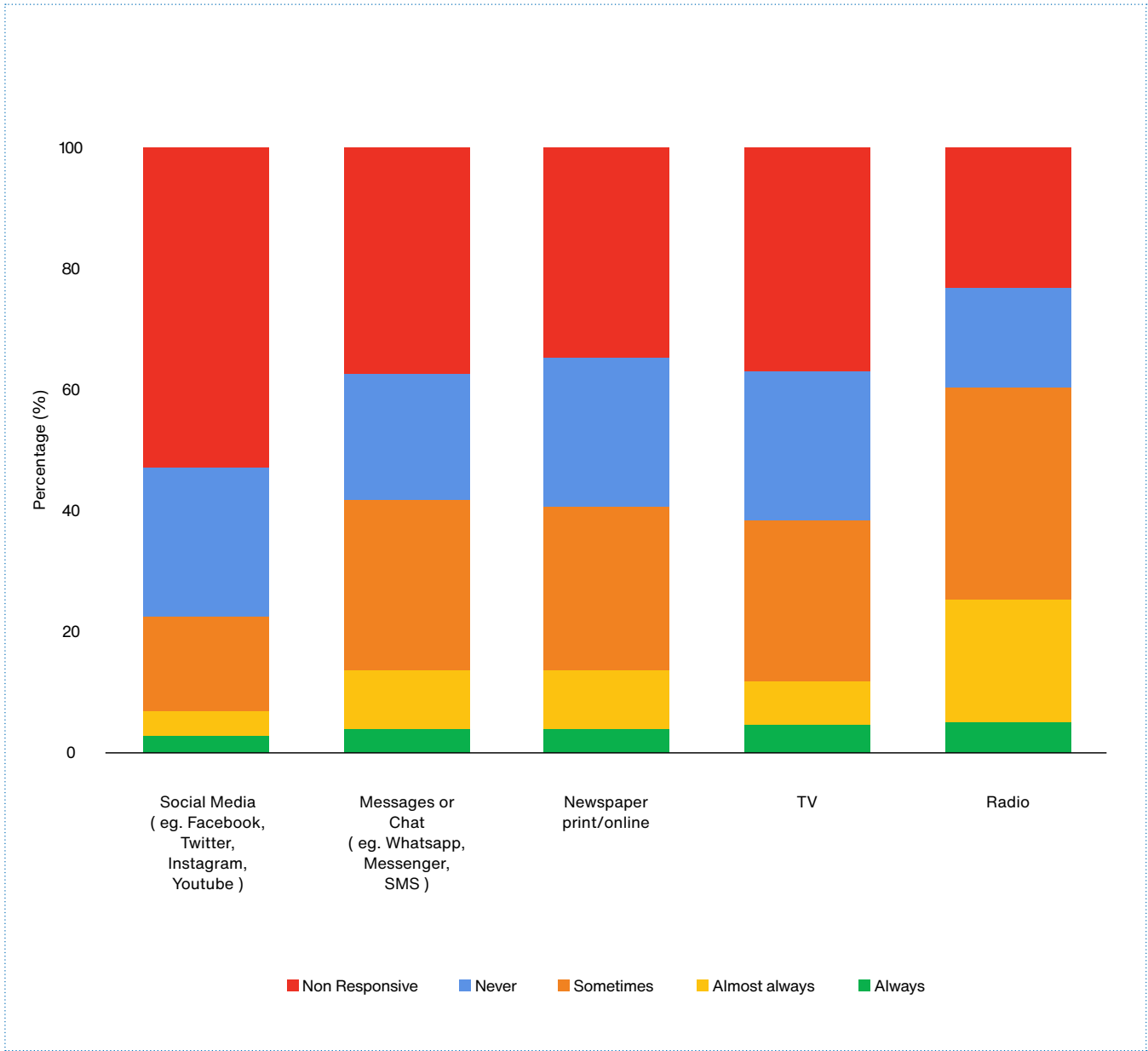
activities are recommended versus which are discouraged. Further exacerbation of community infection is endangered by misunderstanding of prohibited activities and / or non-compliance with health recommendations. In answering the question on which activities are recommended during the pandemic, the response was: 91% believed going to church is recommended, while 88% believed attending meetings with family and 91% believed attending meetings with friends and neighbours. It is no surprise then (see Figure 15) that 87% reported going to church or temple, 56% attended meetings with friends or neighbours, 72% visited a bank branch possibly reflecting high cash transactions combined with few ATMs. Social distancing in practice is picked up in Figure 16, where respondents answered the survey question on which people are practising social distancing;

respondents answered “not at all or partially” to the following members of society: 71% household members, 50% youth, 35% the elderly, and by economic class 36% the rich and 45% the poor.⁹⁶ Support for existing policies and policy preferences are shown in Figure 17. 60% agree that COVID-19 should be the Government’s priority. The majority are in favour of harsher penalties, including fines, social shaming (publication of names), and arrest, for non-compliance of the containment measures and banning foreigners’ entry to the country.⁹⁷

96. IDB (2020) Online Survey (April-July 2020). <https://publications.iadb.org/publications/english/document/COVID-19-The-Caribbean-Crisis-Results-from-an-Online-Socioeconomic-Survey.pdf>.

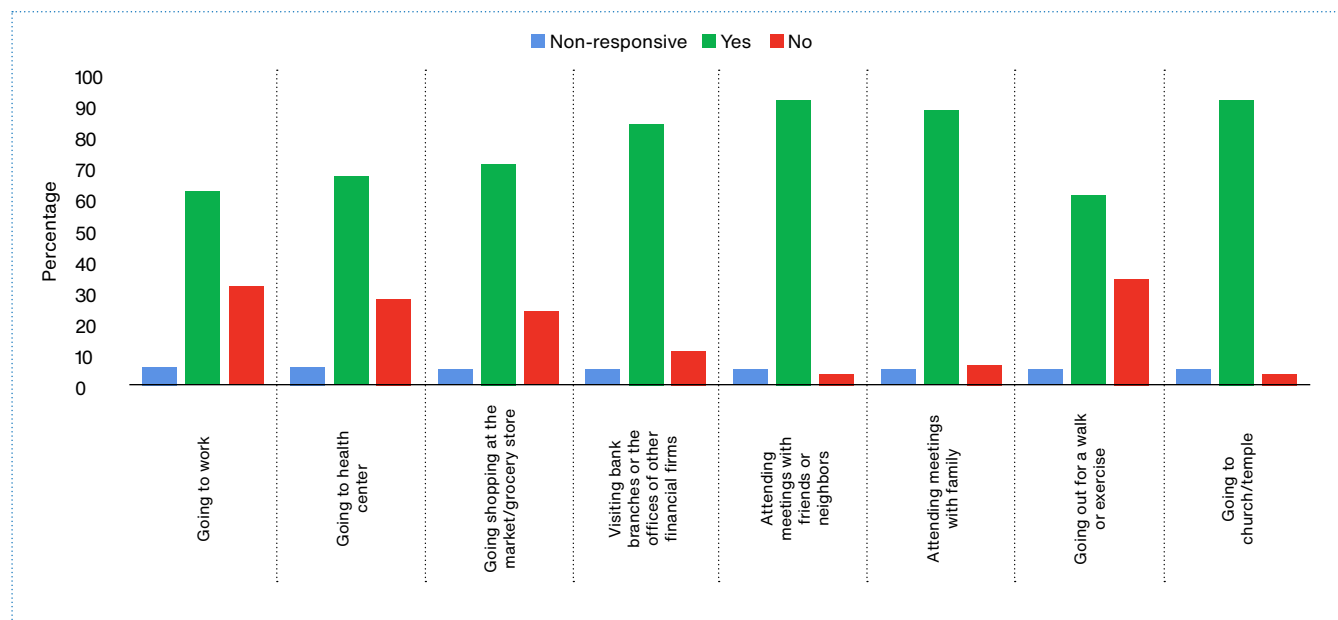
97. The increasing reports of violations of, lockdowns and curfews the police were brought in direct confrontation with suspected offenders. Whilst the police and government promptly arrested and prosecuted some suspected offenders, they mostly utilized persuasion and sensitisation, targeted quarantine of difficult neighbourhoods and mounted roadblocks to discourage violations. Nevertheless, these proactive policing approaches did not erase the tension between them and some communities, due age-long distrust.

Figure 13. Public's Source Of Covid-19 Information



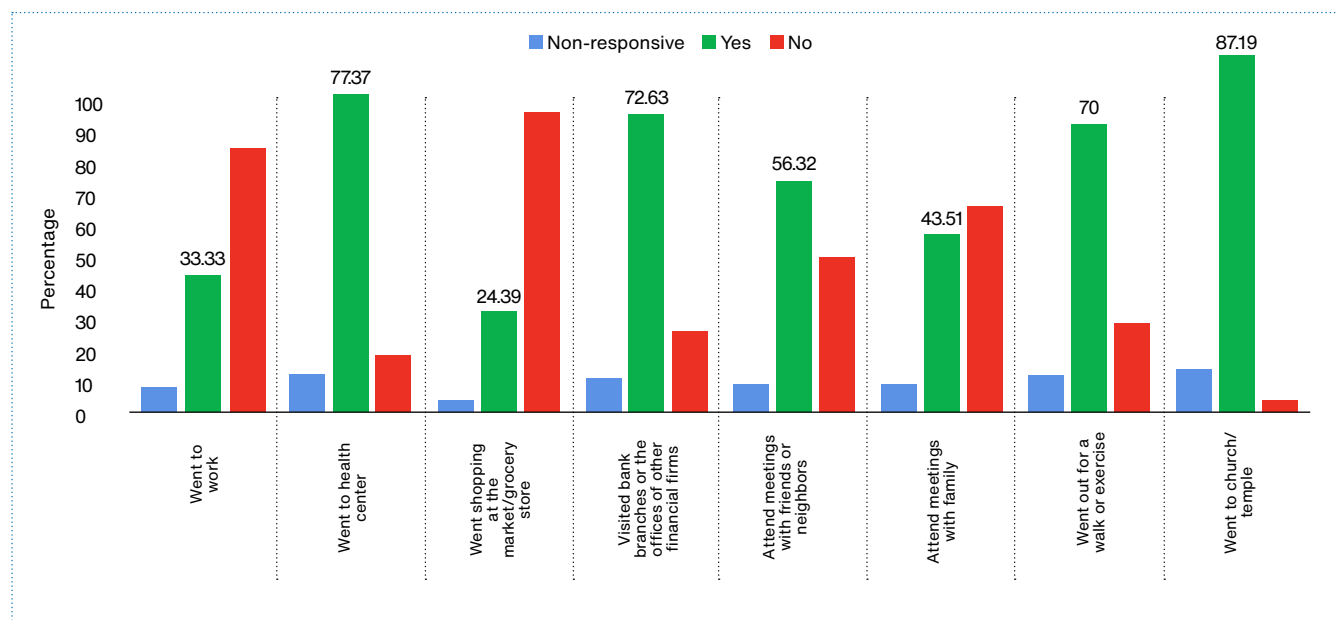
Source: IDB (2020) Online Survey (April-July 2020)

Figure 14. Public's Understanding of COVID-19 Policies



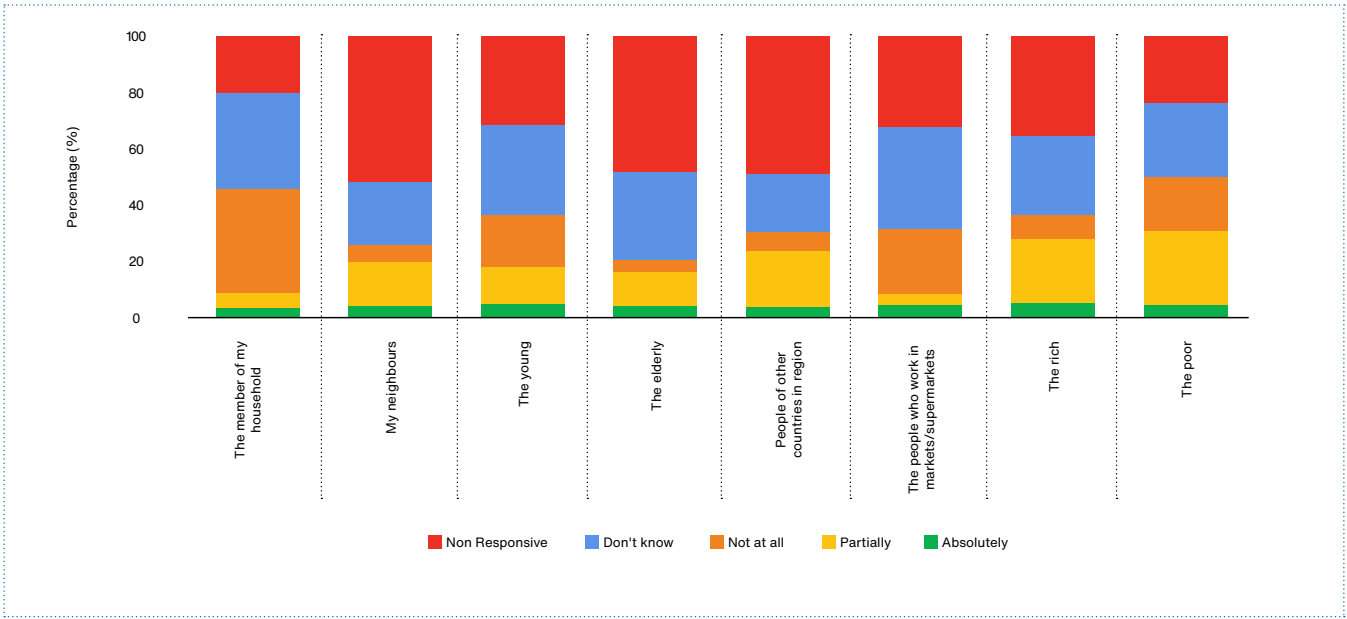
Source: IDB (2020) Online Survey (April-July 2020)

Figure 15. Reports on places visited during the pandemic



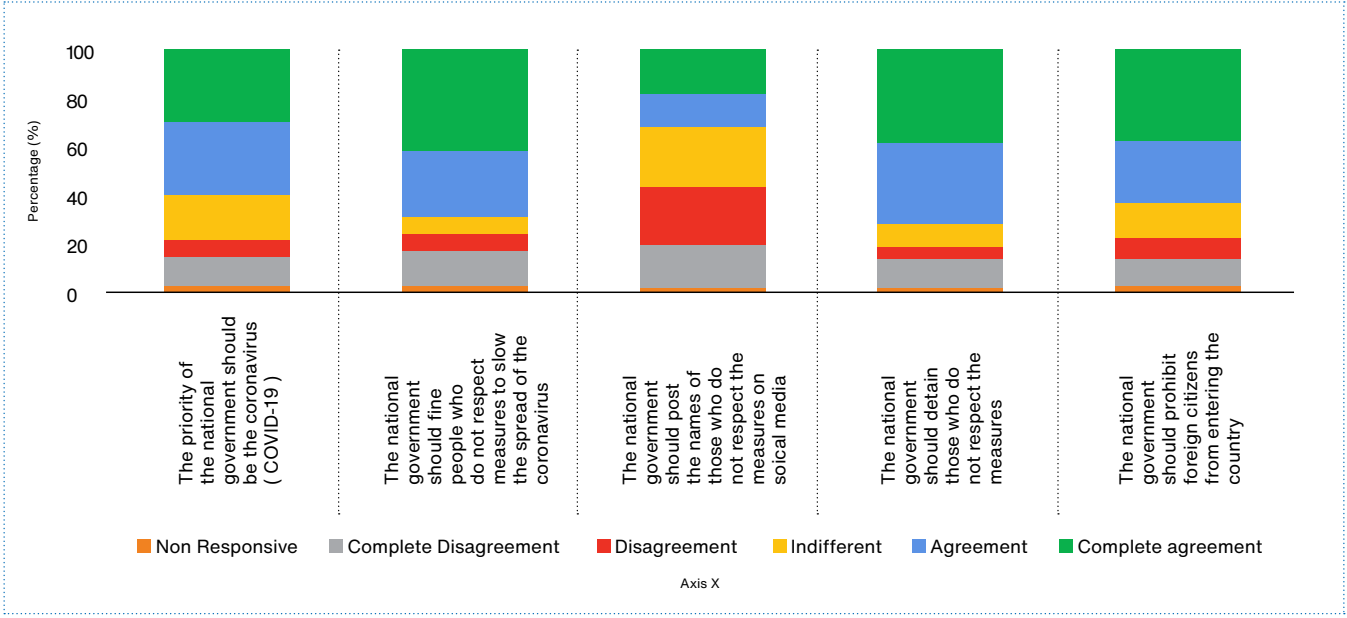
Source: IDB (2020) Online Survey (April-July 2020)

