



# Draft 1 Common Country Assessment 2011-2016 June 2011



## Contents

<b>1. Introduction</b> .....	<b>3</b>
<b>2. Suriname in 2011 – an overview</b> .....	<b>4</b>
<b>2.1 Democracy and governance</b> .....	<b>10</b>
Human Rights and the Universal Periodic Review (UPR).....	10
Legislation and Policy .....	10
Domestic Legislation .....	15
National Assembly .....	17
Public Sector Reform .....	17
NGOs and CBOs .....	17
<b>2.2. Economic development</b> .....	<b>18</b>
Increasing productivity in the private sector .....	19
Environmental Economic Sustainability .....	19
The informal economy .....	19
Crime and the Economy .....	19
Loss of labour due to migration .....	20
Investments.....	20
Debt sustainability .....	20
Decent and productive work for youth.....	21
<b>3. The MDGs: context and current status</b> .....	<b>22</b>
<b>MDG 1: Eradicate extreme poverty and hunger</b> .....	<b>22</b>
Poverty measurement .....	23
Hunger and Nutritional status.....	24
Water and Sanitation.....	25
Housing.....	26
Vulnerable groups.....	27
Child Labour .....	29
<b>MDG 2: Achieve universal primary education</b> .....	<b>30</b>
Early Childhood Education .....	30
Primary education: Enrolment, Retention, Drop-out, Completion and Disparities.....	31
Secondary education .....	33
Tertiary Education: .....	33
<b>MDG 3: Promote Gender Equality and Empower Women</b> .....	<b>35</b>
National Machinery for Gender equality.....	35
Unequal gender relations .....	35
Gender Based Violence .....	36
Child marriage and other traditions .....	38
Girls and Women and education .....	38
Waged employment.....	39
Women in decision making .....	40
Trafficking for sexual exploitation .....	41
<b>MDG 4: Reduce Child Mortality</b> .....	<b>43</b>
Infant Mortality.....	43
Under-Five Mortality.....	44
Proportion of One Year-Old Children Immunized Against Measles .....	45
Other Threats to Child Health.....	46

<b>MDG 5: Improve Maternal Health .....</b>	<b>48</b>
<b>MDG 6: HIV/AIDS and other Major Diseases .....</b>	<b>52</b>
HIV/AIDS.....	52
Malaria and other major diseases.....	54
<b>MDG 7: Ensure environmental sustainability.....</b>	<b>56</b>
General context.....	56
Protected areas.....	58
Species threatened with extinction .....	59
Safe drinking water and sanitation.....	60
Unregulated Human Settlements .....	60
Waste management .....	61
Legislative and Capacity constraints .....	62
<b>MDG 8. Global Partnership for Development in the Context of Suriname.....</b>	<b>64</b>
Governance .....	66
Official Development Assistance (ODA).....	67
Market access.....	67
Debt sustainability .....	69
Decent and productive work for youth.....	70
Access to affordable essential medicines .....	70
ICT availability .....	71
<b>MDGs: Summary of policy developments, key challenges and capacity gaps.....</b>	<b>74</b>
<b>Annex.....</b>	<b>99</b>
<b>References .....</b>	<b>104</b>

## 1. Introduction

The Common Country Assessment (CCA) is a common instrument of the United Nations system for individual countries, which helps to analyze the national development situation and identify key development challenges and opportunities at the present time.

The CCA process should result in a strategic analysis that identifies the root causes and impact of poverty and other development challenges to the fulfillment of human rights in Suriname. This process will seek to highlight patterns of discrimination and exclusion, and capacity gaps of duty bearers and rights holders. It aims to provide a substantive contribution to national strategies for poverty eradication, sustainable development and economic growth and progressive fulfillment of human rights.

The results of the CCA inform the United Nations Development Assistance Framework (UNDAF) and help to strengthen national capacities for analysis and policy priority-setting, including risk and vulnerability assessments.<sup>1</sup>

This paper is based on desk review of documents and seeks to guide the discussion of the role of the United Nations in Suriname, and its main areas of cooperation with the Government of Suriname in the coming years.

### Data sources and strategic information gaps

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The CCA provides the groundwork for evidence based analysis to help strengthen the next UNDAF 2012-2016, the main cooperation mechanism between the Government of Suriname and the UN System. The CCA bases its assessment on draft sectoral plans, draft ministerial strategies, the Regeringsakkoord (2010) and the Statement of Government Policy (2010-2015).

The assessment focuses on available data from the General Bureau of Statistics; UN data sources (see page 92) ministerial research documents, statement reports and country reports. There are challenges in accessing current and disaggregated information on the fulfillment of human rights in the country and these are being addressed through various Government and UN-supported initiatives.

