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# Planning Office of Suriname in Partnership with the United Nations Children Fund (UNICEF)

A deep dive into the social protection system in  
Suriname for children, adolescents, and adults  
over 2015-2023

Extended EXECUTIVE SUMMARY



Paramaribo 2024

Consultant: Dr. R. Sobhie

A deep dive into the social protection system in Suriname for children, adolescents, and adults over 2015-2023.

## Extended Executive Summary

### Reducing inequities (UNICEF Outcome 5) and the SDGs



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### Introduction

The research document “*A deep dive into the social protection system in Suriname for children, adolescents, and adults over 2015-2023*” is the product of a project, led and developed by Suriname's National Planning Office in partnership with UNICEF Suriname, and offers an extensive analysis of Suriname's Social Protection System over the period 2015 to 2023. This report sheds light on Social Assistance for children, adolescents, and adults and other vulnerable groups. It explores urban, rural, and interior areas, stressing the need to inform policymakers and organizations for inclusive system redesign. Targeting vulnerable groups like migrants, Indigenous, and disabled individuals, it examines factors hindering or supporting an enabling environment for coverage, particularly for the deprived and disadvantaged.

Suriname's social protection system comprises three categories: Social Insurance, Social Assistance, and Social Services. This study focuses mainly on Social Assistance carried out as targeting programs for children, adolescents, adults, elderly, and vulnerable households. This executive summary aims to present the main research findings regarding the effectiveness of the social protection system, adequacy of eligibility and selection criteria, strengths and weaknesses of the system and recommended actions, whereas the main report version elaborates more extensively on these topics.

### Objective

The main objectives of this study are:

- To conduct a deep dive into the social protection system in Suriname for children, adolescents, and adults over the period 2015-2023.
- To gain a deeper understanding of the social protection system in Suriname, which is critical to inform national strategies for at-scale programming.
- To inform deeper trends and point-in time understanding of the social protection sector of Suriname and provide evidence for program-and-policy decisions to strengthen the infrastructure for an optimal SP system for children.
- To inform the mid-term review of the Government of Suriname-UNICEF Country Program 2022-2026 inter alia prioritizing and programming for children and adolescents.

### Methodology

The research methodology used in this study includes a mixed-method approach consisting of desk review, quantitative and qualitative analyses, interviews, observation, document analysis, focus groups, and fieldwork. It also involves stakeholder engagement, and evaluation approaches such as qualitative comparative analysis, stakeholders' analysis, and social network analysis.

For qualitative research, the field research utilized a structured questionnaire. Interviews and focus groups followed a constructivist Grounded Theory approach, focusing on understanding individuals' interpretations and experiences rather than uncovering objective truths. The methodology employed reflexive and interactive data collection, coding, and analysis to develop grounded categories aligned with both data and researcher interpretations. These categories were compared and synthesized, yielding a theory explaining the social protection system, incorporating diverse perspectives and accounting for variations in the data. The quantitative data were analyzed using the STATA/SPSS Software. Descriptive statistics as well as multivariate analyses were used to present the incidence of poverty /deprivation among the most vulnerable groups. Special focus was placed on upholding UNICEF's ethical standards during data collection, analysis, and reporting to ensure assessment integrity.

### 1. Economic context and Living Conditions 2015-2023

Combating poverty is a top priority for the Surinamese government's policy agenda. Suriname, partly because of its high dependence on global market prices and huge external debt, has a vulnerable economic position. Whereas economic growth in the period 2005-2012 was on average 5%, this growth level gradually turned into a contraction of (minus) 8.1% in 2016 and (minus) 15.9 percent in 2020. The first contraction in the past decade appeared in 2015/16, which was merely caused by a worsening of the global market prices of the country's main export products. The second crisis evolved by continuing the same budgeting policy. As observed, expensive external debts were arranged and used to finance the government's budget deficit, instead of cutting off domestic expenditures.

Due to its continuous budget deficit and the impact of COVID19, the productivity at sectoral level was stagnated/tempered and the situation has affected the population's living conditions and purchasing power. Poverty is a serious problem in the country. Based upon household expenditures survey data of 2014, households in the two lowest quintiles spend merely all their financial resources on food (65%), household utility expenditures (15%), and transportation (7%), (Sobhie & Kisoensingh, 2023). Estimates show that about one third of the population is living below the estimated food-energy intake- poverty line. The government has prioritized poverty targeting in its policy and launched 3 special projects 'Social Safety net', 'Affordable Housing project', 'Financial assistance'. Special attention is paid by the government to

leave no one behind, especially no minority and vulnerable groups. Within this framework, policy areas have been identified, and long and short-term goals have been set to reach out to these groups through Social Targeting Programs.

### **Basic Needs and Access to health and social services**

As observed from recent studies there are huge disparities at regional level for basic services and access to basic needs and assets, especially for the interior is not in place. Findings from MICS 2018 show that for the urban and rural area about 80 to 90 percent of the households have access to electricity, have a house with finished flooring, walls and roofing. For the interior only 56% has access to electricity from a grid. About 10 to 15% are connected by a village generator and have electricity after 6 pm. Villages are known for their traditional huts and therefore their dwelling is assessed as not having finished wall, roofing and flooring. Compared to the 2012 figures of Census there are more dwellings that are not the typical huts and cement, and concrete is used. Access to internet is at national level around 50.5% and for the interior this is 22%. Most of the households have 1 or 2 rooms used for sleeping and those living in the interior this percentage is a bit more than 80%. About 90% or more of the households use clean fuel and technology for cooking. The interior lagged, since access to gas cylinder at the remote areas is a challenge and households use wood as cooking material, which is considered unhealthy regarding the WHO-norms.

Six to seven out of ten Surinamese citizens have health insurance, according to 2018 data (see figure 9). Men who have health insurance are covered by their employers for 57% and by the government's social insurance for 23%. Conversely, only 42% of female employees get employer-provided coverage, and over 38% rely on social insurance. About 40% of respondents said they get some form of social transfer or assistance. The Old Age Pension Program provides most of the support.