Figure 16. Social Distancing In Practice



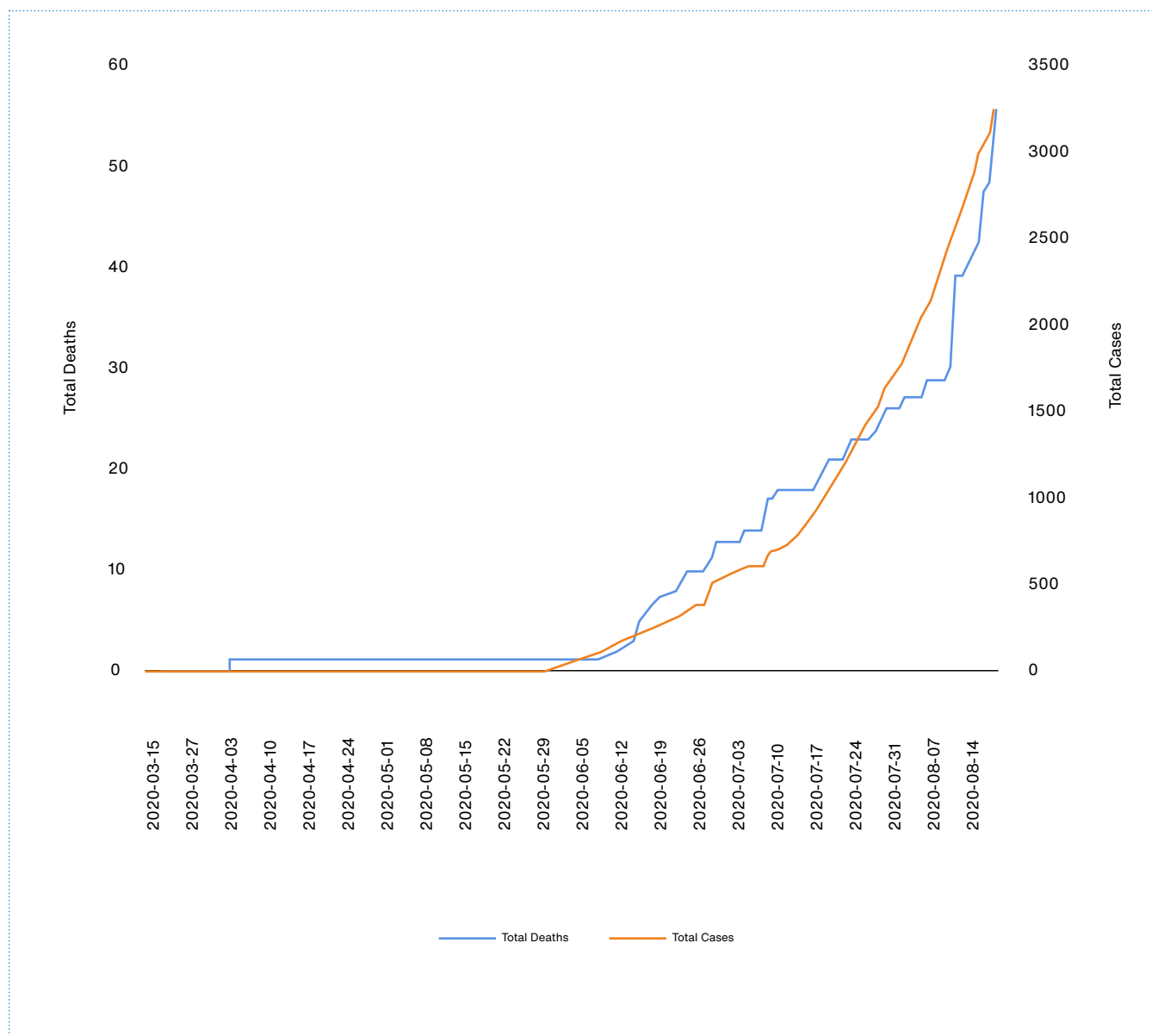
Source: IDB (2020) Online Survey (April-July 2020)

Figure 17. Support For Harsher Penalties For Non-Compliance



Source: IDB (2020) Online Survey (April-July 2020)

Figure 18. COVID-19 Total Cases and Total Deaths



Source: <https://ourworldindata.org/coronavirus/country/suriname?country=~SUR>

7. SOCIO-ECONOMIC RESPONSE

The short-term impact of the pandemic on households and businesses has been devastating particularly for the poor. While detailed data on income loss is not yet available, this assessment relies on a preliminary set of data from a recent survey conducted by the Inter-American Development Bank (IDB) in Suriname, whereby a comparison of households' situations is compared between January 2020 and April 2020.⁹⁸

7.1 INCOME LOSS

Impacts on job loss and business closure have translated into reductions in income: 48% of households reported lost income with 47% attributing the loss to business closure⁹⁹, 26% due to job loss and 14% due to rental income loss in a comparison between January and April 2020 (Figure 19).¹⁰⁰ These overall effects obscure highly

unequal impacts across income levels prior to the pandemic (Figure 20).¹⁰¹

The percentage of households reporting job losses declines monotonically with income in January 2020, prior to the onset of the pandemic. In the case of business closures, the decline is similar though less dramatic. Households reporting income of less than the national monthly minimum wage for January 2020 experienced the largest impacts, with nearly 36% reporting that a household member lost their job and 50% reporting that a household member closed their business (see Figure 20), which is in contrast with the impacts reported by respondents with the highest household incomes (more than 4 times the minimum wage). Among the highest income respondents, 15% reported that a household member lost their job, and 43% reported that a household member closed their business. The share of households with incomes marginally above the national

98. Using the data from IDB Online Survey, carried out between April and July 2020.

99. Unfortunately, data gaps in the survey do not allow us to determine the type of business/occupation.

100. Although the Suriname case is lower than the other two Caribbean commodity exporters, with Guyana of 71.6% and Trinidad and Tobago of 70.1% of households reported an income loss.

101. We discuss income categories as multiples of minimum wage. In Suriname the minimum hourly wage is 8.40 Suriname dollars.

minimum wage declines between January and April 2020, suggesting that many vulnerable households expect to fall into poverty.

One potential explanation for these patterns is that high levels of informality in the country could be limiting the ability of the most vulnerable households to maintain their sources of income as the type of policies to prevent the spread of the virus affects informal workers more. Informality is often more prevalent in four sectors: 1) Hotel and Restaurants, Retail, Transportation, and Construction. As most informal and self-employed workers tend to work in jobs requiring face-to-face interactions such as those in the retail or services sectors, as opposed to office or industry jobs, the set of policies around containment may lead to larger disruptions in labour markets (see Figure 21).

Another factor impacting income loss is

the difference in ability to telework, which could be one reason why the negative impacts of the pandemic are concentrated among households with lower incomes. Among respondents that are still employed, the share of respondents that report working from home during the past week is monotonically increasing with household income of January 2020. 35% of workers from low to middle income households reported working from home, while 46% of workers from the highest-income households reported working from home.

The reported income loss also reveals the shortcoming of the social safety net as the findings also reveal the lack of, and urgent need for, a comprehensive social safety net which could have acted as an automatic stabiliser: additional assistance to existing beneficiaries (vertical extension to prevent the poor from falling further into poverty) and increase of coverage to

reach additional beneficiaries (horizontal extension of existing programs to mitigate the impact on new people falling into poverty). Regarding additional policies and programmes, the survey suggests that: the provision of transfers to buy food (57%),

the use of online platforms to do so (65%), subsidising businesses to retain their employees (71%), applying price controls (79%), and reducing public officials' salaries (60%) are popular responses (see Figure 22).

Figure 19. Income Shock by Source

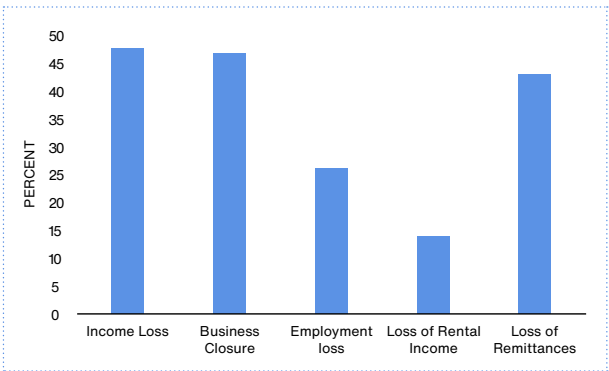


Figure 20. Income Shock by Income and Source

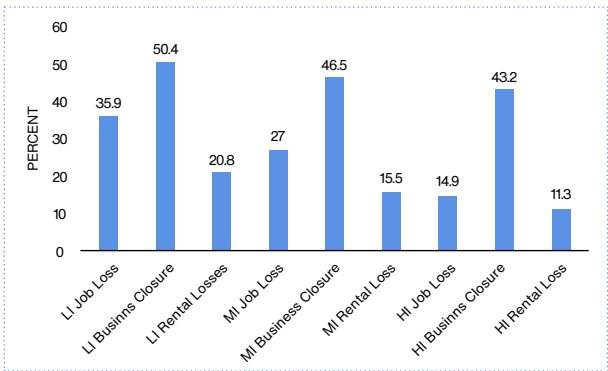


Figure 21. Sectorial Origin of Loss of Income

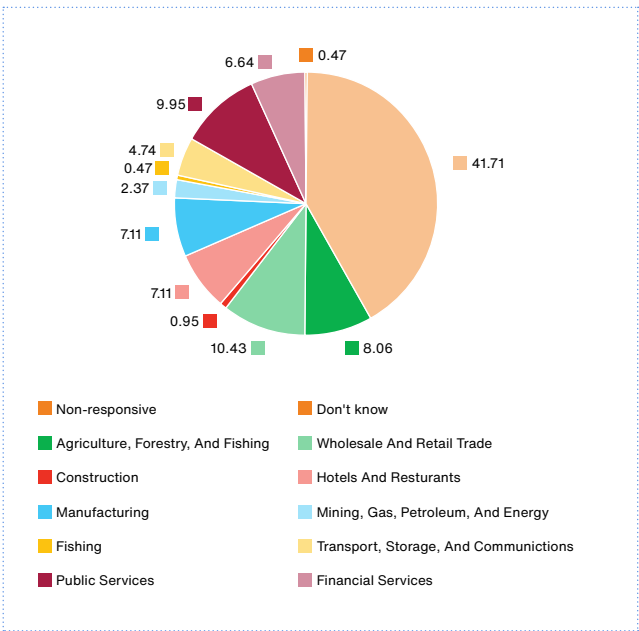
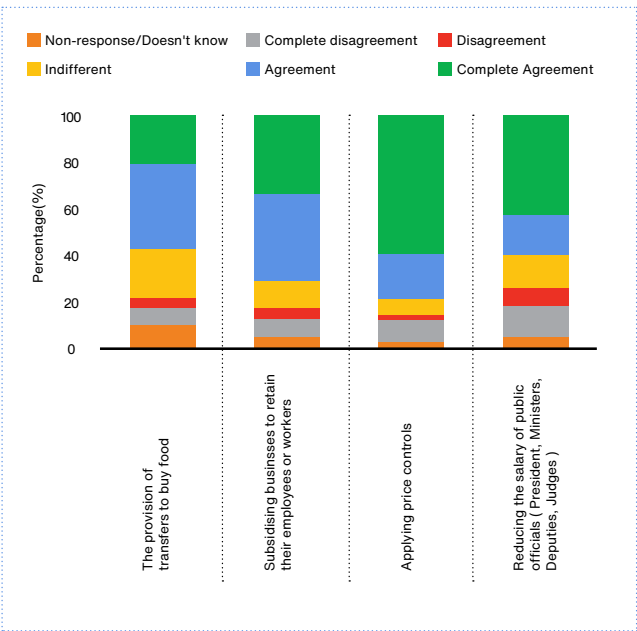


Figure 22. New Social Safety Net Programmes



Source: IDB (2020) Online Survey (April-July 2020)

7.2

FOOD SECURITY & VALUE CHAIN DISRUPTION

The Government of Suriname has identified agriculture as a priority area and a key driver for future development. One of the Government's main objectives is to be a major producer and supplier of food for the Caribbean Region, and to stimulate entrepreneurship, value chains and innovation in the agriculture sector. However, agriculture production has gradually fallen behind in competitiveness over the years, resulting in a widening deficit of the country's agriculture and food trade balance.

The Agriculture Sector contributes 10% to GDP and the sector consists of approximately 10,000 to 12,000 small holders who produce rice and bananas, poultry, cattle, pigs and small ruminants, providing employment and income to some 17% of the economically active population. Productivity has stagnated in recent years, mainly due to inadequate crop production management practises and types of investment in the sector. The

domestic market for fruit and vegetables is limited and the growth potential is constrained by several factors, including relatively cheaper imports. Although the devaluation of the country's currency in late 2015 made local produce cheaper, the foreseen growth in exports, did not occur. The main barrier to exporters and / or the processing industry purchasing primarily from local producers, is the limited ability of local farmers to deliver the required quantities and quality of produce in a timely, consistent and competitive manner. Most farms are small and lack inputs, equipment, and / or infrastructure; furthermore, most farmers do not possess the requisite management skills to become reliable suppliers. Specialization and mechanization are rarely seen. Finally, the hospitality industry is reluctant to deal with the uncertainty of sourcing large quantities locally from many small farmers.

COVID-19 has exacerbated these problems for rural farmers and families and urban communities who have lost their primary means of income. Local market access and other supply chain disruptions as a

result of COVID-19 measures (outlined in Table 2) appear to have greatly increased food insecurity. Aside from local fruit, vegetables, meat and fish, the country is heavily dependent on imported food items to complement household diets. The prices of imported food items have been showing an increasing trend. The Director¹⁰² of the Central Bureau of Statistics confirmed an increase in the consumer price index of 2.5% in February 2020 compared to the previous month (note that this figure excludes factors as a result of measures introduced due to COVID-19). Tentatively the CPI is leaning approximately above 7%. According to the Consumer Circle (Association) Chair¹⁰³, many complaints have been received regarding food price increases. The chairman noted that this could be attributed to the increasing market exchange rate that took place. Prior to the COVID-19 crisis the country was experiencing economic shocks and foreign exchange shortages – as the exchange rate increased from 7.5 SRD to SRD 13 – SRD 14 (market value), this posed a threat to food security. These developments may continue to place pressure on input prices that will

ultimately affect the price of local produce. According to local entrepreneurs, they are observing an increase in empty shelves, low profit margin, and difficulties in selling and restocking.¹⁰⁴

Communities are already showing changes in lifestyle habits and food consumption patterns. Communities are already showing changes in lifestyle habits and food consumption patterns. This, if accompanied by deterioration in health, household access to food, and poor nutrition could realize a potential for increased food insecurity. According to the World Food Programme, CARICOM COVID-19 Food Security & Livelihood Survey, 40% of the Surinamese respondents reported difficulties to access markets in June 2020. The data also indicated a deterioration of food security. Nearly one of the six respondents resorted to skipping meals, and nearly one out of three resorted to eating less preferred foods. The crisis has taken a toll on the economic wellbeing of households, with 45% of respondents having experienced loss of jobs or reduced salaries since the outbreak.

