

## Report on activities and results

(10)/(2e) (10)/(2e) Covid-19 Response, St Maarten  
 Period on Sint Maarten: 14 April – 7 July 2020

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## Period: 14 – 28 April 2020

### Context

Sint Maarten is the Dutch part on the Southern side of an island in the Caribbean shared with Saint Martin in the North.

St Maarten has the size of 34 km<sup>2</sup> with a population of an estimated total of about 55.000 inhabitants, including a population of 15.000 persons mostly originating from Haiti, Dominican Republic, Colombia and, more recently, from Venezuela. This last group, the so-called 'undocumented', has no legal status, few rights, and represent the majority of the most vulnerable population. Some of these undocumented have been living and working on Sint Maarten for may generation. Sint Maarten is more densely populated than any other country in the Caribbean region.

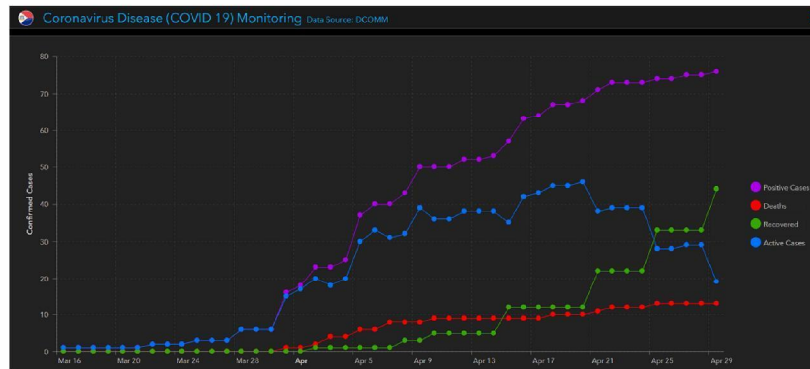
Socio-economic differences between rich and poor are huge, and so are the backgrounds, cultures, languages and religions of the people living on this island.

The economy of the island relies heavily on tourism, a sector which has totally collapsed since the onset of Covid-19.

The country is part of the Kingdom of The Netherlands and is governed by a parliament headed by the Prime Minister and a Governor.

The first case of a person tested positive on Covid-19 was reported on 16 March.

As of 28 April, the number of Covid-19 related deaths stands at 13 persons. Out of the 76 persons tested positive 44 persons have recovered and there are now 19 active cases.



As of now the hospital can handle the case load.

The number of unknown and hidden Covid-19 positive cases is not known. This is reason for concern. The Prime Minister has indicated that the lockdown may be lifted in two weeks from now. This is reason for more concern. Government is struggling to find a balance between the interests of Public Health, the Private Sector and maintaining public order.

Capacity on the island is limited, probably except for law enforcement. The policy section at Public Health Department of the ministry of VSA is (wo)manned by three persons. The three key persons at

the CPS (including a medical doctor epidemiology and a public health nurse from RIVM) are working non-stop to keep up with demands. The head of CPS is doing the same from abroad.

The relative Covid-19 related mortality rate is high on St Maarten.

This is caused by;

- high prevalence of underlying conditions such as obesity, hypertension and diabetes among the population
- late identification and treatment of persons with symptoms as a result of unawareness, the difficult relationship between the undocumented and authorities and the complex socio-political realities on the island.

This second factor has caused uneasiness among the leading authorities and an attempt to enter the communities with Community Testing Volunteers to actively identify and report persons with symptoms for referral to the Collective Preventative Services (equivalent to Dutch GGD) for testing.

These visits were poorly planned and prepared. Results were very limited as people were not willing to open their doors and not willing to communicate with the groups of volunteers in full PPE appearing without properly explaining the purpose of their visit.

As a result of a meeting with key authorities at the Ministry of Public Health, Social Affairs & Labour (VSA), CPS and with the volunteers a few days after my arrival the approach has changed. The volunteers are now called Community Awareness Volunteers with the primary objective to share knowledge about Covid-19, prevention measures and the steps to take without delay if you have symptoms.