### **Education: Completion, Attendance, Out of school**

The MICS 2018 data indicates that for both women and men in the age group 15-49, more than 50% have lower secondary as the highest education level. The data also indicates that the national illiteracy rate is 0.1% for men and 0.3% for women. About 28% of children is out of school. For children, the MICS 2018 survey reveals concerning dropout rates: 1 in 10 primary school children fail to complete a grade annually, rising to 1 in 4 for lower secondary students, and 1 in 3 for higher secondary. Primary completion stands at 85%, dropping to 49% for lower secondary, and 23% for higher. Inequality persists among regions. Groups facing the most challenges include boys, Indigenous or Maroons, those in Brokopondo or Sipaliwini, and rural dwellers (UNICEF, 2023). Furthermore, the survey indicates low development levels in reading and math among grade 3 and 4 children: almost 50% lack sufficient reading skills; 3 out of 4 fail numeracy

tests. Children's education is disrupted by economic constraints, compelling them to work or care for family instead of attending school regularly.

### **Living environment of children and young people, Child Labor and Violence**

The Suriname Child Labour Survey (2018) showed that among boys between 5-17 years the number of employed is 3%, with boys aged 14-17 years. For girls, the MICS 2018 study showed that 14% work above 20 hours (the healthy number of hours allowed) spent on household chores. In the rural districts, it turned out that children of 3 and 4 years old are used to carry water to the residences from the river. Based on the variables used to analyze the living situations of children, nearly ninety percent of children aged one to fourteen were subjected to any form of violent discipline. The 2017 Violence Against Children (VAC) study found that 27% of teenagers reported being bullied by their peers in 2017, with 9% reporting ongoing bullying.

## **2. Overview of Social Protection Programs by target group**

In this section the main targeting programs by targeting group are described and the experience of these group in practice. The respondents taking part in this research has also assesses the provisions available and quality of the programs based on adequacy, accuracy and financially valuable. Their assessment is included between brackets in the following part of this section. There are 4 programs with national coverage and executed on a regular base. These programs were recognized by almost all respondents from the IDIs. These programs are:

- Elderly Allowance, the General Old Age Provision Fund (*Wet Algemeen Oudedagsvoorzieningsfonds - De Nationale Assemblée (dna.sr)*)The General Child Benefit (A.K.B.) provision, which is based on the General Child Benefit Regulation 1973 G.B.107, is granted to households with children (0-18 yrs of age) whose heads of family are not entitled to child benefit on other grounds.
- Financial Contribution to socially weak households; The program is aimed at supporting the head and other members of the household.
- Financial Contribution to people with disabilities; People with a permanent disability, who are no longer able to perform work

As observed the ‘Housing Project’, ‘Social Beneficiary program/KKV’ and ‘Basic Health Security’ programs were initiated or upscaled in the past 2 years. A major development is the introduction of the ‘Moni Karta system’ which aimed to make financial transfer digitally possible. The system is meant to be implemented country wide.

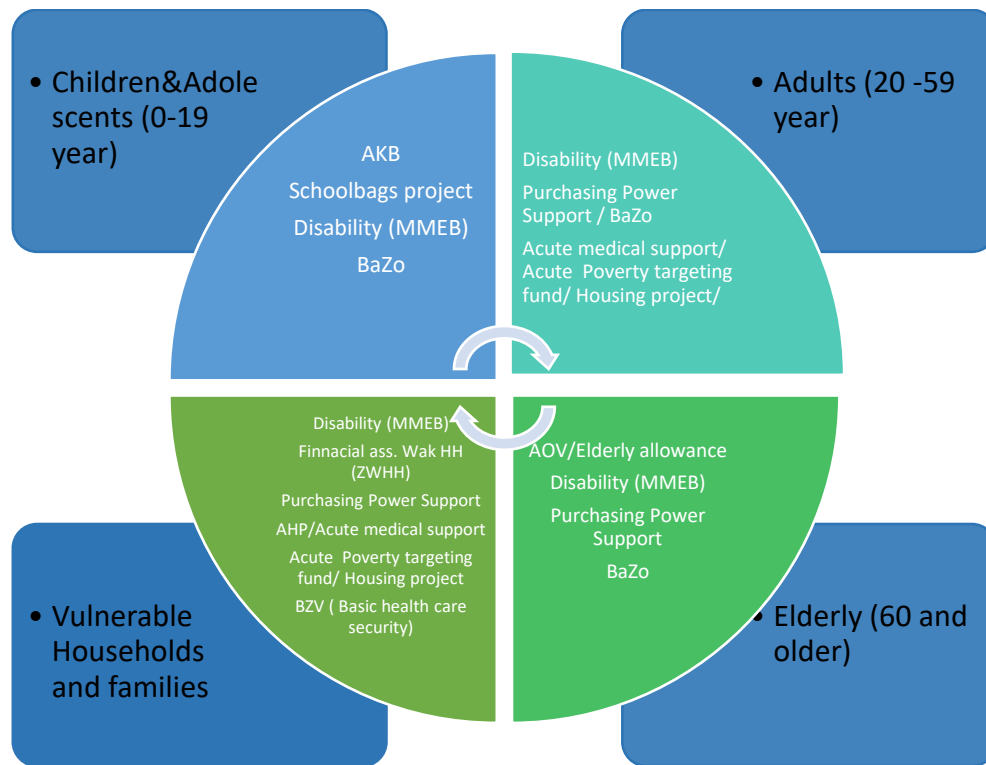


Figure 1 Assessment of SP-system and programs in execution by main target groups

## Elderly

### A. Main points

- About 60% rely solely on the government's elderly allowance (AOV), while 40% also have supplementary pensions. With the AOV below the poverty line, they face financial vulnerability, as aging brings reduced labor force participation, increased health risks, and medical expenses. They also receive KKV.
- Stakeholders notice delays in fund availability. Digitalizing via 'moni karta' faces challenges in remote areas, where ATM access and transport costs outweigh benefits.
- Besides the AOV and KKV, very few respondents know about other social programs for which elderly can apply.
- Having the availability of medicines, and health care is very much needed, as are funds for risk and disaster management and care for the elderly, as the adults/ families of the elderly often move to the city.