102. <http://www.dwtonline.com/laatste-nieuws/2020/03/25/consumentenprijzen-25-procent-gestegen>.

103. <http://www.dwtonline.com/laatste-nieuws/2020/03/22/er-wordt-gesold-met-belangen-consumenten>.

104. <https://dagbladwest.com/2020/04/04/ondernemers-zien-het-niet-meer-zitten-schappen-raken-steeds-leger>.

The survey also revealed that 82% of the respondent were mainly worried about the illness, 31% worried about unemployment and 31% worried about the inability to cover essential needs.¹⁰⁵

7.3 COPING MECHANISMS

With a loss in income, households can either draw down on their savings, borrow funds or reduce their expenditures. First, savings increase resilience to income loss: resilience to income shock (i.e. the ability to maintain the January 2020 level of expenditure despite loss of income) depends on the amount of savings and ability to obtain additional financing. Second, resilience falls with lower income: savings coverage falls as households had lower income. With respect to savings those earning below one minimum wage, 35% reported having savings to cover one week of basic expenses while 11% reported having enough savings to cover expenditure equivalent to one minimum wage. The figures for high income

households, i.e. those earning more than 11 minimum wages were 75% and 45% respectively (see Figure 24).¹⁰⁶ Furthermore, there has been a high level of cooperation intra- families and between friends during the pandemic. Households have cooperated across income levels to smooth the negative economic impacts of the pandemic. Figure 23 shows the success of households in obtaining loans, transfers or remittances from family and / or friends or financial support from employers. Of those earning less than one minimum wage salary, 28% requested financial assistance from family and friends; conversely, this percentage decreases across households earning more than minimum wage salaries. Support from employers was even across income groups although slightly higher for middle income groups.¹⁰⁷

105. World Food Programme, CARICOM COVID-19 Food Security & Livelihoods Survey.

106. Using the data from IDB Online Survey, carried out between April and July 2020.

107. Using the data from IDB Online Survey, carried out between April and July 2020.

Figure 23: Households Response: Additional Financing

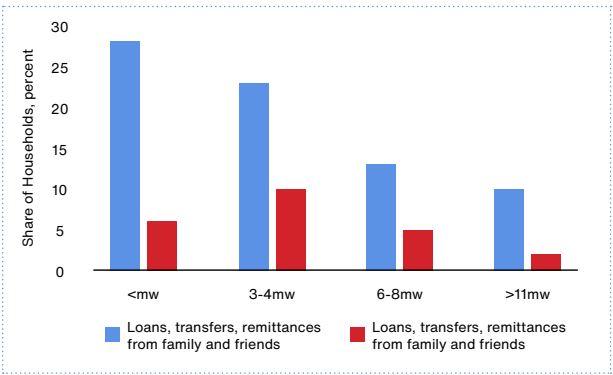


Figure 24. Resilience: Savings

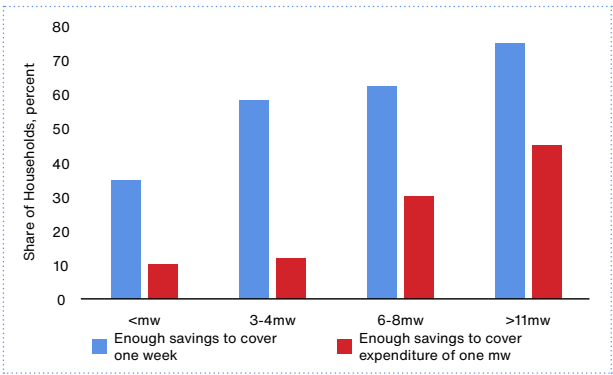
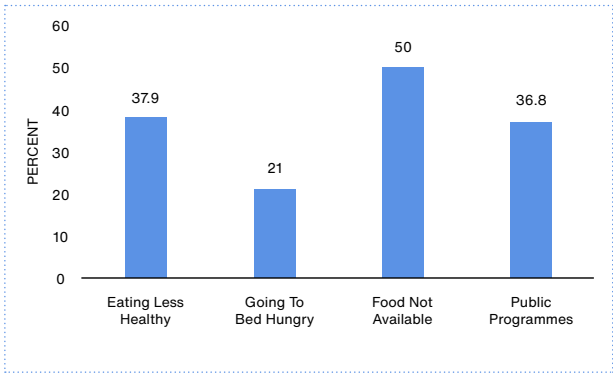


Figure 25. Household Response: Spending Less



Source: IDB (2020) Online Survey (April-July 2020)

Monetary policy has a potential to mitigate the negative shock to incomes. The possible role of commercial banks of channelling public assistance appears high as 52.4% of Surinamese households report having a

bank account, with this figure being 64% for high-income households compared to 41% of low-income households. These households could benefit from the policies adopted that allow commercial banks

to grant deferrals for up to 6 months to businesses and individuals (see Table 2), and allowing commercial banks to provide new short-term loans to private sector companies, institutions and to individuals affected by the pandemic at a special low interest rate of 7.5% per year.¹⁰⁸ However, there are limits in the supply of financial services and gaps in banking and financial inclusion. Compared to other Caribbean countries, although Suriname is a small country and its population is concentrated within the capital Paramaribo, the country's financial penetration (11.5 branches per 100,000 adults) is well below the Caribbean average (13.9 branches per 100,000 adults). Other indicators such as Automated Teller Machines (ATM) per 100,000 adults show similar relative deficiencies.

For some families, reducing expenditures is the only option; inability to draw upon savings or inability secure sufficient additional financing (i.e. through borrowing) implies a need for reduction of expenditures due to inability to smooth the

income loss. A reduction in expenditure is suggested by about 38% of households reporting eating less healthy meals than their standard fare and 21% report going to bed hungry (see Figure 25). The pandemic has resulted in reduced food availability, particularly for low- to middle-income households, with 50% reporting difficulty in encountering basic supplies. This may be due to the disruption of supply chains compounded by the closure of food and produce markets, limited opening hours and the closure of supermarkets, curfews and the cessation of public transport. To the food shortages must be added the rise in prices of basic household items, with the majority of households reporting price increases with a concomitant fall in real household income. In fact, annualised inflation rate has increased from 4.4% in 2019 to 35% (June 2020).¹⁰⁹ The Government has a food programme, but it has been overwhelmed by the number of people requesting the assistance. Prior to the onset of COVID-19 in Suriname, only 128 urban families and 5,065 rural families were receiving a monthly

108. Using the data from IDB Online Survey, carried out between April and July 2020.

109. Fuel prices increased by SRD 1 per liter (roughly 15%). This will increase the government take on fuel (varies by type fuel) from SRD 3.70 per litre to SRD 4.70 a litre. It is estimated that the pump owners sell 30 million litres of fuel every month.

subsidy.¹¹⁰ However, as a result of the pandemic, 30,000 households registered to receive food packages worth 275 SRD (USD \$37) and sold for SRD 50 (USD \$6). Further, school closing has also put a strain on household incomes and food shortages as it is unclear the continuity and coverage of programmes directed at children: child allowance; the food for kids' in-kind provision (meals); the school supplies allowance; and the school fees allowance.¹¹¹

7.4 EXPECTATIONS

Uncertainty on how long before recovery of household's income and the duration of containment measures that will be required are summarised in Figures 26 and 27 respectively. Almost a quarter of those who have suffered an income loss expect income recovery to take more than 6 months. 27% expect social distancing measures to last 3 to 6 months.

Figure 26. Expectations. Time Before Return to Normal Income?

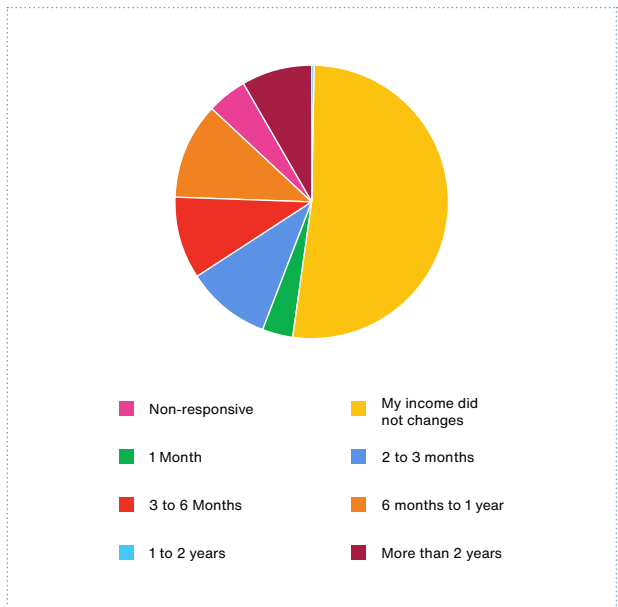
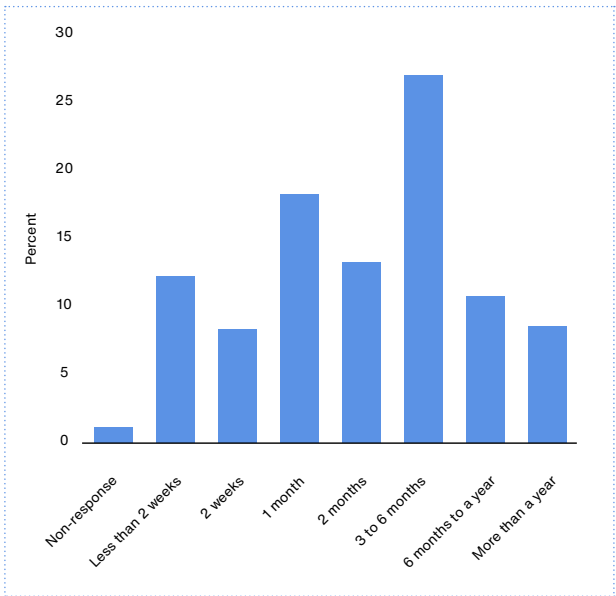


Figure 27. Expectations. Social Distancing for How Long?



Source: IDB (2020) Online Survey (April-July 2020)

110. Using the data from IDB Online Survey, carried out between April and July 2020. <https://publications.iadb.org/publications/english/document/COVID-19-The-Caribbean-Crisis-Results-from-an-Online-Socioeconomic-Survey.pdf>

111. An after-school program was introduced in 2012 for all elementary schools nationwide, which provided free meals, mentoring, and activities. Due to the financial recession this program was terminated in 2016.

In a survey¹¹² conducted by the Association of Surinamese Businesses (VSB), its members strongly recommended that experts in many areas should come together to develop a nuanced and widely supported approach with a longer-term vision for how Suriname should deal with this situation in the coming year.¹¹³ In

anticipation of a second or third wave of a COVID-19 outbreak, the private sector urged for more clarity regarding lockdowns, a clear step-by-step plan on how to restart the economy and make it stronger, with an emphasis on the importance of consultations with stakeholders during this endeavor.

112. [VSB: COVID-19 en het Surinaams Bedrijfsleven \(June, 2020\)](#).

113. IDB Online Survey, carried out between April and July 2020.

8. RESPONSE PLAN AND RECOVERY FRAMEWORK

The Suriname case is different: unlike most countries, the dominant effect of 2020 in Suriname is not solely the COVID-19 shock; instead it is the overhang of the previous commodity shock both in terms of unresolved macroeconomic disequilibrium with low policy buffers and vulnerability of households as poverty increased and household and business resilience decreased. The measures adopted to contain, to flatten the pandemic's course, have been relatively successful in terms of containing the pandemic, however, these relatively successful measures have come at a high cost to the vulnerable households and firms who have suffered an income loss.

The negative economic / socio-economic impacts of the COVID-19 pandemic have been concentrated among those with lower incomes prior to the onset of the pandemic. The income loss distribution suggests a leftward shift of household income distribution between January and April 2020. Inequality is negatively correlated with future economic growth particularly if inequality is driven by the lower tail of the income distribution as it stunts economic

growth. Furthermore, the lowering of the quality of the household diet, going hungry and missing school (with an already existing high school dropout rate, and growing NEET rate), reduced access to immunisation (which was already declining), as well as reduced access to pre- and post-natal care (also previously declining), communicable and non-communicable diseases interventions, and the increase in domestic violence, may have negative long-term effects, as they could result in a process of hysteresis through declining human capital.

The socio-economic tasks facing Suriname's new administration, both in the immediate and medium-term, are enormous but not insurmountable. Undertaking interrelated structural reforms to improve private sector competitiveness, to provide social protection in a coordinated fashion, and to stimulate growth and investment will be crucial to support broad-based economic recovery and social development post-COVID-19 in Suriname. The following recommendations are cognisant of various factors: the possibility that the new administration will embark on a stabilisation-cum-reform, with

or without an IMF programme, in addition to the uncertainty surrounding of the COVID-19 vaccine availability, thus influencing the duration of containment measures.

Policy discussions around the socio-economic response are anchored within the five pillars of the UN Socio Economic Framework, all focused on the protection and the needs of people living under the pressure of the pandemic, with emphasis on the most vulnerable and marginalised groups who are at risk being left further behind. These five pillars are interconnected by environmental sustainability, gender equality and a human rights focus. Building a better, post-pandemic future needs both social and economic interventions today for resilience to shocks in the future.

FIVE PILLARS This socio-economic impact assessment and recovery plan is anchored in and aligned to the Secretary-General's Framework for the Immediate Socio-Economic Response to COVID-19. The Framework is one of the key components of the UN's efforts to save lives, protect people and rebuild better. The socio-economic response, which complements the PAHO-led health response as part of an integrated support package offered by the

United Nations, focuses on five key streams of work (see Table 3):

- 1. HEALTH FIRST:** *ensuring that essential health services are still available and protecting health systems.*
- 2. PROTECTING PEOPLE:** *helping people cope with adversity, through social protection and basic services.*
- 3. ECONOMIC RECOVERY:** *protecting jobs, supporting small and medium-sized enterprises, and informal sector workers.*
- 4. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION:** *guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral responses.*
- 5. SOCIAL COHESION AND COMMUNITY RESILIENCE:** *promoting social cohesion and investing in community-led resilience and response systems.*

TABLE 3: FIVE PILLARS OF THE SOCIO-ECONOMIC RESPONSE FRAMEWORK

PILLAR	OUTPUT	
PILLAR 1: HEALTH FIRST	<i>Output 1</i>	The healthcare system and relevant stakeholders in Suriname have improved capacities and instruments for a rapid response to the needs and priorities of the pandemic.
PILLAR 2: PROTECTING PEOPLE	<i>Output 2</i>	Identified vulnerable groups in Suriname are benefiting from social protection and basic services.
PILLAR 3: ECONOMIC RECOVERY	<i>Output 3</i>	Ensured protection of jobs, small and medium-sized enterprises and vulnerable workers in the informal economy through technical assistance and policy interventions.
PILLAR 4: MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION	<i>Output 4</i>	Advisory services provided for evidence-based policy making and better social expenditure.
PILLAR 5: SOCIAL COHESION AND COMMUNITY RESILIENCE	<i>Output 5</i>	Enhanced social cohesion through the promotion of inclusive social dialogue, and increased investment community response systems.

8.1 - PILLAR 1: HEALTH FIRST – PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS

8.1.1 STRENGTHENING THE HEALTH SYSTEM'S CAPACITY TO RESPOND TO COVID-19

A country's capacity to respond to the COVID-19 pandemic is directly related to the status of implementation of the International Health Regulations system in that country. Core capacities including established systems for surveillance, laboratory diagnosis, deployment and management of surge capacity and training and retraining of staff are among some of the actions needed to manage the

pandemic in Suriname.

Against the parameters of a well-coordinated and functioning emergency preparedness and response system, Suriname has shown progress during the period January to August 2020 in its management of the COVID-19 response. The country has a functional multi-sectoral, multi-partner coordination mechanism called the COVID Management Team who reports to the Vice President, and the country has finalized a COVID-19 National Preparedness and Response Plan (CPRP) and Needs List to reflect the technical and financial support that is required for an effective health sector response.