#### Main results

1. Took part in various meetings with the main authorities at the Ministry of VSA and CPS.
2. Led a meeting with the Community Volunteers (working under the guidance of CPS) to understand previous community visits and provide orientation and suggestions for improvement.
3. With the support and thanks to the Red Cross Branch organized the purchase and handing over of 60 T-shirts with the printed text 'Community Awareness Volunteer' for the volunteers, for visibility and recognition.
4. Contributed to the decision to change the approach from community testing to community awareness approach.
5. Prepared practical guidelines for supermarkets, grocery stores, banks and other institutions to prevent transmission of Covid-19 for staff and clients/customers. These have been adopted.
6. Took part in a meeting organized by CPS with nearly twenty religious leaders to 1) create awareness and understanding of Covid-19, 2) discuss their important role in reaching their constituency and 3) discuss topics of concern.
7. Discussing with Red Cross Branch about possibilities to create a platform for the religious leaders to reach their constituency to 1) disseminate Covid-19 facts and advice and 2) provide moral support in these difficult times.
8. Initiated a collection of the many and increasing hearsays, rumours, myths and misunderstandings floating around about Covid-19 with the plan to counter them with facts.
9. Edited important draft news releases and other documents on request by CPS.
10. Visited institutions with highly vulnerable people, such as old people's homes, to carry out risk assessments and provide advice.
11. Maintained daily contact with CPS and the Red Cross Branch on St Maarten.
12. Used the expertise of the advisors at the Netherlands Red Cross HQ on a regular basis.

Period: 28 April – 22 May 2020

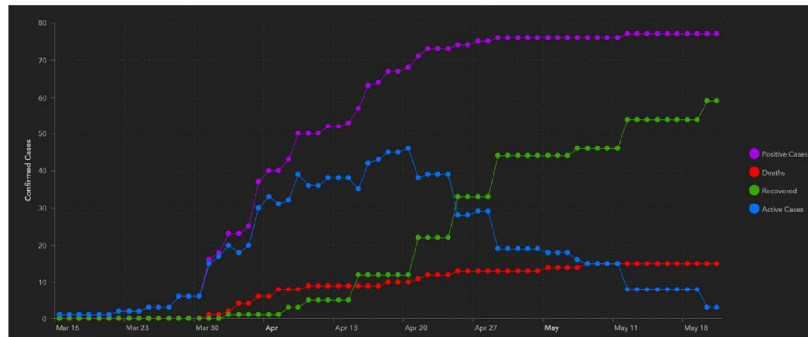
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Covid-19 Response, St Maarten

### Covid-19 trend and releasing the lockdown

The figures below show an encouraging downward trend.



Compared to the previous report, the number of deaths from Covid-19 has increased with two persons to a total of fifteen persons. The number of persons with symptoms has stabilized, the number of Active Cases has reduced and the number of Recovered persons has increased.

These positive figures have led the Government of St. Maarten to plan for a gradual and staggered lifting of the lockdown measures. The importance about maintaining social distancing, proper hygiene etiquette and frequent hand washing with water and soap is well understood, to prevent a second wave from occurring. Government continues to warn the public that we all need to comply with these basic rules to avoid a possible next lockdown.

#### Lifting lockdown measures – determining Phases and Types of Businesses in the Phasing

It was decided to follow four Phases in which different types of businesses would in principle be allowed to re-open, provided they meet minimum requirements.

It was necessary to prepare a practical and transparent decision-making tool to determine which businesses would fall in Phase I, II, III and IV.

The proposed tool I prepared to determine the Phasing for different types of businesses was adopted by the EOC. It is basically a score card with three columns; Public Health Risk, Social Need & Demand and Economic Need & Demand. If the type and nature of the business is considered a high Public Health risk the score in this column would be low. The higher the Social and Economic Need and Demand the higher the score in these two columns and vice versa. The sum of the scores in the three columns for the type of business determines the Phase.

The different columns were filled in by the relevant ESF coordination groups and consensus was reached. The results of the exercise were used to categorize the businesses into Phases. These results were published and implemented accordingly.