### B. Qualitative Assessment of the programs for elderly

As mentioned earlier the coverage for old age allowance is about 85%. From the stakeholder's session and the IDIs special remarks were made that the funds were not available on time. There was an attempt to digitalize the system and start a transfer per card, the 'moni karta'. The interior districts merely have ATMs and banks in the neighborhood. The transportation cost to reach the ATMs in central location (Paramaribo), even within a district is more than the benefit they get, which makes it unprofitable. By restriction of the card, they cannot withdraw more than SRD 2000 a day. For some parts of the interior and even rural areas the district managers find it better to have cash transfers (for both AOV and KKV). There were a lot of complaints about the fact that the subsidies are not available every month. Sometimes the officials of MOSAH come only once or twice a year.

Other main complaints are transparency and accountability. It is observed that the application system and assessment of eligibility is not clear for applicants, especially the KKV. As mentioned by almost every respondent, the political will and the non-cooperative attitude between political parties is contagious for the effectiveness of the programs. There is also a situation that the coordination is carried out from multiple administrative locations and authorities, which make it very difficult for applicants to reach the right person to settle problems.

Besides the AOV and KKV, very few respondents know about other social programs for which elderly can apply. Although, the information about the Budget for Social Protection Programs is publicly available as part of the Annual Year plan of the Government, respondents were not aware about the funds available for each program.

On a scale of 1 to 10 about all respondents indicated that the quality of programs for elderly is poor, (4-5), they do not have the necessary support. About all the people were not aware of the other assistance programs of the ministry that could be applied for in acute situations as medical help, equipment etc. For those who were familiar with them, the functioning of the system was not optimal. As stated by interviewees from Commewijne and Para all requests must be done in Paramaribo and not within the district, which makes the procedure very inefficient. As the districts were/are in a decentralization stage, the management/authorities within the district find it very inefficient that everything must be executed in the capital. They have a full system in the districts, at every resort and still we expect that elderly have to travel that far. For the KKV and the BAZO, people in the districts are still waiting for approval of their requests.

As part of the research these complaints were also brought to the attention of MOSAH officials. The explanation for the capital-driven allocation (assignment to receive payments only in Paramaribo) was that for some of the assistance programs the funds are very limited, a small group decides when to approve. As for the BAZO and KKV chaos, it was argued that the program was not fully part of the system of MOSAH



but is run from the Secretary of the president and other supporting units. So, since there were multiple coordinating and decision-making units, it was very difficult to cope with all the problems during implementation. From the side of MOSAH all the households that were already part of the vulnerable HH program were pointed as eligible for this benefit.

Questions were asked about the gaps in the current SPS and what programs would benefit the elderly. As stated by the interviewed persons, having the availability of medicines, and health care is very much needed. Besides, elderly care and transportation for elderly were also mentioned as improvement points. Special funds for risk and disaster management are also needed. Villages in the interior face situations of scarcity and unhealthy drinking water, health problems, food insecurity, floods. There are no programs that start immediately when such a situation occurs. In some situations, the care for the elderly is at risk due to the fact that the adults/ families move to the city and they have to take care of themselves.

There are no foster/ caring facilities in the interior. In none of the districts was a well-functioning transportation for health care purposes. Especially in district Nickerie remarks were made about the support that institutions receive per elderly (SRD 27 per elderly per month). That means homes with about 30 persons receive about SRD 800 (equivalent to 20 USD) a month to run a whole facility including salaries of the personnel. Above that, the subsidy that they need is not regularly and timely made available, but mostly once a year. If not for sponsors from the private sector or international donors, the foster homes would not be able to take care of the elderly. Similar reflections were presented by Commewijne. In other districts, especially from the interior, there are no institutions to take care of the elderly, which is experienced as a shortcoming by the respondents. During the research there were no statistics available to see how many people aged 60 years and older are receiving the KKV.

Based on these circumstances, the general opinion of respondents was that the level of support from assistance programs does not reach the targeted group of elderly timely and effectively. Furthermore, especially for the interior health care services for elderly are needed.

### Children and Adolescents

#### A. Main points

- There are nine annual budget programs government/ministries-listed, however this research pointed out that the accuracy, timing, continuity and inclusiveness of these programs in practice are not in line with expectations from respondents.
- First, from all the children-oriented targeting programs only the AKB and the disability allowance for disabled children are programs that run for longer than a decade. All the other projects mentioned faced discontinuity or stagnation.

- Other programs that might be also beneficial for children are not known or reachable by stakeholders from rural and interior districts, since they are all managed from Paramaribo.
- The level of the contributions for children is far below the national poverty line and even 5-times lower than \$1-a-day (\$5 a month AKB for 2023).
- Child allowances often used by parents, not children.
- Youth have low aspirations; Gaming and betting addiction is rising, especially in Nickerie which Commewijne and it might result in potential violence.
- There is misinformation on support programs exists; miscommunication between MOSAH and DCs.
- Exclusion occurs after school dropout or teen pregnancy.
- Indigenous communities request sexual education and school stay programs.
- Transportation for disabled and needy has been requested.
- Missing programs include mental health, social workers, education, and job creation for disabled and dropouts.
- Basic insurance is not optimal in all districts due to financial resource dependency on Ministry of Finance.