To coordinate risk communications activities, Suriname has a COVID-19 Risk Communication and Community Engagement Plan which outlines the various strategies needed for each WHO transmission scenario. There is an active COVID-19 hotline number system which has been critical to immediately link suspect cases and contacts with the health sector for further screening, triage and investigation. Suriname has also developed and disseminated messages at Points of Entry for both travelers and staff working at airports, land and sea crossings.

In the area of surveillance, Suriname's Bureau of Public Health (BOG) tracks and reports basic data on suspected and confirmed COVID-19 cases and deaths disaggregated by age, sex and location. To facilitate contact tracing and outbreak investigation, the BOG team uses Go.Data - a WHO/GOARN epidemiological tool.

During the period January to July 2020, Suriname improved its COVID-19 laboratory testing capacity. Two laboratories provide COVID-19 diagnoses and have the capacity to run 200 tests per day. These labs continue to increase their capacity through the training of additional personnel and the receipt of equipment and supplies.

Furthermore, Suriname has identified two

hospitals for the management of COVID-19 patients and to date, all COVID positive patients are managed at medical facilities. All hospital facilities in the country have triage and isolation capacity and there is a clinical referral system in place to care for COVID-19 cases. Suriname has a cadre of trained local health care workers including interdisciplinary teams for comprehensive case management of COVID-19 cases. A team of 50 health care workers from Cuba were also deployed in March 2020 to help with the response.

There is still room for improvement in select areas of the response to COVID-19 in Suriname. With regard to coordination of the health sector response, Suriname is expected to have a Health Emergency Operations Centre (HEOC) - an equipped space that allows for central command and control of all aspects of the health response. Despite the provision of equipment and training of key Ministry of Health officials, a HEOC has still not yet been formally established.

The country is required to monitor and report the number of new, confirmed COVID-19 cases in healthcare workers by sex and age weekly. The goals of health care worker risk assessment, work restriction, and monitoring are to allow for early identification of workers at high

risk of exposure to COVID-19; to reinforce the need for health care workers to self-monitor for fever and other symptoms, and avoid work when ill; and to limit introduction and spread of COVID-19 within healthcare facilities by healthcare personnel. Suriname is still not capturing data on infected health care workers at a national level. w

Additionally, Suriname's national IPC programme and WASH standards within all healthcare facilities are still not fully developed. COVID-19 has re-emphasized the need for a strong IPC program at the national level with strict monitoring at all health facilities and the proper and rational use of personal protective equipment (PPE) when needed.

8.1.2 STRENGTHENING CAPACITY TO MAINTAIN ESSENTIAL HEALTH SERVICES DURING COVID-19

As the pandemic progresses, all countries are required to maintain an agreed package of essential health services and to monitor their delivery to those most in need. These services include communicable diseases, reproductive health, immunizations, chronic diseases including mental health conditions, provision of medicines, blood

bank services and critical facility-based therapies. In Suriname, challenges such as limitations in human resources for health, the reallocation of staff away from the first level of care to respond specifically to COVID-19, and the lack of sufficient supplies to guarantee infection prevention and control at health clinics, have hampered the delivery of essential services using traditional methods.

Some progress has been made in redesigning chronic disease management at the first level of care and in hospitals to limit provider-patient encounters, to increase self-management and to ensure access to necessary medications and supplies. Establishing appointment systems, reducing elective surgeries and rescheduling low-risk patients to alternative dates are just some of the strategies that have been used to reduce the risks associated with clinic crowding and exposure to the virus. Triage and isolation spaces have been established at some but not all primary health care clinics and the total number of health care workers at this level who have been equipped and trained to identify and manage suspect cases is still unknown.

Suriname's approach to building public confidence and encouraging the continued utilization of essential services during the

pandemic could be strengthened. Some hospitals have issued statements in the media to inform the public of new rules regarding clinic schedules, appointments and visiting hours, while others have not. Additionally, some clinics at the first level of care have had to close for more than a week due to disinfection following a COVID-19 case onsite which has interrupted the provision of services in these communities.

Suriname has a central mechanism for the procurement, management and distribution of medicines to health facilities and pharmacies. However, due to local financial challenges as well as the lockdown in countries such as China and India where most medicines are manufactured, the supply of medicines for essential health services in Suriname has been adversely affected. Medicines for select communicable and non-communicable diseases and for the management of patients in ICU are low in stock with no

identified plan for replenishing the supply in a timely manner.

Some gaps remain in the country's capacity to maintain essential health services. One major gap is the definition of a set of core essential services to be maintained during the COVID-19 pandemic. This defined list would then offer an opportunity for planning the reorganization of the health services at the primary and secondary levels to respond to the COVID-19 pandemic while at the same time ensuring the uninterrupted supply of essential health services.

Additionally, there is no formally established process for phasing the reallocation of capacity based on triggers associated with the transmission scenarios in the country. This process would include strategies for deploying additional human resources, repurposing health workers within the limits of training and skills, and/or redistributing roles among health workers among others.

TABLE 4: SIGNIFICANT DIVERSION OF HEALTH RESOURCES

Considering the significant diversion of resources that can take place in a pandemic, there is a strong likelihood of excess morbidity and mortality due to non-COVID related illness as a result of the combined effects of both 1) decreased availability of essential health services and 2) decreased utilization of essential preventive and curative health services by the population due to various factors, including: the fear of COVID-19 infection, lack of affordable transport and / or increasing inability to pay for transport and services due to poverty. While the pandemic will impact a range of health services across the nation, the below table highlights a select number of health services that will be impacted by COVID-19 in Suriname.

1. Maternal and Child Mortality One aspect of the COVID-19 impact will be on access to maternal and child health (MCH) services. While the direct mortality impact of COVID-19 on children and women of reproductive age in Suriname appears to be limited, if the provision and utilization of health services in the country are disrupted, the indirect increase in child and maternal deaths could be devastating. Since the onset of COVID-19 in Suriname, the country has registered a decreasing of 10 – 25% of utilization rate of the pre- and post-natal services.

PAHO continues to provide ongoing technical support in the area of maternal and newborn health and mortality reduction, including printing and dissemination of health informational material for pregnant and recently pregnant women, breastfeeding, assessment of the effect of COVID-19 on maternal and newborn care provision and planning of mitigation interventions and elaboration of national guidelines for obstetric care providers. Furthermore, a request for regular data collection of surveillance data in the area of newborn and maternal morbidity and mortality has been submitted to the Ministry of Health and data will be collated and analyzed in collaboration with the Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR); the data will be analyzed to determine the COVID-19 association and to understand the peculiarities of these cases to inform policy and programmes.

2. Immunization Vaccination of newborns is considered an essential service. Given that institutional deliveries will continue to take place in the context of the COVID-19 pandemic, vaccination of newborns with hepatitis B vaccine and BCG vaccine (according to each country's national immunization schedule) should remain a priority. Since the onset of COVID-19, Suriname has registered a decreasing of 12 – 35% of utilization / continuity rate of the immunization coverage rate (DPT/Hib/HepB-1 and MMR-1).

In order to maintain the functionality of immunization services in Suriname, there is a need for coordination among many multi-sectoral partners, i.e. civil society organizations (CSOs) such as NGOs in hard-to-reach and fragile settings – rural remote areas, urban slums, and migrant populations. UN agencies (PAHO and UNICEF) through their teams across the country, should support efforts to advocate for and provide access to life-saving vaccines. Every child has the right to immunization as part of their right to health.

3. Nutrition With COVID-19 in Suriname, it is critical to consider the impact of lifestyle habits, such as consumption of unhealthy diets, on the susceptibility to COVID-19 and recovery. Furthermore, the large number of people that will recover from COVID-19 may lead to a spike in chronic medical conditions that could be further exacerbated by unhealthy diets. Furthermore, it is likely that due to preventive measures that limit movement and accessibility to services / markets, the quality of dietary intake might worsen, with easier access to and relatively greater affordability of staple foods at the expense of a diversified diet of nutrient-dense foods. Should preventive measures continue for a longer period of time and the stability of the food supply chain become impacted, accelerated deterioration in diet quality is likely with gains achieved in the fight against chronic malnutrition at risk of reversal.

4. Sexual and Reproductive Health Services The COVID-19 pandemic has caused a disruption of health systems and has adversely impacted supply chains, compromising the availability of sexual and reproductive health services. This disruption is the combined result of halts in the contraceptive supply chain, the straining of health services systems and a reduction in demand for sexual and reproductive health services due to a reluctance to visit healthcare facilities and / or mobility restrictions.

With the foregoing considered, the UNFPA Sub-Regional Office for the Caribbean is undertaking an assessment of the Reproductive Health Commodity Security (RHCS) situation. The analysis builds on a stock-out exercise which flagged concerns and focuses on a variety of factors that influence commodity security such as national structures; financial investment; coordination of parties; supply chain management capacity (including forecasting and procurement) demand and utilization; availability and pharmaceutical quality of commodities; and the role of the private sector, among others. This assessment will facilitate the identification of strengths, weaknesses, threats and opportunities, with the goal of enhancing RHCS; it will also serve as a guide to define future interventions, in to order strengthen Suriname's supply chain management system, so that supplies may reach users when and where they are needed including in emergencies.¹¹⁴

114. Robertson T, Carter ED, Chou VB, Stegmüller A, Jackson BD, Tam Y, Sawadogo-Lewis T, Walker N. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. The Lancet Global Health. Published: May 12, 2020. DOI:

8.1.3

AN OPPORTUNITY TO BUILD BACK BETTER

COVID-19 has put a spotlight on previously-identified weaknesses in the health system in Suriname. The country had just begun to plan the redesign and reorganization of its health system as outlined in its National Strategic Plan on Health and Well-being (2019 – 2028), when COVID-19 arrived. It is hoped, however, that Suriname would use the experiences of the pandemic as opportunities to establish structures, processes, institutions, networks, and human resource mechanisms which could more sustainably respond to the current, as well as future emergencies in the country.

Against the parameters of a resilient health system, Suriname is in a good position if it continues along the path set out in its latest Strategic Plan. This Plan outlines a new Model of Care and identifies a number of key priorities for sustaining the health sector and advancing towards universal health coverage.

However, the financing of this Plan has still not been finalized yet. Suriname's health expenditure as a percentage of GDP is

low (4%¹¹⁵) when compared to the 6% threshold recommended for countries to meet universal health coverage goals. A FiscalSpacestudy¹¹⁶ was conducted in 2019 in Suriname to recommend adjustments that could be made to allocate greater financial resources to the health sector. However, these recommendations have yet to be implemented and the expenses associated with managing COVID-19 in the country may shrink any fiscal space that was once identified. Therefore, to boost its resilience for current and future pandemics while maintaining essential health services, Suriname should still have as a priority the need to develop a strategy to protect and maintain sufficient financial resources to provide comprehensive health services, including for the most vulnerable, in the face of economic contraction and emergencies.

Suriname's community engagement strategy and related actions were amplified in the COVID-19 response given the need to address risks posed to all vulnerable groups including ethnic and tribal communities, refugees, asylum seekers and undocumented migrants, persons living with HIV and those with chronic conditions, the elderly, and those living in institutions.

115. PAHO Core Indicators 2019 - Health Trends in the Americas.

116. Fiscal Space Study in Suriname, 2019.

However, Suriname does not have a community engagement plan to address the health needs of the most vulnerable which is a fundamental requirement for universal health coverage. It is hoped that the COVID-19 experience would provide a platform for further expansion of a comprehensive health strategy to address the needs of all people in Suriname.

Finally, the health system in Suriname continues to receive support from a number of development partners including the UN, embassies, international financial institutions, local and international NGOs and faith-based organizations. The technical expertise and financial contributions of these actors towards the health sector in Suriname is not formally coordinated. The authority of the Ministry of Health in Suriname to implement the essential public health functions¹¹⁷ has not been consistently applied across health programs nor with all partners. There is room for improved coordination between the Ministry of Health and its national and international partners to facilitate knowledge exchange, technical and financial support towards key priorities in the National Health Plan.

The COVID-19 pandemic has been a true test of the resilience of the health system in Suriname to withstand sudden external shocks and the lessons learned can help to build lasting systems for the overall sustainability of the health sector.

There is still uncertainty surrounding the COVID-19 outbreak, the transmissibility of the virus, and the clinical spectrum of the disease, thus it will be necessary to regularly update the response strategy as gaps in our knowledge of the disease are filled. The current strategy assumes that human-to-human transmission takes place, and that it may be amplified in specific settings, including healthcare facilities.¹¹⁸ With this in mind, it is proposed that Suriname consider three health response actions over the next 18 months:

- *First, given the limited physical and human capacity in the health sector to contain the spread of COVID-19, it is recommended that a ‘whole-of-society’ approach be continuously implemented in Suriname. To do this, the United Nations will support the strengthening of the country’s coordination functions particularly through the involvement of the Ministry*

117. [The Essential Public Health Functions as a Strategy for improving overall public health systems performance. PAHO, 2008.](#)

118. [Response to COVID-19 Outbreak in the Americas. PAHO/WHO, Washington DC. March 2020.](#)

of Foreign Affairs, International Business and International Cooperation (the Government's leading coordinating entity) as well as through the relevant line Ministries and the sectors they represent. The United Nations should offer resources and technical guidance to boost the analytical capacity of national partners with sectoral data and trend analyses to highlight major weaknesses in the national response to COVID-19 and to craft appropriate policy and programme interventions. The United Nations will provide support to the Government to track and reach vulnerable groups especially those that are hard-to-reach in the hinterlands. The health sector response to COVID-19 will continue in accordance with the plans of the Government and the Ministry of Health as outlined in their National COVID-19 Response Plan and any future updates to this Plan.

- *Second, to avoid any prolonged disruption in essential health services because of the COVID-19 response, the United Nations will work with relevant line Ministries, NGOs, the*

private sector and other civil society entities to ensure the continued provision of an agreed set of essential services. Suriname's health sector in partnership with civil society can benefit from the UN's technical guidance on innovative measures to provide health services including telemedicine, mass and social media, use of open, well-ventilated spaces for immunization provision, among others. To maintain the essential health services, the United Nations will support the first level of care which represents the entry point into the health system. They will be equipped and trained to continue triage of patients / clients and ensure that the service will be adequately stocked with the essential medicines they need to operate effectively.

- *Third, a key strategy in the response plan and recovery framework for Suriname will be to support the reactivation of health services which may have suffered as a result of the pandemic and to support the country to implement its National Plan for Health and Wellbeing 2019 – 2028. During the recovery phase the country*

will be working on several elements of its health plan to boost overall resilience to face future pandemics while addressing current health challenges. These elements include strengthening the first level of care with a specific emphasis on increased access to vulnerable groups and those in hard-to-reach areas; boosting the capacity of human resources for health including volunteers and allied health professionals; and improving surveillance, data analysis and information systems for health. The United Nations will support the areas within the health plan that will propel the country forward to achieving universal health by 2030.

8.2

PILLAR 2: PROTECTING PEOPLE – SOCIAL PROTECTION AND BASIC SERVICES

8.2.1

DOMESTIC VIOLENCE AND UNEQUAL DISTRIBUTION OF HOUSEHOLD BURDEN

The lock down measures combined with resulting income loss has led to increased

domestic violence across income levels in Suriname but particularly amongst the poor (Figure 28).¹¹⁹ It is important to note that domestic violence has been a critical problem in Suriname even before the COVID-19 outbreak. According to Joseph et al. (2019), using the 2018 Suriname Women's Health Survey, 32% of ever-partnered women experienced physical and / or sexual abuse. Although most women agreed that both genders should share authority in the home, 62% of surveyed women agree that the man should be the head of the family and 65% agree that taking care of the home is a woman's role. 15% of women surveyed agree that husbands are justified in beating their wife or partner. Evidence also shows that income, ethnicity and educational attainment are significantly associated with domestic violence. From the view of the female partners, violence is fuelled by the need to assert their power over their partners, by their inebriation, or by their despondency over personal money or household money-food problems, problems that have been exacerbated by the COVID-19 shock.