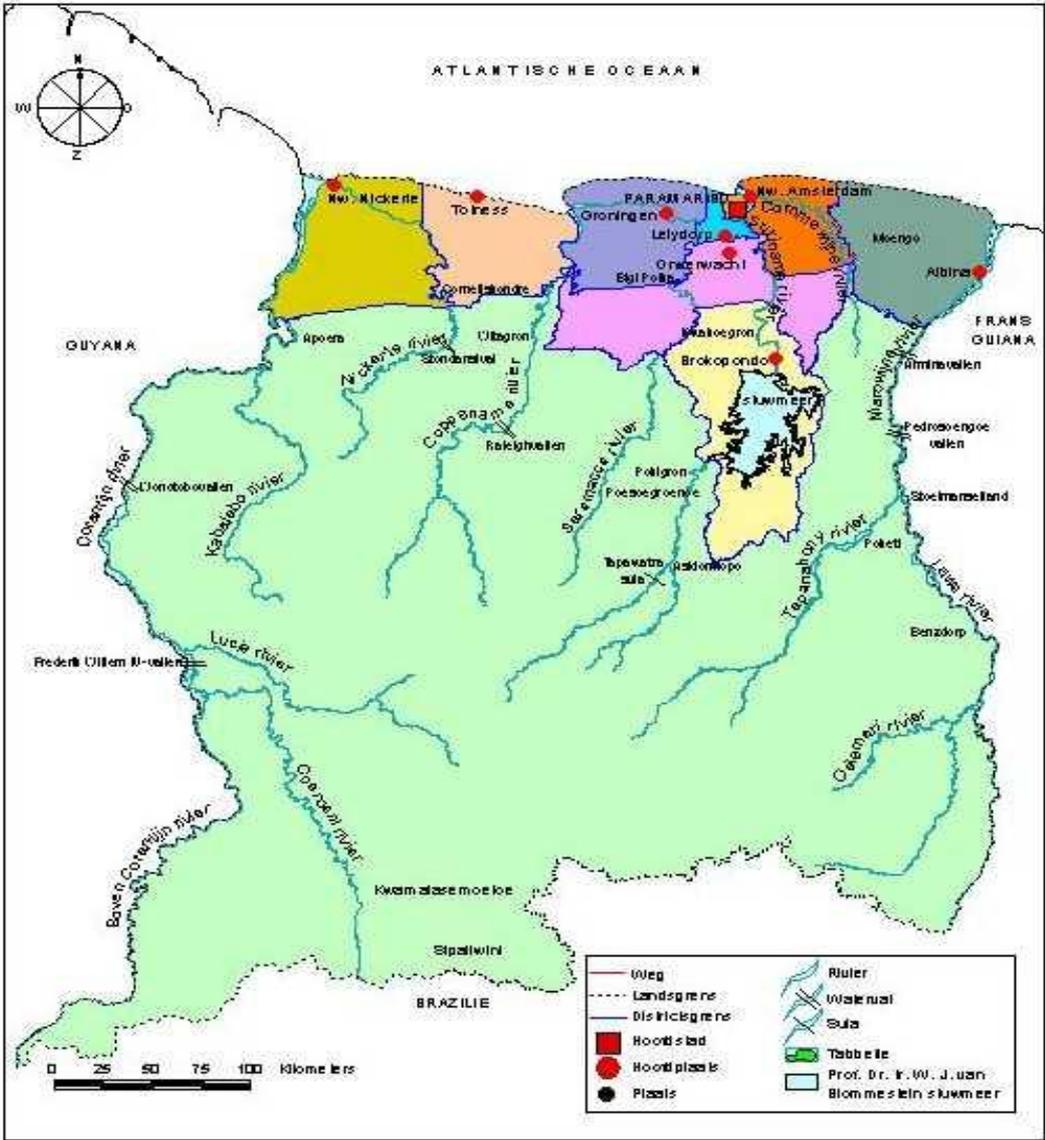
As the current Multi Annual Development Plan for 2012-2016 (MOP) which is the main national strategic document, and the UNDAF are being developed simultaneously, they will inform and strengthen each other.

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<sup>1</sup> CCA Suriname, 2006

## 2. Suriname in 2011 – an overview

### Map of Suriname



*This map does not reflect the position of the United Nations on the legal status of any country or territory or the delimitation of international frontiers.*