**Table 1: Social assistance for children over 2018-2023**

Amount Social assistance (SRD per month)	2018	2019	2020	2021	2022	July 2023*
Children 0-18, AKB	50	50	75	125	125	200
Persons with disability (MMEB)	325	325	500	750	1750	2250
<i>Exchange rate</i>	<i>7.485</i>	<i>7.52</i>	<i>7.52</i>	<i>14.29</i>	<i>21.3</i>	<i>37.4</i>
<i>Poverty line, 1 person household, December year 2023 SRD/USD</i>	<i>850</i>	<i>1248</i>	<i>2081</i>	<i>3365</i>	<i>5428</i>	<i>6913</i>
Amount Social assistance (USD per month)	2018	2019	2020	2021	2022	July 2023*
Children 0-18, AKB (USD)	7	7	10	9	6	5
Persons with disability (MMEB)	43	43	66	52	82	60
Poverty line, 1 person household, December year X, USD	114	166	277	235	255	185
Children 0-18, receiving AKB	90207	90533	91191	88659	87806	n.b
Total number of Children 0-18	167688	168177	167374	170560	169623	169623
Coverage %	54%	54%	54%	52%	52%	

Source: Ministry of Finance, 2023, Ministry of Social Affairs and Housing, General Bureau of Statistics, Cebuma, Planning Office, Pension Fund, modified by author

**B. Qualitative Assessment of the SPS for Children**

All respondents were familiar with the AKB general Child allowance, the schoolbag and clothing project and the disability benefit for disabled children. Most of the NGO representatives were also familiar with

the support for Childcare institutions and foster homes. Major problems that were mentioned by especially youth groups were:

- Low level of aspirations among youth
- The coverage and misinformation about support programs
- The exclusion faced by youngsters when they drop out of school and in case of teen pregnancy.
- No direct 'formal system or institutions' for support and safety when needed by children and youth. Even in circumstances of teen pregnancies the financial support for the young mother is received by her parents.
- According to the statements made the child allowance received for children is mostly used by parents (without discussing with children) and as mentioned by other respondents (also from MOSAH) the transfer is used for buying household assets and not necessarily used for the children. All district commissioners and NGO managers mentioned that child support is paid very late. For district Commewijne, which is near the capital, AKB still has not been received over 2023. The delay in AKB-payments were also mentioned by representatives from the interior. The system of financial inclusion and payment by electronic card is not working everywhere and re-evaluation of decision-making was requested for areas which have no ATMs and bank branches.
- It is observed that there is a miscommunication/ mismatch between MOSAH and DCs at district level. Most of the MOSAH driven programs which can be used for children and other vulnerable groups are not known by DCs and in case of acute support the current procedure that all must be managed/ applied for in Paramaribo, is experienced as time consuming and inefficient. As mentioned, the system can be more effective since at district level there is already a good level of decentralization and where all government institutions are available. DCs strongly pointed out to enhance the system by making use of the system available within each district and minimize dependency on the system from Paramaribo.
- School programs regarding sexual information and stay in school projects are highly requested by DCs from the indigenous community. They acknowledge that there is a relatively higher incidence of teen pregnancy and dropout rate in their region and requests for additional support programs.
- At the east border zone with French Guyana, attention is asked for the high level of engagement with the French community, with the risk that the children are becoming more used to the standards of our neighboring country, and they also receive better support from them. For some villages arrangements are made that the children are picked up by boat to attend schools in Fr. Guyana.
- A problem that is mentioned by all groups is the emerging addiction/ high engagement of children and youngsters in game/betting activities. Especially in district Nickerie and Commewijne gaming and betting are seen as emerging risks along with violence.

- On average the inclusiveness of the SPS is rated with a score of 4 (on a scale of 1(low) to 10(high)) for children in general and far lower (2) for children with a disability. Especially the school system (which is changed recently) is experienced as confusing, the high expenditures and at district level the low opportunities for higher education within the own district are given as main reasons for the low assessment scores.
- The general view of DCs and NGOs and ITP-reps. is that there is an increasing risk posed to the health situation of the children due to the changing environment, medical services that are not optimally available and the low contribution/fee received from child support. All representatives in charge of managing care institutions complain about the accuracy and timing of receiving the necessary funding or support.
- Transportation for dysfunctional and persons in need of additional care is also mentioned and requested. Although this is a vast program from MOSAH, still this is not arranged and available in all districts.
- None of the representatives were familiar with child support programs other than those run by MOSAH.
- Regarding the question of which programs /or support are missing, the main requests are for mental health, social workers for households and for children, education and job creation for disabled and dropouts.
- Not in all districts the basic insurance was working optimally.
- Population Administration services should be available in the districts to register births, deaths etc.
- As verified by MOSAH officials, most of the delay is due to lack of financial resources, with a high dependency on the Ministry of Finance for the availability of the resources. Further, the high administration and logistic costs to make the cash transfers in the interior possible are main constraints to make payments on time.

### Households and Adults

#### A. Main points:

- Respondents lacked awareness of various household support programs, excluding ‘Financial assistance for weak households’ and KKV.
- Challenges included misinformation about support programs, approval delays, and lack of formal support systems for safety for families, where there are lot of violence and mental health related issues.
- Limited coverage and confusion between MOSAH and KKV assistance noted by DCs.
- Miscommunication between MOSAH and DCs at district level hindering program awareness and access.

- Payments are not made consequently. Moreover, the contribution is not enough, with SRD 1750 or SRD 1800 it is not possible to make ends meet.
- High adult engagement in gambling activities identified as a significant issue.
- As mentioned by Primary Health Care, due to high transportation costs, people delay necessary medical treatment.
- Transportation needs for dysfunctional individuals emphasized.
- Delayed medical treatment due to high transportation costs noted.
- Missing programs requested included mental health, social workers, education, and job creation.
- Inconsistent basic insurance functioning in some districts.
- Transparency issues with KKV and BAZO approval system reported.
- Delay reasons attributed to lack of financial resources and administrative costs.
- Ineffective Moni-karta system and the food insecurity and programs of food packages were not available for the districts.

The programs for households are mainly for poverty targeting and consist of financial assistance, medical help, and housing. According to the poverty estimates and studies carried out so far, indeed housing, resources for basic needs and health are the main areas of deprivation.