In addition, the distribution of domestic chores has fallen disproportionately on women (see Figure 29) since the restrictions

119. Joseph J., Cécile Pemberton, and Ursan Phillips. (2019). National women's health survey for Suriname. Washington DC: IDB Monograph.

were implemented in March. For example, 69% of women report being responsible for home schooling while only 26% men do so. A similar disparity exists for the caring of children where responsibility is divided as follows, 60% of women versus 27% of men. When it comes to the caring for the elderly (above 60 years age), it is the women (52%) rather than the men (40%) who are responsible.

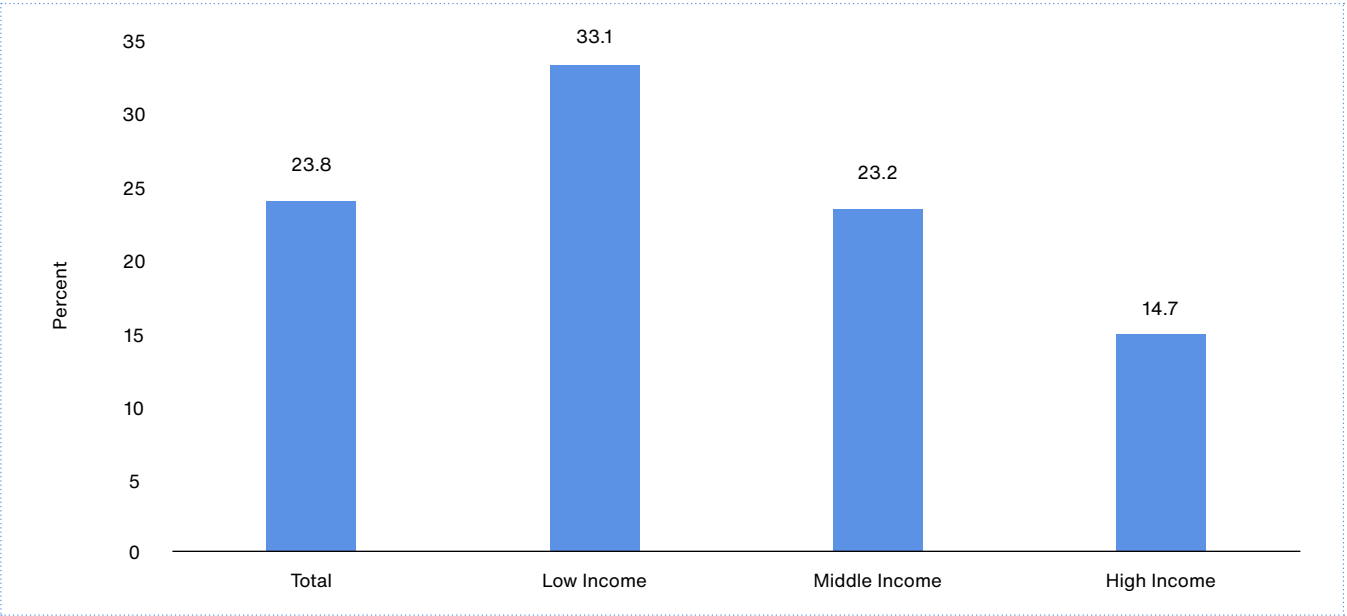
On 25 July 2020, the Government announced Interventions to address gender-based violence and domestic violence during the COVID-19 pandemic. The programme includes:

- *availability of remote services;*
- *provision of basic Personal Protective Equipment for face-to-face case management;*
- *increasing dissemination of information related to gender-based violence and domestic violence and available support services;*
- *raising awareness regarding stress coping mechanisms to prevent violence; and*

- *establishing GBV / DV referral pathways for improved access to services.*

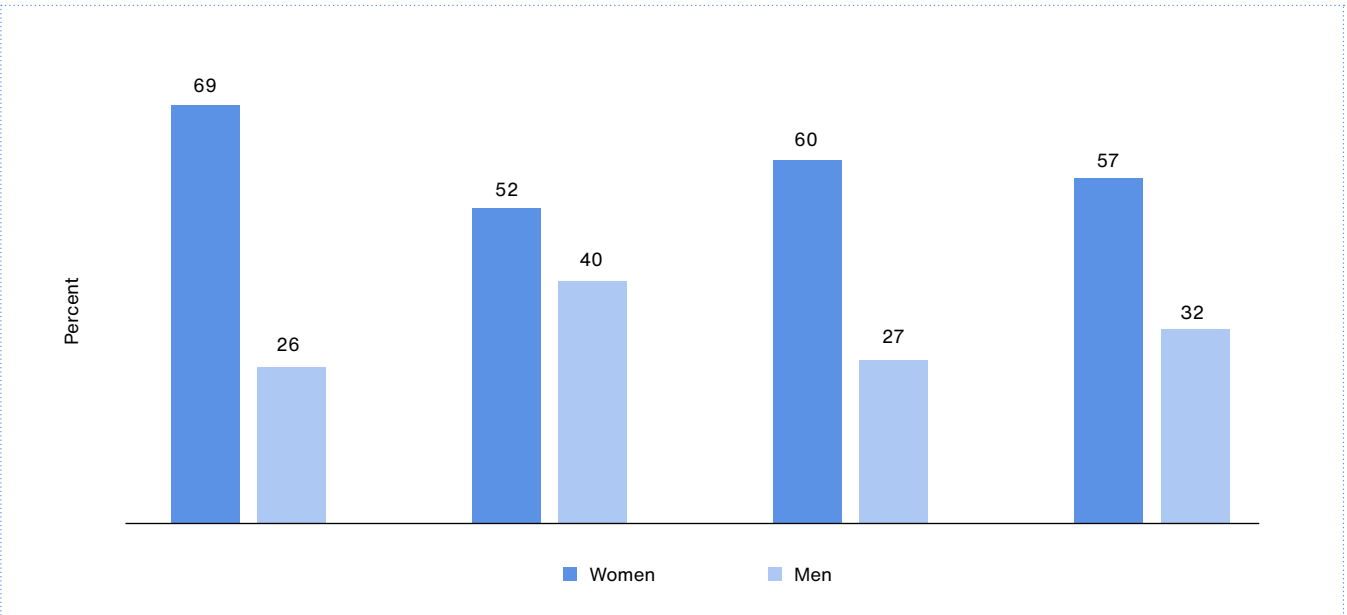
These services are available in person and through telephone, e-mail and WhatsApp. Furthermore, these services are complemented by increased police surveillance as well as a court order that allows for daily submission of protection orders. This initiative is implemented in cooperation with the United Nations Population Fund (UNFPA) and United Nations Development Programme (UNDP), with funding from Global Affairs Canada.

Figure 28. Household Response: Domestic Violence



Source: IDB (2020) Online Survey (April-July 2020).

Figure 29. Household Response: Unequal Burden of Home Chores by Gender



Source: IDB (2020) Online Survey (April-July 2020).

8.2.2

IMPACT ON EDUCATION

Although children and young people have been spared the worst health impacts to date, education in Suriname has been interrupted since March 2020.¹²⁰ This means that over 139,912 children were not in school (see Table 5) of which approximately 48% are primary school pupils. These children are neither learning nor benefitting from other school-based support mechanisms such as protection and health. While local schools instituted distance-learning initiatives, existing inequalities regarding access to study devices in Suriname may further

exacerbate inequalities in education. For example, as the Ministry of Education took adaptive measures to start classes via television, the situation in villages is quite different and hinterland schools cannot always follow suit.¹²¹

Significant losses with respect to learning and human capital development risk deepening inequalities in the long term. The COVID-19 pandemic is disrupting learning for millions of children and young people as it has resulted in school closures (of which Suriname is no exception); it is estimated that learning for 89% of the world's student population has been disrupted.

TABLE 5: NUMBER OF CHILDREN AFFECTED BY THE CRISIS AS A RESULT OF SCHOOL CLOSURE IN SURINAME

Level of Education	Number of schools ¹²²	Number of children		
		Total	Girls	Boys
Pre-Primary	-	18,150	8,771	9,379
Primary	344	67,690	32,584	35,106
Secondary	192	54,072	29,438	24,634
Total	536	139,912	70,793	69,119

120. Data as of September 2020.

121. Amazon Conservation Team Suriname – Situation Analysis (May 2020); <https://www.flipsnack.com/AmazonConservationTeamSuriname/covid-19-situation-analysis-act-s.html>.

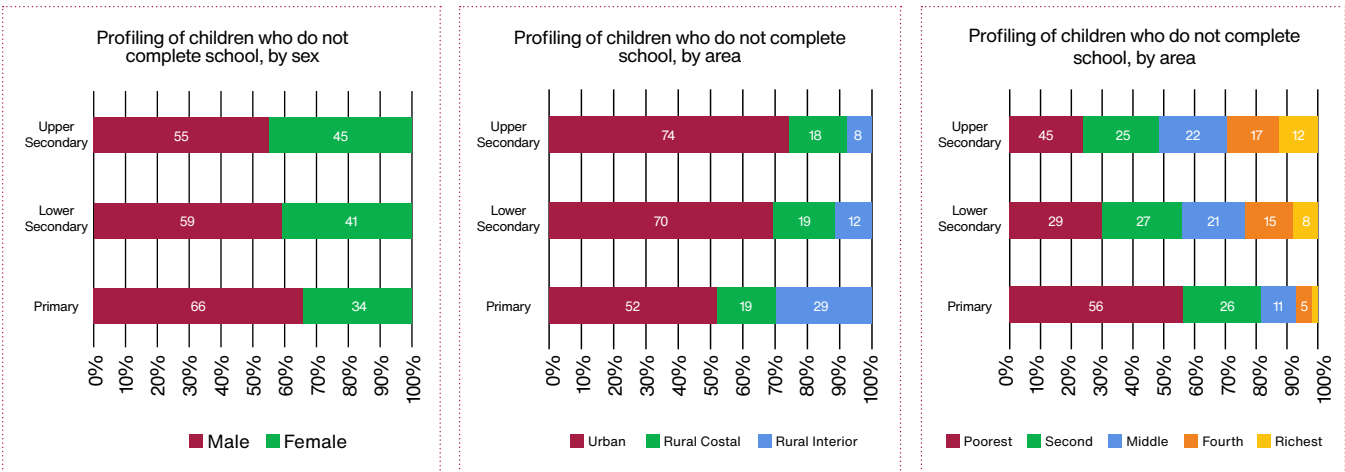
122. WET van 27 april 2018, houdende vaststelling van de Staatsbegroting van ontvangsten en uitgaven voor het dienstjaar 2018 (Wet Staatsbegroting 2018).

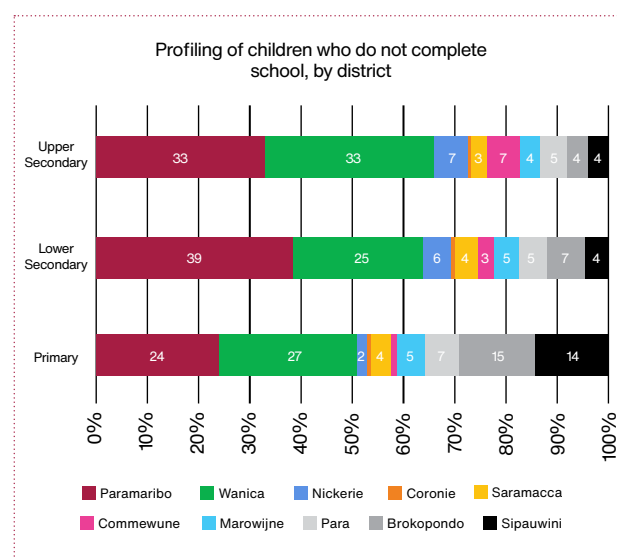
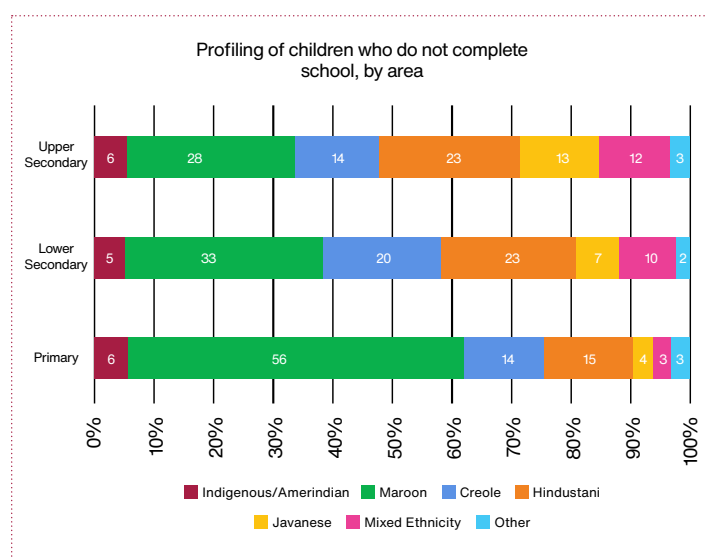
The closure of schools puts gains made in access and learning at risk, especially for the poorest and most marginalized children and young people. UNICEF, together with the Minister of Education released an operational guidance on protecting children and schools from COVID-19 on 10 March 2020. There is an urgent need to invest now in education systems, so they are better prepared to prevent and address disrupted learning including through anytime, anyplace learning for every child and young person.

Pre-pandemic, across the three levels of education, more boys and men were among

those not completing levels compared to girls and women. Men form 66% of those who do not complete primary education, compared to 34% of girls. Urban areas in Suriname are more populous and, for this reason, despite having higher completion rates, most children not completing education live in urban areas. The poorest quintile was overrepresented among non-completers, being over half of those who did not complete primary school. Marroons are also overrepresented among those who did not complete each level of education and the difference is particularly striking for primary school, where they form 56% of all non-completers.

Figure 30. Profile of children not completing school in Suriname





Source: UNICEF

Regarding adolescents is the problem of the NEETs (Not in Education, Employment, or Training), a problem that is acute in Suriname, where the proportion of Surinamese youth not in employment, education or training (17%) was nearly equal to those employed (20%).¹²³ Furthermore, the NEET rate for women (22%) was nearly double that for men (13%); the main reason that female NEET youth were not working was household / family duties (33%), or pregnancy (30%); no male NEET youth indicated that they were caring for someone. The differential of NEET rates by gender is further indicative of women and girls' vulnerability

to the COVID-19 pandemic in Suriname.