### Guidelines for businesses

I prepared the Guidelines Document for the businesses in St. Maarten with inputs from members of the Task Force under the EOC, including general guidelines and flow charts clearly visualizing the steps in the process. Initially the Prime Minister was in favor of getting each of the about 5.000 businesses on St. Maarten submit their Prevention & Safety Plan for approval prior to re-opening. The EOC was in favor of getting all businesses prepare their Prevention & Safety Plan (hereafter called Plan) and let them implement their Plan (organizational and physical measures) for their business, prior to reopening and without prior approval of their plan, followed by inspections after reopening.

The final decision was a compromise, low Public Health risk Businesses could re-open after they 1) were in the Phase of which the period already started 2) prepared their Plan and 3) implemented their Plan. For these businesses the document contains general guidelines which can be 'translated' by the businesses into their own context and formulated into their Plans.

High Public Health risk Businesses (for example barbers, schools, public transport, massage parlors, casinos and adult entertainment) would prepare their Plan and then submit it for assessment and approval. For those businesses specific guidelines are required. This compromise was then incorporated into the Guidelines Document. See attached document:



This plan is attached to the National Decree. As can be seen in the flow charts on the last two pages of the document, all businesses are subject to inspection, to determine if their Plan and actual measures meet minimum standards.

### General Guidelines on the Use of Face Masks, Face Shields and Gloves

Given the considerable confusion and contradictory messages concerning the above, I prepared general guidelines on the use of face masks, face shields and gloves with the input and support of the epidemiologist of CPS. These guidelines are part of the Guidelines for Businesses Document.

### Business specific guidelines

As mentioned above, specific guidelines are required for high Public Health risk businesses. I was involved in the preparation of such guidelines for Public Transport, Casinos and Adult Entertainment. The drafting and finalizing of specific guidelines for all types of high Public Health Risk businesses is ongoing.

### Processes - from paper towards implementation

Paper and tools are one thing, actually doing it in a structured result-oriented way as in a team with defined roles and responsibilities is yet another thing.

After finalizing and approval of the Guidelines Document there was no possibility for businesses to access it. Upon suggesting making it public it was placed on a difficult to find Government website page. I have suggested to make it easier for businesses to access and to also translate the English document into Spanish, French and Creole, if need be with the help of the Red Cross.

At the time of writing the process of preparing and finalizing the specific guidelines for businesses with a high Public Health risk is not clear yet. I have made suggestions and recommendations for consideration. This is still pending.

The same for the assessment and approval of Plans submitted by businesses in the high Public Health risk category. This is still under discussion. Concerning enforcement, it is currently unclear how inspectors will verify if businesses meet minimum requirements. I have offered support in orientation and training of inspectors on the specific organizational and hygiene components.

#### Community Outreach

Community outreach started before my arrival on St. Maarten. It started off as Community Testing, based on suspected under reporting about Covid-19 symptoms in vulnerable neighborhoods. After limited success and discussions upon my arrival, the term was changed into Community Awareness, focusing on knowledge, behavior and practice, and simultaneously aimed to identify persons with symptoms. I have joined the group Community Awareness Volunteers 6 times, doing house-to-house visits in several neighborhoods. The number of persons reporting Covid-19 symptoms was very few. It was interesting to notice how many people live alone by themselves, fully dependent on the goodwill and support from neighbors, friends and family (if any).

I have provided several training sessions to existing and new volunteers, particularly on community engagement. See:



As businesses are now allowed to open on all weekdays, the Community Awareness Activities are now only taking place on weekend days. Last weekend we had about 15 American volunteers from AMI. They have come to St. Maarten in support of medical services. As the number of patients is currently low they offered to support in the community outreach. This worked out much better than expected.

At the time of writing (24<sup>th</sup> May) we have completed the Community Awareness activity as this was the last weekend that businesses remained closed. Unfortunately, not all vulnerable neighborhoods could be visited. Yesterday (23<sup>rd</sup> May) Minister of VSA (Public Health, Social Affairs and Labor) Mr. Pannefleck visited the group in the field and I had a brief and pleasant exchange of thoughts with him.