**Table 2: Programs based on adults/households, 2022**

code	Programs for adults/houssholds	Budget 2022 (*1000SRD)
1002	Social protection program (community development)	2,500
2408	Care transportation	717
2409	Poverty reduction: Contribution to the costs of care for parents with triple or multiple births; Food for families; Food for social care institutions (creches, residential and non-residential institutions)	212,000
2414	Contribution in acute emergencies	2,000
2416	Financial assistance to vulnerable households	78,165
2502	Contribution to Medical equipment	300
2503	Medical Home care	150
2504	Payments basic health insurance	319,000
2505	Addition cost for medical services	20,000
2601	Low Income Shelter Program	217,969
2602	Housing program	5,750
1705	COVID spendings	20,368
<b>Total funds (SRD x1000)</b>		<b>878,919</b>

### B. Assessment of the SPS for Adults and vulnerable households

Not all respondents were familiar with the programs running for households. The ‘Financial assistance for weak households’ and the ‘Purchasing power Strengthening program (KKV)’ were well known. Especially the Affordable Housing project and the acute medical programs were not known by the respondents. Major problems that were mentioned were:

- The coverage and misinformation about support programs especially the KKV.
- People are still waiting for approval and don't know where to look for assistance of information.
- No direct ‘formal system or institutions’ for support and safety for families, where there are lot of violence and mental health related issues.
- According to the statements made by DCs not all areas in their region are covered. There is confusion between the financial assistance from MOSAH and the KKV which is led by another working/task group.
- The system of financial inclusion and payment by electronic card is not working everywhere.
- It is observed that there is a miscommunication/ mismatch between MOSAH and DCs at district level. Most of the MOSAH driven programs which can be used by households and other vulnerable groups are not known and in case of acute support the process is that it all must be managed/ applied in Paramaribo, whereas at district level there is already a good level of decentralization where all government institutions are available.
- Payments are not made consequently.
- One problem that was mainly mentioned by all groups was the addiction/ high engagement of adults in game/betting activities.
- On average the inclusiveness of the SPS is rated with a score of 3-4 for adults in general.
- The contribution is not enough, with SRD 1750 or SRD 1800 it is not possible to make ends meet.
- The general view of DCs and NGOs and ITP-reps. was the risk posed to health due to the changing environment, medical services that are not optimally available and the low contribution/fee received for financial support. All representatives in charge of managing care institutions complain about the accuracy and timing of receiving the necessary funding or support.
- Transportation for dysfunctional and persons in need of additional care is also mentioned and requested.
- As mentioned by Primary Health Care, due to high transportation costs, people delay necessary medical treatment/ visits to Paramaribo and wait for MZ to provide the service, since they don't have the resources.
- Regarding the question which programs /or support are missing, the main requests were for mental health, social workers for households and for children, education and job creation.

- Not in all districts the basic insurance was working optimally. There were serious complaints about the transparency of the KKV and the BAZO approval system.
- As verified by MOSAH officials, most of the delay is due to lack of financial resources, with a high dependency on the Ministry of Finance for the availability of the resources. Further the high administration and logistic costs to make the cash transfers in the interior possible are main constraints.
- The ‘Moni-karta system’ was not working in the interior.
- The food security and programs of food packages were not available for the districts.

*“De financiële middelen zijn er, maar niet de zorg of begeleiding die erbij hoort om de mensen uit het systeem te trekken. De bedoeling is niet dat de volgende generatie weer in het zorg systeem komt.”*

*“The financial resources are available, but not the care or supervision needed to get people out of the system. The objective is not for the next generation to return to the social care system.”*  
*Government Employee*

Vulnerable groups excluded from Social Assistance and at risk of being left behind are Migrants, Homeless people, Adolescent women, Youth and children, People with a disability and ITPs

### **3. Main findings when analyzing the allocated Financial Resources by Government for 2018-2023**

Based on the figures presented in the Tables 9 -13 (see main report), the following main findings and conclusions can be drawn:

#### **A. Programs/ allocated budget for Poverty reduction in Suriname, 2019-2023**

1. According to table 9 the total budget allocated for poverty targeting at national level through the ministries over 2022 was SRD 3,986,997,000 (equivalent to USD 107,756,676) which is an increase of 400% compared to 2019 realization figures and 150% compared to 2021.
2. The total of 3,9 Bn. SRD is distributed as follows:

- 51% for MOSAH for subsidies to poor households, disabled persons, Child allowance, acute emergency programs, subsidies to social and private care institutions; The total budget for 2022 was initially SRD 2,032,375,000 (later adjusted to SRD 2,293,702,000)
  - 28% Min of Finance, for subsidies to power company, pension fund, subject subsidy electricity and fuel subsidy.
  - 14 % for the Ministry of Health regarding medication provision, Subsidy to Regional Health Foundation, Medical Mission and other health prevention programs
  - Other ministries (Education, Labour, Natural resources and TCT) have a contribution of less than 2%.
3. The 3.9 Bn. SRD is about 20% of the total government budget for 2022.

### **B. Budget Social Targeting Programs executed in 2021-2023 (Table 10).**

4. In 2023 almost all benefits increased by more than 100% in SRD-values compared to 2021/2022: SRD 3.2 Bn in 2023 and SRD 1.1 Bn in 2021.  
When using USD-values all show a significant decline, using the exchange rate of the respective years.
5. The total budget for social programs from MOSAH for 2023 is SRD 3,279,852,000 (equivalent to 88,6 MM USD) of which
- Social Protection and Poverty subprograms consist of 76% (SRD 2,5 bn.),
  - Health care related projects for about 10% (SRD 339,8 MM) and
  - Housing programs for 11,4% (SRD 37,4 MM).
6. For 2021 the distribution was 86% to Social Protection and Poverty subprograms, 13 % for Health projects and 0.3% for Housing.

### **C. Social Assistance by main group (Table 11).**

7. The total number of beneficiaries from the 'traditional /standard programs (by main group) are:
- Elderly: 2022: 71175, coverage 84 % of 60 plus population
  - Children: 2022: 87806, coverage 52% of the 0-19 aged group
  - Households: 13574 (not all districts are covered)
  - Disabled persons: 13068, coverage less than 20% of the estimated group with dysfunctionalities/disability.
8. An overview of the funds allocated for AOV is included where for 2018 the expenses were 381,6 MM SRD and for 2022 1.032 Bn SRD, an increase by almost 200%



**D. Development of Social contributions 2018-2023 (Table 12).**

9. All the transfers are about 60-70% lower than the calculated national poverty line (see figure 12 for an illustration).