8.2.3 IMPACT ON WATER SANITATION AND HYGIENE

Ensuring the lasting impacts of WASH investments is a strategic, ambitious and complex task. Agenda 2030 for sustainable development is universal and ambitious and has set a clear goal for water and sanitation that defines where the world should be in 2030 regarding universal access to basic WASH services and regarding safely managed water and

123. Suriname Survey of Living Conditions in 2016-2017.

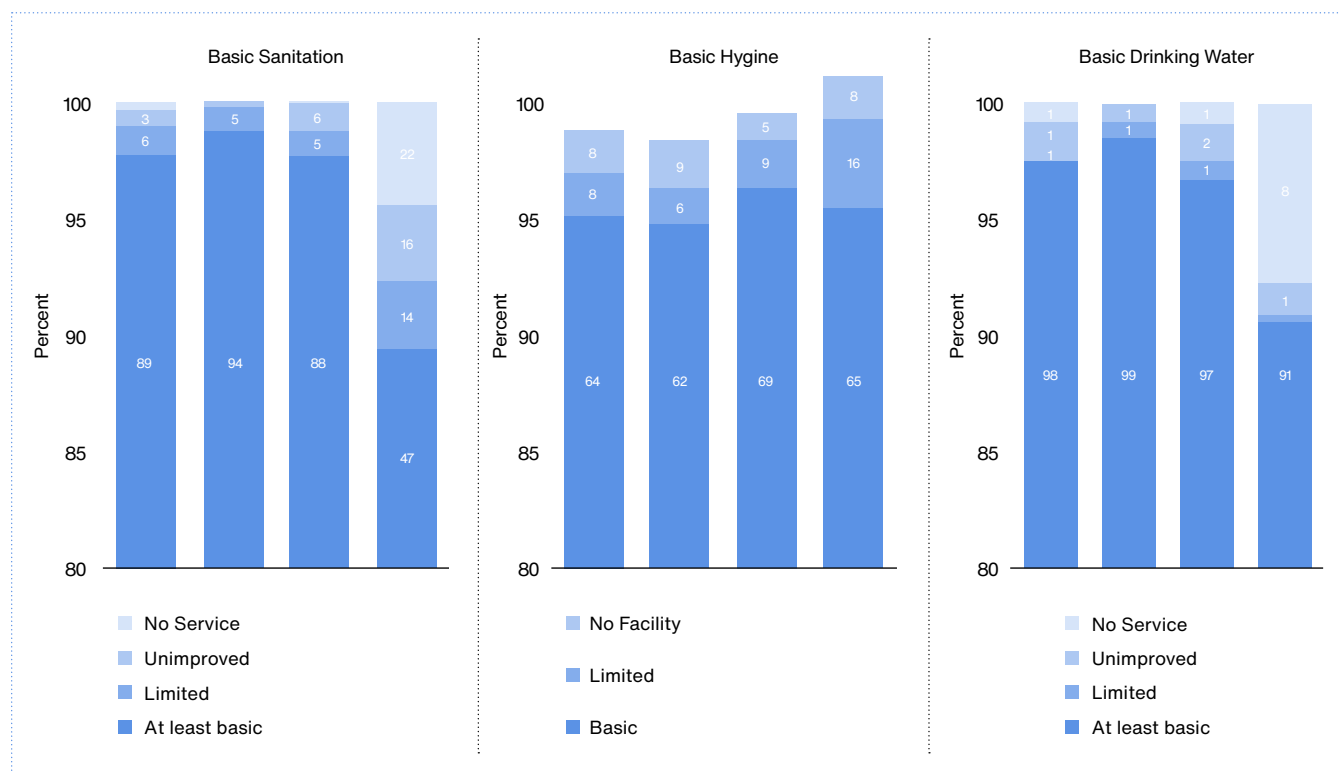
sanitation services. The health emergency caused by the COVID-19 has affected six of the ten districts in Suriname. Hygiene (most importantly washing hands with soap and clean water) has been one of the most efficient measures for infection prevention and control. One of the responses that the Government and donors must therefore provide is to guarantee continuous access to a minimum volume of drinking water, basic sanitation and hygiene (WASH) for all people; in particular, for workers and users of health and nutrition facilities, schools, public places (markets, transport hubs, etc.), and people living outside a home.

Before the onset of COVID-19 in Suriname, the Multiple Indicator Cluster Survey (MICS) was carried out; it provides an important overview of the WASH situation in the country, including areas which need more attention if Suriname is to reach SDG 6, ensuring availability and sustainable management of water and sanitation for all. At the national level, 98% of the population has access to basic drinking water. Conversely, the rural interior area has the lowest access to basic drinking water (91%) and the highest level (8%) of no service, which refers to direct collection of water from the surface waters. Furthermore, almost nine in ten

(89%) households make use of improved facilities which are not shared with other households at national level. There is also a high inequality by area: 94% for urban households versus 47% for the interior. Furthermore, 22% of the interior has no sanitation and 16% of the existing sanitation is classified as unimproved. The availability of a handwashing facility on premises with soap and water at national level and by area is 65%. One in twelve (8%) of households have no hygiene facility.

Comparing various population subgroups show that the poorest households and household heads with the lowest educational level have the lowest access to basic drinking water, while households belonging to the richest quintile, or household heads with the highest educational level, have relatively higher access and availability.

Figure 31: MICS 2018 data overview of the WASH situation in Suriname (WASH BAT Exercise: October 2019)



Source: IDB (2020) Online Survey (April-July 2020).

In recent weeks, various actors in the sector—governments and decision makers, regulators, utilities, users, etc.— have proposed and implemented different types of measures to tackle the COVID-19 pandemic, to i) ensure that all people have access to safe drinking water, sanitation and hygiene during the emergency; ii) support and strengthen the role of utilities in continuously and safely providing these

basic services; iii) guarantee continuous access to a minimum volume of drinking water, basic sanitation and hygiene (WASH) for all people considering the specific needs of men and women – this includes: for workers and users of health and nutrition facilities, schools, public places (markets, transport hubs, etc.) and people living outside a home (shelters, orphanages, detention centres, migrants

shelters, etc.) – to prevent and control COVID-19 pandemic.

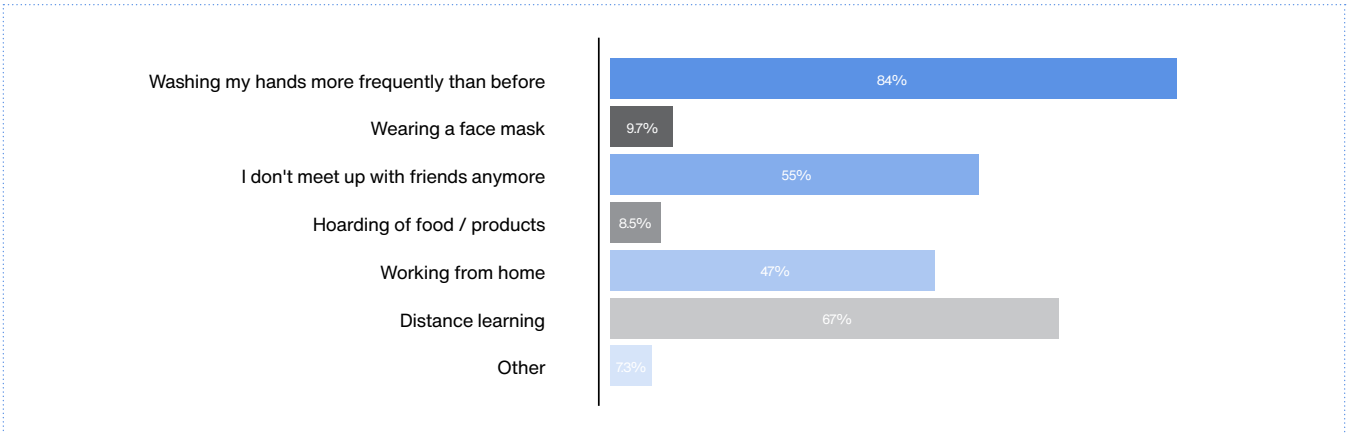
Women and girls are particularly exposed due to COVID-19, as they are usually responsible for water collection in Suriname households in the interior but without much autonomy of decision-making. In addition, if not well-managed, movement restrictions and lock down enforcements will disproportionately affect poor households in underserved areas, not the least women and girls, who depend on daily wages to pay for safe drinking water for their households amongst other daily needs.

Furthermore, maintaining personal hygiene through frequent handwashing with soap is at the heart of preventing

COVID-19. However, according to the data collected on 2020 COVID-19 KAP survey among adolescents: lack of the availability of soaps and dignity kits for menstrual hygiene will undermined efforts by the stark reality for thousands of people in Suriname.

The WASH-FIT data analysis done by UNICEF in collaboration with the Medical Mission shows that 15 villages (~58,000 inhabitants) were classified as high-risk communities because hygiene is often not possible due to the fact that safe water and soap are simply not readily available or are unaffordable. Limited access to water and poor sanitation in these communities will lead to a vicious cycle of increased risks to infection, serious health outcomes and poor living conditions.

Figure 32: Practice: What have you adjusted since the outbreak of COVID-19



Source: IDB (2020) Online Survey (April-July 2020).

The infectious nature of COVID-19 also requires increased hygiene standards at health facilities and quarantine facilities, yet the 2020 WASH-FIT indicated that a mere 74% of health facilities have an improved water source available (i.e., water is piped into the facility or onto facility grounds, or else water that is from a public tap or standpipe, a tube well or borehole, a protected dug well, or protected spring, or rain water, or bottle water), and water is available from this source on facility premises. 91% of health facilities had sanitation facilities available, while only 53% of facilities had all of the nine assessed measures for infection prevention in place, with only half having a mechanism in place for the safe disposal of infectious waste, and 76% with adequate facilities for the storage of infectious waste.

In order to minimize the risk of transmission of COVID-19 infections in health facilities as well as treatment, isolation and quarantine facilities, a significant investment is needed to improve the existing infrastructure. This includes not only health centers offering primary care, but also the hospitals, hotels and university residence halls in use for isolation and treatment of (suspected) COVID-19 cases. Although the One WASH

programme has a small proportion of funds allocated to the improvement of WASH facilities in public institutions such as schools and health facilities, the overall budget is vastly insufficient to meet the needs; if these issues remain unaddressed, the containment of COVID-19 in Suriname will be significantly impaired.

8.2.4 SOCIAL PROTECTION

One of the most urgent operational issues to consider is the mapping of all ongoing social transfer interventions to strengthen complementary humanitarian programs. This mapping should be based on the Cash Working Group led by the Ministry of Social Affairs and Public Housing, which has been revitalised to improve the coordination of cash transfers and renew partnerships and synergies. The mapping will reinforce the coordination of the social transfer programs to provide additional assistance to existing beneficiaries (vertical extension to prevent the poor from falling further into poverty); increase coverage in order to reach additional beneficiaries (horizontal extension of existing programs to mitigate the impact

on new people falling into poverty); and strengthen interdepartmental coordination and coordination of partners. Given the magnitude of the impact of the crisis on poverty, it is likely that humanitarian and development partners will need to mobilise significant funds to provide assistance through cash transfers (unconditional). This in turn could make coordination of social protection interventions even more complex, which will require greater coordination of partners through the social safety nets division of the national directorate for social protection. It is key to acknowledge that the Surinamese authorities approved an emergency fund (equivalent to 1.3% of GDP), with the purpose of enhancing social protection programs in Suriname, with a focus on the most vulnerable groups (See Table 2).

The United Nations recommends there be a deployment of targeted resources, including insurance and protection coverage, grants and social assistance to the most vulnerable and marginalized groups to supplement income loss and provide basic food and necessities including: persons employed in the informal sector; self-employed persons; service, hospitality and tourism sectors (largely

consisting of female workers); migrants and asylum-seekers; women and women-headed households.

Furthermore, the United Nations recommends continued investment in mechanisms which are aimed at preventing and reducing the impact of GBV, and reducing impunity (GBV units, shelters, counselling, psychosocial support) in shelters and safe homes, PPE for those employed in this sector, and psychosocial support, and counselling.

Moreover, the United Nations recommends the mobilization within the private sector for livelihoods and empowerment programmes targeted at the self-sufficiency of the persons of concern. Such programmes would contribute to bridging supply gaps for local industries and provide job opportunities for persons, particularly through cottage enterprises and agricultural value chain development. Alternative livelihood programmes should harvest opportunities to contribute to greener recovery.

The United Nations recommends the introduction of a system of food vouchers for vulnerable groups valid for the

purchase of local food. These local food vouchers will support persons in need and Surinamese farmers.

Finally, it will be critical to look at the deepening of Disaster Risk Reduction and Resilience programmes aimed at post-COVID-19 recovery. As noted in the Secretary General's Socio-Economic framework, the five pillars of the UN response are connected by a focus on environmental sustainability, with continued work on areas such as Climate Change while also addressing the environmental impacts of the pandemic such as medical waste.

8.3

PILLAR 3: ECONOMIC RESPONSE AND RECOVERY - PROTECTING JOBS, SMALL AND MEDIUM-SIZED ENTERPRISES AND THE MOST VULNERABLE PRODUCTIVE ACTORS

Socio-economic damage caused by COVID-19 requires a temporary government support for firms. Some sectors have been hit particularly hard, although the damage is spreading throughout all sectors. Lack of Government support to firms could lead to

an even deeper and prolonged recession. The main types of firm support are:

- (i) Revenue measures to provide liquidity relief through tax deferral and tax relief as well as other measures such as waiving fees and charges for businesses;*
- (ii) Expenditure measures to help pay for wages and other liquidity needs. These include wage subsidies and resources to firms that introduce work-from-home equipment / IT-system;*
- (iii) Government umbrella guarantees (e.g. covering loans to SMEs); and*
- (iv) Government provided direct subsidized loans either outright grants or equity injections.*

On September 18, 2020, the National Assembly (DNA) approved a State submitted short-term proposal to address the current financial and economic situation in the country¹²⁴, which included measures to support the most vulnerable groups in society, by strengthening the social safety net and implementing

124. <http://www.dna.sr/nieuws/dna-stemt-voor-motie-regering-over-te-treffen-maatregelen/>.

adjustments targeting the most vulnerable groups (see Table 2 for further details).

8.3.1

SUPPORTING INFORMAL SECTORS

A key challenge in supporting Surinamese firms, particularly SMEs, is the high degree of informality within the sector. Firms in sectors hardest hit in Suriname are also sectors with a high degree of informality, such as Wholesale and Retail, Hotels and Restaurants, Agriculture and Transport. Informal firms are hidden from the authorities and many of them are non-incorporated, self-employed (informal) workers or family firms. Consequently, to support both informal workers and firms, the most straightforward approach is to reach informal workers. This can be achieved through expanding the coverage of existing social assistance programs, which requires the relaxing of certain eligibility criteria, or new transfer programmes.

One key challenge is to gather information on informal workers and to set up a reliable delivery system. This points to broadening eligibility criteria and making

them unconditional. In many cases, however, existing databases are too narrow to enable this, putting informal workers at risk of being covered neither by (formal) social insurance systems nor by extended social assistance programs—the “missing middle.” The United Nations recommends exploring alternative information databases and methods that can ensure speedy delivery of social assistance. An ideal system would entail: a universal ID system where it is linked to socioeconomic data on households and individuals. In this case, digital delivery methods are the most appropriate, which can be activated through partnerships with Mobile Operating Networks. Specifically, automatic transfers on individuals’ bank accounts or phone applications can be prioritised where bank and / or phone coverage is broad enough. As a last-resort option, utility subsidies may be useful if the share of the population paying utility bills online is significantly broader and where the cost of such subsidies should be covered by the government through on-budget transfers to utilities; the subsidies should have a sunset clause to ensure they are removed during the recovery.

It is important to note that government

financing constraints can impact how much support can be provided and the type of support provided. For example, lower taxes, or higher subsidies have an immediate impact on the existing budget, while loan guarantees can have an impact on the future budget. The type of support will also depend on the targeted recipient firms' characteristics, i.e. whether they are facing a temporary cash shortage or insolvency, the size of the firm, etc. Finally, there is the issue of coverage, i.e. will there be support for all small- and medium enterprises (SMEs) or only a specific sector; with the latter being a difficult choice. The findings of the Association of Surinamese Businesses survey show that for most Surinamese companies, loss of income appears to be the biggest effect of the COVID-19 pandemic. Within the Trade and ICT sector, loss of income affects over 50% of firms, Tourism 100% and Industry 60%. Agricultural & Related companies and Transport are moving less or not at all, and Services by Banks, Insurances and Business Service Providers are strongly negatively influenced. Finally, timber is experiencing a decrease in sales while small-scale mining is experiencing a complete standstill of business operations. Almost all Surinamese companies are

negatively affected by the COVID-19 pandemic.

8.3.2

PRODUCTION OF FOOD

In the first few months of the crisis the COVID 19 measures did not impact the production of food as much as it interrupted the supply chain. The temporary closure of the central market, the interruption of the public transport and the reduction of export possibilities due to the closure of the borders interrupted the value chain. As much as it is needed to increase local food production a key priority is to link producers and consumers. The United Nations recommends the following short-term measures: Facilitate the establishment of temporary marketplace in open public spaces, especially in the outskirts of Paramaribo; Provide small farmers with short term micro credits for agricultural inputs through credit unions or Agricultural Associations; Introduce a system of food vouchers valid for the purchase of local food for persons in need and establish a system to allow farmers to exchange the vouchers for cash; and Establish a soft loan facility for local food

processing entities of family businesses with a special focus on youth and women.