#### Platform for religious leaders

On 19 and 20 May I implemented a plan to record presentations by 4 religious leaders (English, Creole, Spanish and French) and got it aired through radio and TV on Ascension Day, 21<sup>st</sup> May. I visited 4 different churches on 20<sup>th</sup> May with a person doing the recording and a person doing the practical coordination and communication. This resulted in a 45 minutes recording which was broadcast by 2 TV stations and 3 radio stations. Actual coverage (# of viewers and listeners) could not be determined but is substantial. For those interested I can share the link to the MP4 recording on Google Drive. The goal of this initiative was to provide the highly religious population of St. Maarten with comfort and solace during this difficult time, and to provide them with important Covid-19 related information. Each pastor spent 8 minutes on Ascension Day related religious content and 2 minutes on Covid-19 related facts and recommendations. Although I am personally a non-religious person, I believe this activity has made an important (difficult to measure) contribution to the sense of comfort, confidence and knowledge of the listeners and viewers of St. Maarten.

#### National Soap Campaign

The setup of the Campaign is based on the assumptions that:

- Many people can no longer afford to buy non-food items

- The sizeable undocumented population on St. Maarten is difficult to reach with traditional distribution methodologies (based on needs assessments and distribution lists)
- A low-key method of distribution (no questions asked, direct provision to anyone who wants a bar of soap) will work better

The Campaign has started in a modest way under the Red Cross supported voucher project. Last Wednesday and Thursday the first batch of persons qualifying under the voucher project could collect their voucher. The voucher can be used to pay for groceries at shops and supermarkets. Together with the voucher they received hand soap and information about Covid-19.

Next week Government will distribute 1.500 food parcels. The Red Cross will hand over 3 times 1.500 bars of hand soap to Government, to be added to each of the food parcels, possibly with media coverage.

As the option of soap distribution by the Community Awareness Volunteers is no longer an option after this weekend, we need to explore alternative possibilities.

See concept of the Soap Campaign:



#### Risk assessments at various institutions

Risk assessments were carried out at the Detainment Centre, old people's home (White & Yellow Cross), SECDA (organization representing day care centers with 140 staff and 1000 children). Each were provided with suggestions and recommendations. In some cases, requests were made to financially support the purchase of means to protect staff and customers/clients/detainees/children. These visits were usually carried out with public health nurse Mrs. Jane.

#### Cooperation with the Branch of the Red Cross on St. Maarten

Most of the above-mentioned activities are carried out in close consultation with the team of the Red Cross Branch on St. Maarten. They have an extensive network of contacts, sound knowledge of local dynamics, and very familiar with suitable ways to go about things. The presence of (10)(2e) (10)(2e) (Public Health) coordination group and her contacts with senior officials on the island has been highly conducive in achieving some of the results mentioned above.

#### Cooperation with CPS and other Government Institutions

I am in regular contact with the Collective Prevention Services under the Ministry of VSA, namely (10)(2e) (10)(2e) (RIVM, (10)(2e) (10)(2e) (RIVM, (10)(2e) and occasionally with CPS-RIVM (10)(2e). The (10)(2e) has recently given birth to a twin and is on maternity leave.

As (10)(2e) to the Task Force under the EOC I am in regular contact with (10)(2e) (10)(2e) under VSA, (10)(2e) of TEATT, (10)(2e) of General Affairs, and other senior officials of the EOC and Government.

#### PLANS - for the coming weeks and months

1. Organise an event for religious leaders and public on 31<sup>st</sup> May, Pentecost Day (Pinksterdag). The plan is to organize this at the stadium. The stadium has a capacity of 3.000 persons. With social distancing this will be between 600 and 1.000 persons. The Prime Minister will be invited to do the official opening. There will be crowd control and volunteers to monitor distance keeping. Covid-19 information will be presented and shared. Live broadcasting on TV and radio. At this

moment in time it is still in planning stage. Feasibility depends on approval to make use of the stadium and permission for the gathering of people. See concept earlier in the document.