10. In 2018/2023 the contributions were on monthly base in USD:

- AOV: USD 70 in 2018 versus USD 47 in 2023
- AKB: USD 7 in 2018 versus USD 47 in 2023
- ZwHH: USD 4 in 2018 versus USD 47 in 2023
- MmeB: USD 43 in 2018 versus USD 60 in 2023

11. In real terms the increase of social programs has not effectively reduced poverty (in case the received transfer was the only income of the beneficiaries).

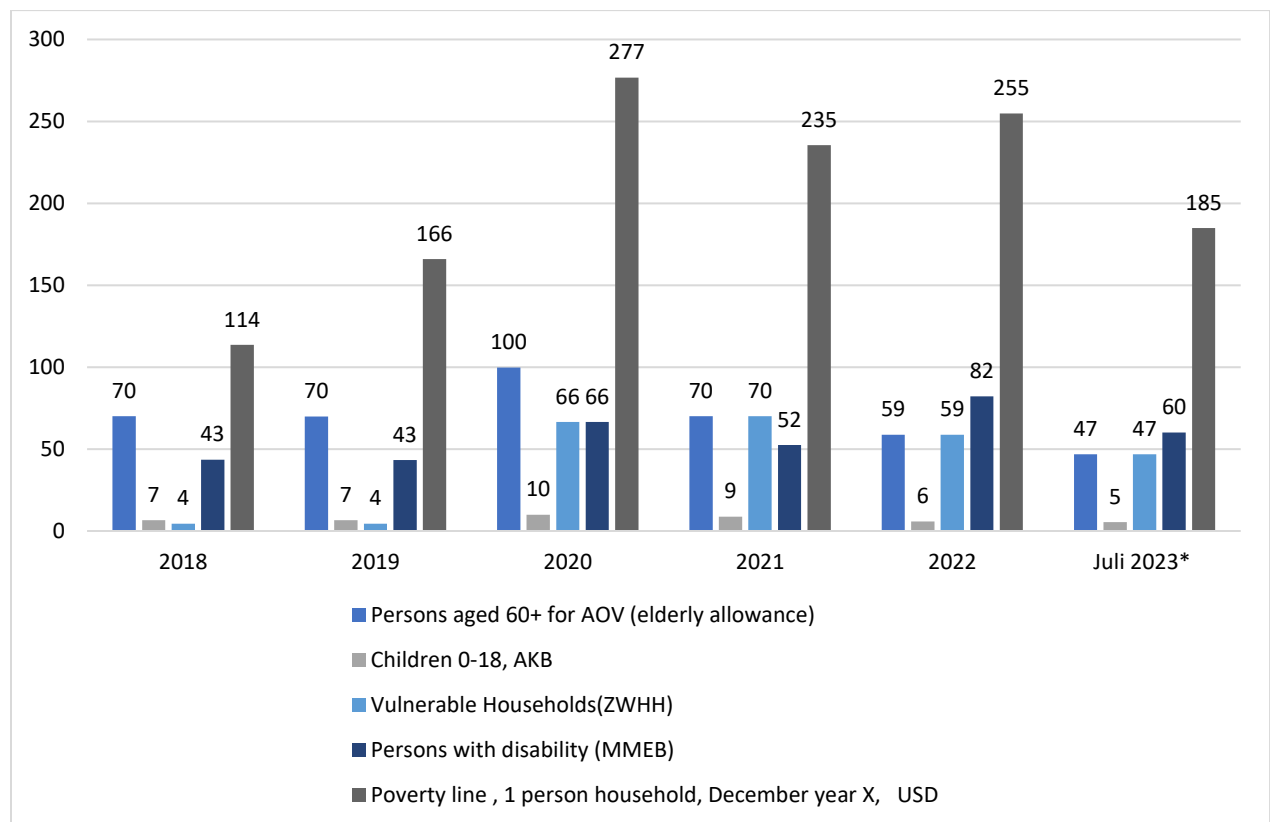


Figure 2. Developments in level of Social Assistance compared with national poverty line, 2018-2023, in USD per month.

Note: In figure 2 the monthly benefits are presented in USD per month over the period 2018-2023, although all benefits are received in SRD in Suriname. The exchange rate produced by the Central bank were used for each year. The value in USD makes it easier to compare over time and show how and if the benefits are/were adjusted along with the inflation. The national poverty line is estimated in 2018 at USD 114 and increased to USD 185 per month for a 1-person household. Comparing for example AKB between 2018-2023, the figures show that children received USD 7

in 2018 per month, USD 10 in 2020 and USD 5 in 2023. Elderly received in 2018 about USD 70 per month, USD 100 in 2020 and USD 47 in 2023. Person with a disability received on a monthly base USD 43 in 2018, USD 66 in 2020 and USD 60 in 2023. All four benefits are within each year about 10-50% of the poverty line (except from AOV in 2018). In 2023 AOV is 47 USD, which is 25.4% of the poverty line (USD 185). The figures over 2018-2023 show that all persons receiving/ eligible for one of these social assistance programs are at risk of poverty, if the received benefit is their only income.

**E. Projected Social targeting programs for 2023-2026 by MOSAH (section 3.6, Table 13).**

12. The estimated expenditures on social targeting for 2024 (and 2025 and 2026), are projected for SRD 2,709,972,000 (equivalent to USD 77 MM), which is a decrease of 17%.
13. Poverty funds will be reduced by almost 10%, health care and housing programs will be increased by approx. 3% for 2024.
14. There is a reduction of 51% projected for disability funds (from SRD 518,549,000 to SRD 264,535,000) and 44% reduction for ‘Financial contribution to socially weak households’. A possibility is that the 2023 increase of the benefits for these programs will not continue in 2024.
15. The Financial Note 2024, see section 3.6, states that the government policy programs for 2024 are budgeted for a total amount of SRD 48,733 million, which is an increase of SRD 5.812 million compared to 2023.