8.4

PILLAR 4: MACROECONOMIC RESPONSE

The country entered 2020 with a rising fiscal deficit, difficulty in financing the budget, rising public debt and a misaligned exchange rate. Against the immediate need to source financing for programmes to mitigate the negative effects of containment measures stands the looming requirement for stabilisation and structural reform. Additional financing can be secured from bilateral donors and IFI's as the country has been engaged in accomplishing. One source that can combine short-term financing and simultaneously help in the path of stabilisation is the International Monetary Fund (IMF). The IMF has several facilities available. Emergency financing could be made available through the Rapid Credit Facility and Rapid Financing Instrument, which allows the Fund to provide emergency assistance without the need to have a full-fledged program in place and without the traditional IMF conditionality. Grants for debt relief are another possibility, which

provide immediate debt service relief under the IMF's Catastrophe Containment and Relief Trust (CCRT); this provides grants to the Fund's poorest and most vulnerable members. Enhancing liquidity through the Short-term Liquidity Line (SLL) would be another option; the facility is a revolving and renewable backstop for member countries with very strong policies and fundamentals in need of short-term moderate balance of payments support. Existing lending arrangements can be augmented to accommodate new needs arising from the coronavirus, thereby enabling existing resources to be channelled for the necessary spending on compensatory programmes associated with containment of the outbreak. The final option would be a Fund programme. The latter engagement with the Fund could also facilitate the finer details of the design of stabilisation and reform, including debt relief. Such an engagement could further trigger policy-based loans (budget support loans) from other multilaterals to finance the country's targeted fiscal deficit.

8.5

PILLAR 5: SOCIAL COHESION AND COMMUNITY RESILIENCE

Suriname is a middle-income, small coastal nation whose HDI value for 2018 was 0.724¹²⁵ – positioning it at 98 out of 189 countries and territories. Suriname’s 2018 HDI of 0.724 is below the average of 0.750 for countries in the high human development category, and below the average of 0.759 for countries in Latin America and the Caribbean. Notably, between 2005 and 2018, Suriname’s HDI value increased from 0.676 to 0.724, an increase of 7%.

In a broad sense, enhancing social cohesion and community resilience requires continued work on community advocacy programmes and campaigns around gender-based violence (GBV), the provision of support for women-headed households through targeted policy improvements, cash transfers, suspension of essential service payments, tax exemptions, flexible work policies to support the new COVID-19 care economy, with special support for marginalized groups.

8.5.1

SOCIAL COHESION

Social cohesion may be observed through two dimensions: vertical and horizontal: the horizontal dimension can be seen in the wide range of “bottom up” responses to COVID-19 including volunteerism, charity, all of which are closely related to strengthening community resilience. Social cohesion’s vertical dimensions are manifested through interactions between the government officials or institutions and the public.

The United Nations has supported community-led solutions and responses in the wake of COVID-19 (i.e. support to SU4SU in systems management; risk communication support to the private sector in reaching Spanish-speaking and Portuguese-speaking populations; enhancing coordination among NGO’s reaching key ITP to co-create outreach strategies; among others) and recommends continued participation of civil society organizations to improve communities’ resilience. The United Nations has supported the facilitation of social dialogue tailored to community needs in the wake of COVID-19, with a wide range

125. [UNDP Human Development Report 2019 – Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century](#)

of stakeholders. However, more work is required to empower community resilience. For example, geospatial and innovative data collection techniques could provide a map of hinterland communities that are particularly vulnerable to COVID-19 impacts and allow government authorities to track and predict needs related to the health emergency; open source softwares that allow virtual support mechanisms and / or easy-to-access surveys could help close the communication gap between communities and authorities in ensuring nobody is left behind.

8.5.2

PROTECTION OF COMMUNITIES

Suriname is perhaps one of the most unique countries within the Caribbean region as it is a former Dutch colony in which, while ethnically diverse, there is no single majority ethnic group. Figure 33 shows the epidemiological curve from June 2020 through September 2020 among ethnic groups in Suriname.¹²⁶ The United Nations recommends that the Government and partners continue to address the increased vulnerability of community in the hinterlands, in order to ensure no one is

left behind. Figure 34 shows the COVID-19 cases in Suriname disaggregated by ethnicity, indicating a high percentage (20%) of confirmed cases among the Amerindian communities, which account for only 4% of the entire population of Suriname. The crisis has exacerbated inequalities for communities living in Suriname's hinterland (both Indigenous and Maroon tribes) where testing, hand-washing, self-isolation and quarantine has been particularly difficult to implement. In an effort to identify vulnerabilities among this critical group, the United Nations Development Programme (UNDP) deployed a Rapid Digital Socio-Economic Impact Assessment survey among Indigenous households; this would help to mitigate the socio-economic impact of COVID-19 to vulnerable groups in society and developing a recovery framework.¹²⁷ However, there remains a continued need for continuous communication and culturally-sensitive awareness building and information sharing on COVID-19 utilizing traditional means and local Indigenous and Maroon languages as well as new technology for delivery. There also remains a need to promote handwashing by provision of water storage; to install handwashing facilities and handwashing

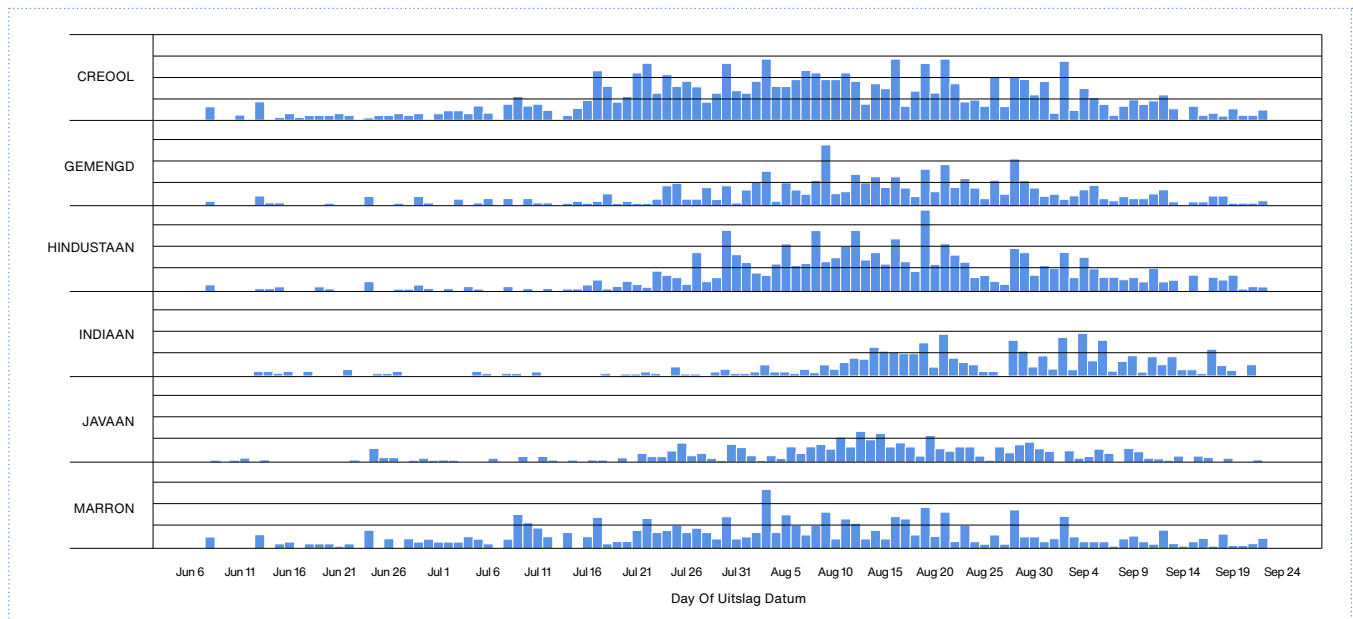
126. PAHO Suriname – COVID-19 Situation Report #34 (10/2/2020).

127. UNDP has already invested resources in conducting the Rapid Digital SEIA and will use the information to design programmes and policy actions and resource mobilization for the actions required, as listed above.

units; and to explore opportunities for cost-effective small-scale purification systems

which remove heavy metals (iron, arsenic) and bacteria from rivers / rainwater.

Figure 33. Epidemiological curve (June – September 2020)



Source: Epi Unit, BOG and ADEKUS. (Epi curve among ethnic groups from June to September 2020)

Figure 34. COVID-19 case findings per ethnic group

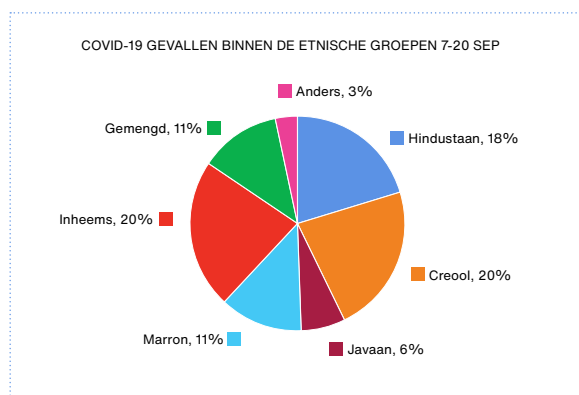
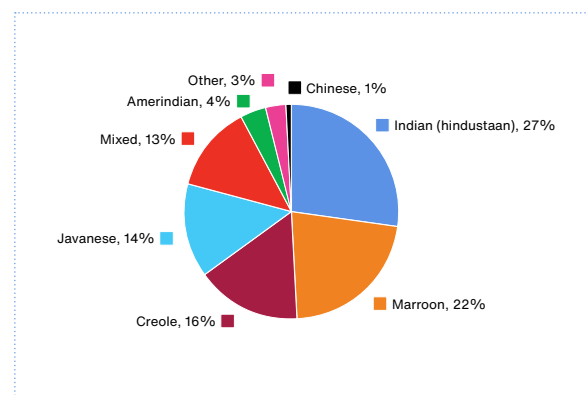


Figure 35. Population by Ethnicity



Source: IDB (2020) Online Survey (April-July 2020).

8.5.3 SUPPORTING LAW AND ORDER

While the COVID-19 pandemic is a health crisis it is also a humanitarian crisis, a development crisis and a human rights crisis. Sectors such as the justice sector and the disaster risk reduction sector in Suriname have required support in order to properly carry out their respective mandates which include enforcing COVID-19 measures in public places (such as adherence to curfews and opening hours of businesses) as well as border patrol. The United Nations has supported the Government of Suriname specifically in the form of properly equipping police force staff with Personal Protective Equipment (PPE). The National Coordination Center for Disaster Relief (NCCR)¹²⁸, the disaster agency under the Ministry of Defense, has been tasked with the mandate of managing the COVID-19 facility which accommodates mild to moderate positive COVID-19 patients. NCCR staff also need to be equipped with PPE and to ensure the national stockpile is adequately maintained. UNDP has already completed some procurement of PPE's for the Ministry of Justice and Police and procurement and supplies for NCCR. Additional

procurement of PPE's by UNDP has been finalized and agencies are awaiting goods to be delivered.

8.5.4 GENDER BASED VIOLENCE

Efforts to reduce gender-based violence are needed through information platforms, access to GBV support and referral pathways. UNDP in partnership with UNFPA are already supporting this through knowledgesharing and technical assistance, to strengthen domestic violence services by looking at strengthening emergency hotlines; placing complaints through mobile apps and text messages, and public service campaigns to assist victims of domestic abuse whose vulnerability has increased due to the pandemic in Suriname.

8.5.5 MIGRATION

Migration is noted as an important issue for Suriname with three border countries (Brazil, Guyana and French Guyana), which have formal and informal borders, that are difficult to patrol. The borders,

128. www.nccr.sr.org

which are rather porous, have shown to provide an additional challenge in the fight against COVID-19, with the respective governments making efforts to patrol the borders while persons find new ways of crossing those borders. The impacts of migration on the development agenda should be addressed and this is highlighted by the COVID-19 pandemic. The United Nations recommends that policy around development and migration be developed and strengthened. UNDP has considered supporting a Development and Migration Strategy, with other agencies, which seeks to strengthen the link between development and migration.

digital delivery of benefits.¹³⁰ Furthermore, the crisis also represents an opportunity for financial inclusion by facilitating greater use of digital financial services (e.g., payments, remittances, and credit), which could be accessed and delivered through digital channels, including via mobile devices. These include existing instruments (e.g., debit and credit cards) offered mainly by banks, and new solutions that built on cloud computing, digital platforms, mobile payments and peer-to-peer applications.¹³¹

8.5.6

COMMUNITY RESILIENCE THROUGH DIGITAL INCLUSION

A common emerging theme is the increase of the use of digital platforms to enhance e-government services and the delivery of transfers. The crisis has reinforced the need for digitizing financial management systems, fiscal transparency portals and procurement platforms.¹²⁹ For identification and delivery of services, the need for a citizen ID, updated socioeconomic data and

129. Una G. et al (June 2020) "Enhancing Digital Solutions to Implement Emergency Responses" Special Series on COVID-19, IMF.

130. D. Prudy " Reaching Households in Emerging and Developing Economies: Citizen ID, Socioeconomic Data, and Digital Delivery", Special Series on COVID-19, IMF

131. Agur R. et al (July 2020) "Digital Financial Services and the Pandemic: Opportunities and Risks for Emerging and Developing Economies" Special Series on COVID-19, IMF.

SOCIO ECONOMIC RESPONSE FRAMEWORK

PILLAR 1 HEALTH FIRST: PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS

- **Indicator 1-1:** Number of people accessing essential (non-COVID-19 related) health services, disaggregated by sex, age group and at-risk populations, Number, Vaccination Programmes
- **Indicator 1-3:** Whether the country is protecting health services and systems, Yes/No, with a set of core essential services to be maintained during the COVID-19 pandemic defined (PAHO)
- **Indicator 1-4:** Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions, disaggregated by type of support, Number, Total

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Provide analytical and policy support, and rapid technical guidance	SRH service mapping to ensure appropriate and timely referrals to live-saving SRH services	UNFPA	Ministry of Health; BGVS; Medical Mission; RGD	\$12,000
	Support the national affiliate of the International Planned Parenthood Federation (IPPF) to adapt their service provision ensuring continuation of essential SRH services including through remote service provision and face-to-face service provision without compromising the safety of caseworkers	UNFPA	Stichting Lobi Health Center	\$50,000
	Support the Ministry of Health to strengthen the supply chain management systems and ensure access to commodities including in emergencies (prevention of stock-out)	UNFPA	Ministry of Health; BGVS; Medical Mission; RGD	\$350,000
	Support the Ministry of Health and the national Caretaker Country Coordinating Mechanism to mobilize funds from the Global Fund for AIDS, TB, and Malaria to support continuity of HIV treatment and prevention services	UNAIDS	Ministry of Health	--
Define and prioritize core essential services	Country has defined the set of core essential services to be maintained during the COVID 19 pandemic	PAHO	Ministry of Health	\$10,000
	Country has established triggers for phased reallocation of capacity from routine comprehensive services towards essential services, and for their return as the pandemic evolves.	PAHO	Ministry of Health	\$25,000

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Optimize service delivery settings and platforms	Country has redesigned chronic disease management strategies considering limited provider encounters and increased self-management, while ensuring access to necessary medications and supplies.	PAHO	Ministry of Health	\$30,000
Optimizing health workforce	Country has a strategy for managing human resources for health to respond to a pandemic while maintaining essential services including recruitment, repurposing within the limits of training and skills, redistributing roles among health workers among others.	PAHO	Ministry of Health	\$15,000
Maintaining the availability of essential medications, equipment and supplies	Country has a functioning logistics management information system that includes major distribution points, such as hospitals and district stores, for monitoring critical products that may be at risk of stock out or other problems (e.g. expiration, overstock that could be transferred)	PAHO	Ministry of Health	\$150,000
Strengthening communication strategies to support the appropriate use of essential services	Country utilizes multiple communication approaches to build public confidence and encourage continued utilization of essential services during the outbreak	PAHO	Ministry of Health	\$25,000
	Country engages with communities to inform the adaptation of services, so they are more responsive to local needs and prevent interruption in service delivery	PAHO	Ministry of Health	\$100,000
	Awareness campaign on Occupational Safety and Health in times of COVID-19 (including the development of tools for the MOL, workers and employers)	ILO	Ministry of Labour; RAVAKSUR; VSB	\$65,000
Monitoring the maintenance of essential health services	Country has a system to monitor national indicators on the maintenance of essential health services	PAHO	Ministry of Health	\$75,000