2. Support Inspectors by providing orientation and training.
3. Roll out the National Soap Campaign, gradually increase coverage.
4. Reach the difficult to reach – explore possibilities to work with trusted local leaders of ‘vulnerable populations’, develop trust and confidence, and prepare feasible and practical ways in which the most vulnerable also benefit from emergency relief such as food distribution.

### Period: 22 May – 10 July 2020

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Covid-19 Response, St Maarten

#### Covid-19 trend - release of the lockdown – re-opening of the country

During this reporting period no new Covid-19 positive cases have been identified. The official number of Covid-19 related deaths still stands at 15 persons.

June 1<sup>st</sup> was the start date of Phase III under the strategy to lift the lockdown. The last Phase (IV) started on June 15<sup>th</sup>. It was announced on June 15<sup>th</sup> that all remaining business could re-open.

The airport will re-open for visitors and tourists from USA and Europe on July 1<sup>st</sup>.

#### Guidelines for Businesses to gradually re-open after lockdown

During the first week of this report the general and specific guidelines were completed and posted on the Facebook page of Government, much easier to access than on the web page of Government.

As a result, many businesses in the high public health risk category submitted their Prevention & Safety Plans to the Task Force for approval so that they could re-open once they would fall in the corresponding Phase period.

My proposal to form a Support Team (under the Task Force) to evaluate all incoming plans was adopted. On Friday 29 May the first team meeting was held for orientation to the team members and to discuss possible ways to operate. Thanks to NLRC head office a special Teams account was opened for the purpose, effective as of Monday June 1<sup>st</sup>. The number of team members was fifteen, staff from Ministry of VSA (Volksgezondheid, Sociale Zaken en Arbeid) and the Ministry of TEATT (Toerisme, Economische Zaken, Transport and Telecommunication). I was charged with setting up systems, processes, structure and quality control.

A total of about 150 Plans have been received and processed by the Task Force. Many of the Plans were of poor quality and in many cases the guidelines had neither been accessed nor applied. This involved communications with the businesses concerned, directly sending the guidelines and providing guidance on how to improve their Plans to minimum standards.

The number of plans received is less than 10% of the businesses which have been categorized in the high public health risk category. Many businesses (> 90%) in fact re-opened without having submitted a Prevention & Safety Plan and without the required approval to re-open.

On June 15<sup>th</sup>, the starting date of the most critical Phase IV, the State of Emergency was lifted, and all guidelines were taken off Government’s Facebook page. With the lifting of the State of Emergency there was no more legal basis for this requirement and de facto the relevance of the Support Unit had suddenly evaporated.



After the lifting of the State of Emergency the work of the Support Unit has practically come to a standstill, except for the processing of some newly received Prevention & Safety Plans from churches, see below.

On 18 June I took part in a meeting with nearly forty churches asking for clarification about re-opening their doors. Apparently, they felt being taken hostage and discriminated against as a separate group, not being allowed to re-open while nightclubs and adult entertainment establishment had already opened. I was not informed of the fact that three earlier meetings had been conducted with churches about the same and was taken by surprise by the strong sentiments expressed by the churches. A meeting conveyed immediately afterwards between the head of Public Health of the VSA Ministry, me and CPS resulted in the decision to allow the churches to re-open, strongly encouraging the churches to apply the specific guidelines for churches and religious events (e.g. weddings and funerals). Upon receiving the specific guidelines (many had not yet accessed these guidelines on Government Facebook page) quite a few of them submitted a Prevention & Safety Plan for processing by the Support Unit. The leaderships of those churches want to be certain that they have taken the correct measures against Covid-19 purely from a highly laudable social responsibility perspective, unlike most other businesses. For those interested I can share the PowerPoint presentation showing the church specific guidelines.

#### After the 'State of Emergency'

As of June 15<sup>th</sup> and the lifting of the State of Emergency, practically all businesses who decided that they could attract profitable numbers of clients and customers have opened their doors. Bars, hair & nail salons, night clubs, adult entertainments establishments, massage parlors and the like have all opened their businesses to the public. Covid-19 related information has largely disappeared from the Government Facebook page to make place for messaging regarding the upcoming hurricane season.