**Table 3 Developments in level of Social Assistance compared with national poverty line, 2018-2023**

<b>Amount Social assistance (SRD per month )</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>July 2023*</b>
Persons aged 60+ for AOV (elderly allowance)	525	525	750	1000	1250	1750
Children 0-18, AKB	50	50	75	125	125	200
Vulnerable Households (ZWHH)	33	33	500	1000	1250	1750
Persons with disability (MMEB)	325	325	500	750	1750	2250
<i>Exchange rate</i>	<i>7.485</i>	<i>7.52</i>	<i>7.52</i>	<i>14.29</i>	<i>21.3</i>	<i>37.4</i>
<i>Poverty line , 1 person household, December year 2023 SRD/USD</i>	<i>850</i>	<i>1248</i>	<i>2081</i>	<i>3365</i>	<i>5428</i>	<i>6913</i>
<b>Amount Social assistance (USD per month )</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>July 2023*</b>
Persons aged 60+ for AOV (elderly allowance)	70	70	100	70	59	47
Children 0-18, AKB	7	7	10	9	6	5
Vulnerable Households (ZWHH)	4	4	66	70	59	47
Persons with disability (MMEB)	43	43	66	52	82	60
Poverty line , 1 person household, December year X, USD	114	166	277	235	255	185
<i>Source: Ministry of Finance , 2023, Ministry of Social Affairs and Housing, General Bureau of Statistics, Cebuma, Planning Office, Pension Fund, modified by author</i>						

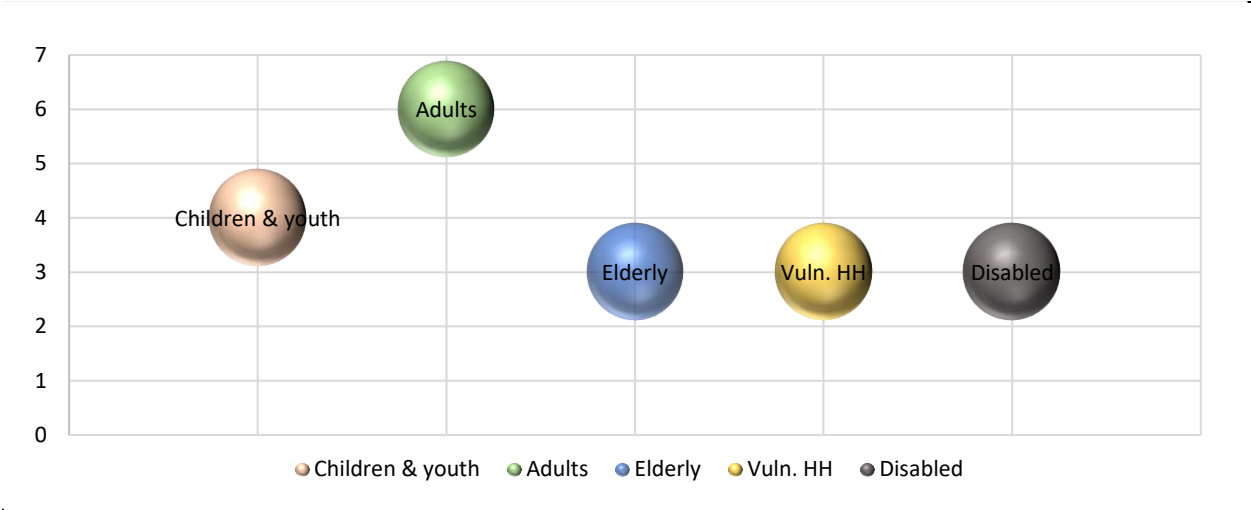


Figure 3. Score regarding inclusiveness of programs for each target group, author’s calculation

Note: according to the various respondents the score on a scale 1 (low inclusiveness) to 10 (high inclusiveness) is on average 3 for elderly, vulnerable households and disabled persons and a bit higher, but still not poor for Children and Youth (score 4). Adults were assessed with a score of 6.

## 4. Concluding Remarks and Recommended actions

### Strengths

The assessment points out the following strengths of the SPS:

- Suriname has a well-developed social protection system/ framework which consists of main targeting programs for the most vulnerable groups in society: elderly, disabled and children, which is in line with basic universal/international agreements and social rights commitments.
- The system has geographically a nation-wide coverage and no regions or areas are excluded.
- Social Assistance departments of MOSAH are established in all districts, and in some cases in sub-regions as well.
- There is a continuous monitoring and allocation of funds (annually) for social protection which is a main component of the government annual budget and comprises about 20% of the government expenses (SRD 3.9 Bn for 2022).
- The allocation of funds for social targeting, in case of poverty reduction, social security and health coverage are also financed by external international organizations, upon request of the government, in case of required support.
- Since 2020, Social targeting is considered a priority action by government and the IMF and special funds are reserved for this purpose.
- Besides the main target programs as elderly allowance, child and disabled person's benefits, there is a Social Safety Net that covers also short- and long-term projects specially to strengthen vulnerable and poor households and persons who cannot make ends meet due to a low conjuncture of the economy.
- Existence of a legal framework that covers and regulates the programs optimally, and recently new laws were developed: National Basic Care Act, General Pension Act, Minimum Wage Act.
- Set up of a BIS to incorporate all applications at national level in a database, which is available and accessible within each region.

### Opportunities

The strengths allow for the following opportunities:

- Annual contribution and monitoring to elderly, households, children and disabled persons, for a total of SRD 3.2 BN for 2023 by MOSAH
- 23 Targeting programs currently coordinated by MOSAH regarding capacity building, poverty alleviation, social security and acute support for health services.