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REUIREMENT
Maintenance of essential healthcare waste management practices	Country has a functioning management system in place to monitor infectious waste generation at healthcare facilities, verify medical waste solutions/technologies, identify spare capacities or gaps in capacities, validate alternative solutions and train involved personnel to maintain essential services and avoid cross-infection.	PAHO	Ministry of Health	\$30,000
Within the support to strengthening the system of labour inspection incorporate specific COVID related elements	Combination of development of labour inspection strategy, targeted training, adoption of an electronic reporting system and financing for direct outreach to rural regions.	ILO	Ministry of Labour	\$200,000

PILLAR 2 PROTECTING PEOPLE: SOCIAL PROTECTION AND BASIC SERVICES

- **Indicator 2-1:** Number of people reached with critical WASH supplies (including hygiene items) and services, disaggregated by sex, age group and at-risk population, Number, Total
- **Indicator 2-2:** Number of children supported with distance/home-based learning, disaggregated by sex, Number, Total
- **Indicator 2-4:** Whether the country has measures in place to address gender-based violence (GBV) during the COVID-19 pandemic, which, Yes/No, Integrate violence prevention and response into COVID-19 response plans
- **Indicator 2-5:** Number of beneficiaries of social protection schemes and services related to the COVID-19 pandemic, disaggregated by type of programme, territory (rural/urban), sex, age group and at-risk population, Number, Female Cash for productivity / transfer programmes

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Support victims of Gender-Based Violence and Violence Against Children	Support the mapping of GBV services and referral pathways for survivors	UNDP, UNFPA	Ministry of Justice and Police; Ministry of Home Affairs – BGA and National DV commission	\$20,000
	Support the coordination, capacity building and provision of GBV (psychosocial support) and SRH services in response to COVID-19	UNFPA, UNDP	Ministry of Justice and Police; Ministry of Home Affairs – BGA and National DV commission	\$175,000
	Work with community for developing child-friendly messages on COVID-19, associated risks and referral pathways including short videos and messages to support parents on self-regulation to avoid violence against children, as well as to support children coping with stress associated to the virus	UNICEF	Ministry of Education; The Back Lot	\$350,000
	Establish mechanisms to ensure that communities facing restrictions on movement have continued access to interventions which prevent Violence Against Children in containment including distance psychological support. (123 help line, referral system and meldpunt)	UNICEF	Ministry of Justice and Police; Ministry of Social Affairs and Public Housing; BGA and National DV commission	\$85,652
Secure sustained learning for all children and adolescents, in schools but also out-of-school	Support the Ministry of Education in the alternative schooling support to pre-primary, primary and secondary education lessons to be broadcast on media (radio/tv) and other required distance learning platforms, including MHPSS support for children via home-based learning.	UNICEF	Ministry of Education	\$78,945
	Provide guidance to Ministry of Education for the safe reopening of schools	UNICEF	Ministry of Education	\$7,800

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REUIREMENT
Social Protection	Conduct assessment of Social Protection system readiness to respond to the loss of incomes.	UNICEF	Ministry of Social Affairs and Public Housing	\$12,000
	Reduce the economic impact of COVID-19 through maintaining / adjusting / scaling up social protection or parallel cash transfers	UNDP	Ministry of Social Affairs	\$1,500,000
	Conduct mapping of all ongoing social transfer interventions to strengthen complementary humanitarian programs	UNICEF	Ministry of Social Affairs	\$70,000
Food Security / Increasing support to low income and at-risk families during Covid-19 through the introduction of non-market household agriculture/ boosting i incomes from agricultural production to safeguard livelihoods	Provide technical advice to farming households, including guidance to ensure the availability of seeds for the next planting season	FAO	Ministry of Agriculture; Ministry of Regional Development	\$700,000
	Support the Ministry of Agriculture to develop a programme to encourage novel approaches to backyard farming to increase food security Distribution of grow garden (household garden) kits consisting of seeds (tomatoes, chive, peppers, bitter melon, lettuce and yard long beans) and soil to low income families; -- (Distribution to be conducted using State approved delivery services to ensure all governmental regulations are met with respect to distancing and protection.)			
	Provide small farmers with short term micro credits for agricultural inputs through credit Unions or Agricultural Associations			
Supporting the preparation of a food supply and distribution policy with goals, objectives, strategies and programmes spanning regional, urban and local areas (formulated in close collaboration with all concerned stakeholders)	Facilitate a food voucher relief programme to development and implementation a comprehensive food supply and distribution programme	FAO	Ministry of Agriculture; Ministry of Regional Development	\$50,000
	Facilitate arrangements through the Ministry of Agriculture, local authorities, the private sector, NGOs to determine and use resource requirements under their control to improve access by households to stable supplies of good quality food, through efficient, hygienic, healthy and environmentally sound food supply and distribution systems.			

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REUIREMENT
Enhancing food security in response to COVID-19	Enhance capacity for productivity and efficiency in selected value chains of family farmers, women and rural groups	FAO	Ministry of Agriculture	\$200,000
	Support production of key commodities, in particular vegetables to meet consumer demand and reduce the disruption in the food supply chain			

PILLAR 3 ECONOMIC RESPONSE AND RECOVERY: PROTECTING JOBS, SME, AND VULNERABLE WORKERS IN THE INFORMAL ECONOMY

- **Indicator 3-2:** Number of private sector companies and formal and informal sector workers supported during and after the COVID-19 pandemic, Number, Micro, small, medium enterprises (MSMEs)
- **Indicator 3-3:** Whether the country adopting fiscal, monetary and legislative stimulus packages for COVID- 19 economic response and recovery that are, Yes/No, Climate and environmentally sensitive
- **Indicator 3-4:** Number of direct beneficiaries of food supply protection regimes that are designed to, Number, Protect livelihoods by addressing food supply bottlenecks

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Evaluating the work of business incubators and designing measures to support young entrepreneurs	Develop curricula and training of trainers to incorporate entrepreneurship education in schools	ILO	Ministry of Education; Ministry of Labour	\$50,000

Stimulating and supporting Environmentally friendly and sustainable agro-processing, food storage and distribution systems	Review governments' existing food security plans and systems, nutrition policies and national policies and laws related to the management of Civil Society Organizations; and identification gaps in knowledge and capacity- in an aim to deliver short-term support to vulnerable groups	FAO	Ministry of Agriculture; Ministry of Trade and Industry; Ministry of Regional Development	\$1,200,000
	Establish a soft loan facility for local food processing entities of family businesses with a special focus on youth and women			
	Support government to understand their populations' basic food consumption needs, and available supplies/food stores to ensure global nutrition standards are continuously met. (This will include segmentation of vulnerable populations; / rapid assessment of food needs, domestic supply chains, transportation routes and capacity and emergency response to assist those directly impacted by the COVID 19)			

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Supporting digitization of agricultural markets, food supply chains and logistics to food systems	Support agricultural producers with digital literacy	FAO, UNICEF,	Ministry of Social Affairs and Public Housing; Ministry of Agriculture; Ministry of Trade and Industry	\$2,500,000
	Support Online platforms for the marketing and distribution of agriculture and food products to link buyers in the national markets with producers provide logistical (including inventory management) and delivery support to government agencies to ensure food reaches food distribution centers and vulnerable groups.			
Stimulating and creating initiatives for increased employment / livelihoods and income opportunities in the agriculture sector with special focus on women	Provide support/stimuli in formation and development of agricultural clusters	UNICEF	Ministry of Social Affairs and Public Housing	\$12,000
	Training on Public Employment Programmes as a public tool for resilience and recovery	UNICEF	Ministry of Social Affairs	\$70,000
	Identification of the potential of implementing a Public Employment Programme in Suriname as a response to recover from the impact of COVID-19.	FAO	Ministry of Labour; Ministry of Public Works, Transport and Communications	\$45,000
Stimulate Circular Economy and agricultural diversification through policy support	Small pilot-study to provide practical viability of silage use in Suriname	FAO	Ministry of Agriculture	\$300,000
	Capacity building and implementation of recycling and agricultural waste			
	Raise awareness on the potential of discards and fish processing waste utilization in Suriname			

PILLAR 4 MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

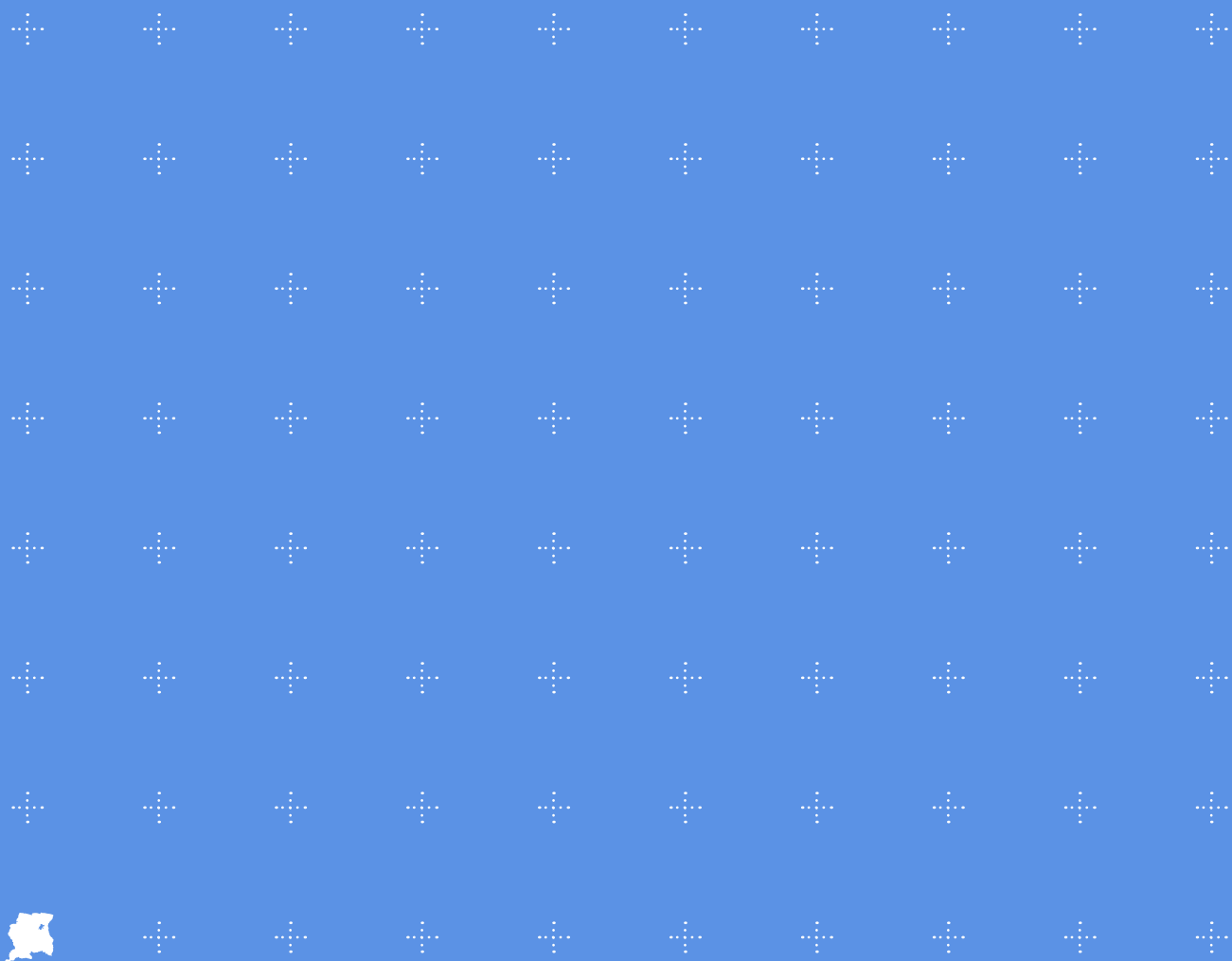
- **Indicator 4-1:** Whether the country undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on vulnerable groups, directed at-risk populations, Yes/No, Macro-meso economic needs assessment
- **Indicator 4-2:** Whether the country is implementing policies informed by socio-economic impact assessment, directed at-risk populations, Yes/No, Fiscal Policy

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REUIREMENT
Strengthening Climate change readiness and Building local level resilience to disasters	Support integration and mainstreaming of international policies and programmes into local policies and programmes	FAO, UNDP, UNEP	Ministry of Finance; Ministry of Agriculture	\$500,000
	Capacity building and skills enhancement to lead and implement Suriname's adaption actions			
	Develop and implement Sustainable Agriculture Policy including relevant climate resilience mechanisms in existing and new regulations			
Support government, employers and workers to improve the environment for sustainable enterprise development with a focus on productivity in post COVID	Support agricultural producers with digital literacy	ILO	Ministry of Labour	\$50,000 (already committed/spent)
	Strengthen workers' and employers' organizations to actively and fruitfully engage in action planning with government	ILO	RAVAKSUR; VSB	\$10,000
	Strengthen the Board of Centre for Innovation and Productivity's knowledge on productivity and capacity to implement programmes.	ILO	Ministry of Labour; Ministry of Trade Other ministries; RAVAKSUR; VSB	\$25,000
	Support government, workers and employers in developing an action plan and implementing targeted actions outlined for 2020 / 2021	ILO	Ministry of Labour; Ministry of Trade; Other ministries; RAVAKSUR; VSB	\$100,000
Ensuring access of LPAs to accurate data to support COVID-19 recovery efforts at the local level	Financing another round of labour force survey (discontinued since 2017) with updated questionnaire incorporating latest statistical standards	ILO	ABS	\$250,000
	Financing targeted establishment survey to assess impact on workforce, wages, productivity and business model from COVID-19 and path to recovery	ILO	ABS	\$200,000

PILLAR 5 SOCIAL COHESION AND COMMUNITY RESILIENCE

- **Indicator 5-1:** Number of organizations benefiting from institutional capacity building so that governments, employers' and workers' organizations can work together to shape socio-economic policy responses, Number, Employers' and business organizations (EBMOs)
- **Indicator 5-2:** Number of community-based organizations capacitated to respond to and mitigate the pandemic, fight against COVID-19 related domestic violence, racism, xenophobia, stigma, and other forms of discrimination, prevent and remedy human rights abuses, Number, National Human Rights Institutions (NHRIs)
- **Indicator 5-3:** Number of social dialogues, advocacy and political engagement spaces facilitated with participation of at-risk populations and groups, Number, National

AREA OF RESPONSE	ACTION TO BE TAKEN	LEAD AGENCY	IMPLEMENTING PARTNERS	RESOURCES REQUIREMENT
Socioeconomic policy	Conduct rapid assessment on impact of COVID-19 on 300 indigenous households	UNDP	VIDS	\$15000; (+ in Kind: Technical support Crisis Bureau; IUNV; International Expert)
Medical Waste Management	Support waste management (e.g. medical/health/hazardous waste and wastewater) in order to minimize possible secondary impacts upon health and the environment. Support will be provided through technical assistance - capacity building/training and expert advice, tools and methodologies in waste management waste handling, community waste disposal etc.	UNEP	Ministry of Spatial Planning and Ministry of Health	\$200,000
Capacity building for upholding human rights in the crisis aftermath	Promotion and learning the application of ILO's Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205)	ILO	Ministry of Labour and other concerned and interested ministries; RAVAKSUR; VSB Other	\$3,000
Pandemic response and mitigation	Equip police force staff with Personal Protective Equipment (PPE) to enforce lockdown	UNDP	Ministry of Justice and Police; NCCR	\$60,000



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