Scenes around bars and nightclubs suggest that a portion of the public of Sint Maarten is catching up for lost times. Social distancing and monitoring maximum numbers of persons in and in front of the establishments were hard to be found. In small grocery stores where 2-meter distancing is not possible the number of people without a face mask is increasing. A visit to the French side on Saturday June 13<sup>th</sup> revealed gatherings that resemble carnival processions with proximity of large groups of people at different levels of intoxication.

The lifting of the 'State of Emergency' coincided with news about a meeting between SXM Prime Minister Silveria Jacobs and Minister Knops of BZK regarding the economic support package offered to SXM by BZK.

#### The Soap Campaign

On Friday June 19<sup>th</sup> a meeting was conducted at the Branch office with three agencies involved in the distribution of food to the most vulnerable people on Sint Maarten, to explore possibilities to work together. All three showed a keen interest to obtain soap from the Red Cross to distribute alongside their food provision, as a welcome addition to the relief provided. On Monday June 22<sup>nd</sup> three more agencies were approached about the same. It is expected that these will also be interested to collaborate in the campaign.

It was decided that the campaign will be based on two (may be three) distribution channels;

- Churches (currently identifying names & contacts, for contacting later)
- Existing distribution channels (such as above)
- Direct distribution to people in highly vulnerable neighborhoods, organized by Red Cross (which may be difficult to organize given volunteer constraints in the current organizational context) – this option is further being explored but feasibility is considered slim.

#### Providing Hygiene Items to SECDA

SECDA is a branch organization overseeing 29 Day Care Centers with a total of about 1.000 children. The Red Cross has agreed to support SECDA with basic hygiene items to be distributed to the day care centers, such as sanitizers, face masks and plexiglass table dividers. Currently the Red Cross is purchasing these items for hand over to SECDA. At present the parent of the children do not want to send their children to school out of fear of Covid-19 transmission. This has an impact not only on the children but also on the family members who must look after the child at home.

#### Plans that could not be materialized

##### 1. Religious Event at the Stadium on May 31<sup>st</sup>, Pentecost Day (Pinksterdag)

Unfortunately, it proved impossible to get approval for this activity as I was being referred from Ministry to Ministry and vice versa.

##### 2. Support Inspectors by providing orientation and training.

The joint visit with the inspectors mentioned earlier showed that this kind of training would have been highly beneficial. However, there has been no response to my offer in this regard.

##### 3. Reach the most difficult to reach

During the Community Outreach Activities in the first few weeks of my deployment it became obvious that many of undocumented population (~ 15 - 20.000 persons) of Sint Maarten have no confidence in Government and its services and were suspicious about the real purpose of the home visits aimed to inform the people about Covid-19, its prevention and the steps to take in case of flu-like symptoms.

The plan was to include these most vulnerable individuals and families in relief efforts such as food distribution by building confidence among informal leaders in the neighborhoods where many undocumented reside, and to devise strategies to effectively reach the most vulnerable without compromising their security. However, actual time required to approach and gain the trust of the local leaders exceeds time available. This must be a long-term process with sufficient financial and human resources to ensure minimum capacity to respond to the needs and expectations of these groups.

Moreover, mid-June The Minister of Justice announced that the undocumented must voluntarily leave Sint Maarten and that those who do not comply with the rules of the land will face the consequences. This has further jeopardized the plan to reach these highly vulnerable individuals and groups for inclusion in relief efforts. On top of that the available resources to also serve these people would most likely not be enough. After the statements of the Minister of Justice it is obvious that it has become even more difficult and sensitive to get in contact with them. To my regret this plan could not be pursued during my presence. I do hope that the Red Cross Branch of Sint Maarten will further explore possibilities to set up a longer term programme to reach out to the most vulnerable part of the population, the so-called 'undocumented' of Sint Maarten.

#### Final contribution

On the Friday before departure (3<sup>rd</sup> July) the head of public health requested to prepare a note which could be helpful to prepare for the second wave;



HV, 11 July 2020

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