- Execution of a Social Safety Net program, which is currently focused on poverty reduction and Purchasing Power Strengthening (76% of funds allocated), Housing Programs (11%) and Medical assistance (11%).
- Identification of special needs and targeting programs to mitigate negative impacts of the economic crises 2015-2022
- Implementation of a PMT system within the BIS to carry out eligibility assessments and beneficiary monitoring.

### **Weaknesses and system failures**

However, weaknesses and system failures were observed during the research:

- Departments are understaffed and deprived from necessary facilities, information and work instructions are not in place.
- Financial inclusion and cash transfer payment procedures and execution are not in line with the requirements and resources available at community level and,
- Beneficiaries and stakeholders are dissatisfied with the quality of the provided social assistance.
- Remote and rural areas are deprived from the level of administrative and logistic arrangements that would fit their needs, since the approach is still centralized from the capital Paramaribo.
- Underutilization of the decentralization benefits of the administrative and logistics available in districts.
- Discrepancies and under-alignment of social targeting goals and activities between district authorities and MOSAH-management.
- High dependency on availability of financial funds from the Ministry of Finance.
- High impact of worsening of the economy on availability of funding, continuity of programs and high increase of costs.
- Dependency (of coverage ratios) of programs on available resources and political willingness
- Multiple coordination units/ authorities for same type of programs from different levels in government, causing confusion among applicants.

### Constraints and Challenges

The weaknesses and system failures lead to the following constraints and challenges:

- Despite the well-developed administrative system, and funds available, the system lacks accurate and on time payments of contributions.
- Lack of a full and well-functioning ICT system at national level to incorporate all programs and provide information to monitor the social targeting programs at household and individual level.
- No ICT system to follow up on total contributions by population subgroup, or by program.
- No Beneficiary information system initiated at district level.
- Selection criteria, eligibility screening and application procedures are in many cases not open accessible, informative and democratic and are observed as one-sided, Paramaribo-driven, not inclusive for interior, remote areas and less developed communities and areas.
- Impact of currency devaluation on benefits, all are about one third of the current poverty line.
- SPS is driven by main social security programs but still not all vulnerable groups are included and are living at risk to be left behind in society. Excluded from or only partially included are for example migrants, unemployed, lone parent households and teen-mothers, dropouts and tribal communities.
- Social assistance for poverty targeting mainly based on income contribution and not taking other dimensions for assistance into account.
- All benefits are about 60-70% lower than the national poverty line.
- Increase of social benefits has not effectively reduced poverty.
- Poverty among elderly, children and households are driven by the low standard of living, deprivations in access of basic needs, health and education services and economic securities and resources.

## Recommended actions

Evidence and conclusions	Recommendations
Benefits received are not enough, and under poverty line	<ul style="list-style-type: none"> <li>- An upgrade is of the benefits is needed, based at least upon the national poverty line and adjusted with specific needs for more vulnerable and special target groups.</li> </ul>
Benefits are not received on time and not aligned with financial systems and infrastructure available at district level and there is a lot of miscommunication and misinformation	<ul style="list-style-type: none"> <li>- Social targeting needs to be done not only based on income, but also tailor made for each district/region. The funds need to be available at time and where necessary cash transfers should be still considered and where possible digital systems should be implemented</li> <li>- Improvement of the accuracy and timing of receiving the necessary funding or support.</li> <li>- Coverage and misinformation of the programs need to be addressed (confusion between the financial assistance from MOSAH and the KKV)</li> <li>- Digitalization of support systems (money transfers) and placement of ATMs in the districts (interior)</li> <li>- Optimal and more frequent/regular payments of the allowance</li> </ul>
Main social assistance system is carried out from the Capital Paramaribo, whereas at district level the MOSAH departments and other governmental institutions are available and not optimally used	<ul style="list-style-type: none"> <li>- More decision-making rights in the districts(centralization); minimization of dependency on Paramaribo</li> <li>- Transparency regarding the selection criteria and functioning of the system (registration statistics) which will allow for transparency of the KKV and the BAZO approval system, best implemented at district level, with teams within districts</li> <li>- Clarity for the community regarding the miscommunication/ mismatch between MOSAH and DCs</li> <li>- Programs regarding sexual information and stay in school themes for the interior</li> <li>- Possibility of higher education levels in the districts</li> </ul>
No- Inclusive programs for weak households and groups, especially at health dimension; environment disasters, no systematic youth support, regular and increasing	<ul style="list-style-type: none"> <li>- Improvement of health care (availability of medicines, transportation for elderly and dysfunctional people, elderly care/foster facilities)</li> <li>- Funds for risk and disaster management</li> <li>- Accuracy, timing, continuity, and inclusiveness of programs (especially regarding children and adolescents) of the government/ministries</li> <li>- Formal systems and institutions for youth support (coverage and information accessible)</li> <li>- Support/programs needed regarding:               <ul style="list-style-type: none"> <li>o Mental health</li> </ul> </li> </ul>

<p>food and safe drinking water shortages</p>	<ul style="list-style-type: none"> <li>○ Social workers for households and for children</li> <li>○ Education and job creation for disabled and dropouts</li> <li>○ Addiction/ high engagement of adults in game/betting activities</li> <li>○ Domestic violence</li> <li>○ Participation of disabled people in the labor market</li> <li>- Availability of food security and food packages programs for all districts.</li> <li>- Availability of social assistance programs for migrants (AOV, KKV)</li> <li>- More hands-on/practical training for people in the interior, with topics such as:             <ul style="list-style-type: none"> <li>○ Handcraft and art</li> <li>○ Tourism and hospitality</li> <li>○ Basic etiquettes</li> <li>○ Food processing</li> </ul> </li> </ul>
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In conclusion and according to the assessment, the current SP-system has to be improved in order to reach the targeted population for the programs. The government budget's allocated and approved money for social targeting and the field-based program development and execution are not in line with each other. Customized and targeted programs are out of reach for the poor because of unfair conditions and a disadvantageous environment, yet traditional and more general programs have a high coverage and regular execution. But all respondents agreed—and data support this—that all disadvantaged groups, even those who are not now part of the system, had a strong need and demand for social assistance.