**Table 1: Geography and population**

<b>Official Name</b>	Republic of Suriname			
<b>Location</b>	Northern South America, bordering the North Atlantic Ocean, between French Guiana and Guyana			
<b>Area and topography</b>	163,820 sq km mostly rolling hills; narrow coastal plains with swamps			
<b>Climate</b>	tropical; moderated by trade winds; two rainy seasons			
<b>Main towns</b>	Paramaribo (capital), Nieuw-Nickerie, Albina, Brownsweg			
<b>Population (Census total, 2004)<sup>2</sup></b>	492,829 persons			
<b>Mid-year Population (Est., 2009)<sup>3</sup></b>	524,143 persons			
<b>Population 0-19<sup>4</sup> (mid-year, 2009)</b>	198,028 (37.8% of mid-year population 2009)			
<b>Population per sq. km<sup>5</sup></b>	3.2			
<b>Life expectancy<sup>6</sup> (2007)</b>	69.8 years. Female 71.9 years, Male 67.7 years			
<b>Ethnic groups<sup>7</sup></b>	Hindustani	27.4%	Indigenous	3.7%
	Creole	17.7%	Chinese	1.8%
	Maroon	14.7%	White	0.8%
	Javanese	14.6%	Other	0.5%
	Mixed	12.5%	Unknown	6.6%
<b>Religions<sup>8</sup></b>	Christian	40.7%	Other	10.2%
	Hindu	19.9%	Unknown	15.7%
	Islam	13.5%		

<sup>2</sup> Official population count; ABS; Zevende Algemene Volks- en Woningtelling in Suriname: Landelijke Resultaten Vol. 1; 2005

<sup>3</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>4</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>5</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>6</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>7</sup> ABS; Zevende Algemene Volks- en Woningtelling in Suriname: Landelijke Resultaten Vol. 1; 2005

<sup>8</sup> ABS; Zevende Algemene Volks- en Woningtelling in Suriname: Landelijke Resultaten Vol. 1; 2005

**Table 2: Political System**

<b>Form of Government</b>	Constitutional democracy	
<b>The Executive</b>	Cabinet of ministers appointed and headed by the president	
<b>National Legislature</b>	Unicameral 51-seat National Assembly elected for a 5 year term by Universal adult suffrage	
<b>Legal System</b>	Based on Dutch legal system incorporating French penal theory; compulsory ICJ; Jurisdiction with reservations	
<b>National Elections</b>	May 25 <sup>th</sup> 2010, next national legislative election due in May 2015 (indirect Presidential election by the legislature follows once a new National Assembly has been sworn in)	
<b>National Government</b>	A coalition of Mega Combinatie (23 seats), A-Combinatie (7 seats), and Volksalliantie (6 seats) hold 36 of the 51 seats in the National Assembly	
<b>Main political organisations</b>	<p><b>Government:</b> MegaCombinatie (MC), a coalition of Nationale Democratische Partij (NDP), Kerukanan Tulodo Pratanan Ingil (KTPI), Progressieve Arbeiders en Landbouwers Partij (PALU), and Nieuw Suriname (NS); A-Combinatie (AC), an alliance of Broederschap en Eenheid in de Politiek (BEP), Algemene Bevrijdings en Ontwikkeling Partij (ABOP) and Seeka); Volksalliantie (VA), a coalition of Pertjajah Luhur (PL), Pendawa Lima, Trefpunt 2000, Unie van Progressieve Surinamers (UPS), D-21, Progressieve Surinaamse Volkspartij (PSV)</p> <p><b>Opposition:</b> Nieuw Front+ (NF) an alliance of Nationale Partij Suriname (NPS), Vooruitstrevende Hervormings Partij (VHP), Surinaamse Partij van de Arbeid (SPA), and Democratisch Alternatief '91 (DA-91) – holds 14 seats in DNA</p> <p><b>Independent:</b> Democratie en Ontwikkeling in Eenheid (DOE), 1 seat</p>	
<b>President</b>	Desire Bouterse	
<b>Vice President</b>	Robert Ameeralli	
<b>Speaker of the NA</b>	Jennifer Geerlings-Simons	
<b>Ministries</b>	Agriculture & Fisheries	Hendrik Setrowidjojo
	Defence	Lamuré Latour
	Education	Raymond Sapoen
	Finance & Planning	Adelien Wijnerman
	Foreign Affairs	Winston Lackin
	Health	Celsius Waterberg
	Interior	Soewarto Moestadja
	Justice & the Police	Martin Misiedjan
	Labour, Technology & Environment	Ginmardo Kromosoeto
	Land Management & Forestry	Simon Martosatiman
	Natural Resources	Jim Hok
	Public Works	Ramon Abrahams
	Regional Development	Linus Diko
	Social Affairs & Housing	Alice Amafo
	Sports and Youth	Paul Abena
	Trade & Industry	Michael Miskin
	Transport, Communications & Tourism	Falisie Pinas

**Table 3: Economic Structure**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010<sup>b</sup></b>
<b>GDP at market prices (SRDm)<sup>9</sup></b>	6,640	8,4148	8,926 <sup>b</sup>	--
<b>Real GDP Growth (%)</b>	5.2 <sup>10</sup> 6.2 <sup>11</sup>	6.0 <sup>12</sup> , 6.8 <sup>13</sup>	3 <sup>14</sup>	4.0
<b>Consumer price inflation (av. %)<sup>15</sup></b>	6.4	14.7	-0.1	4.4
<b>Exports fob (USD m)</b>	1306.6	1689.2	1410.2	1300.2 <sup>c</sup>
<b>Imports fob (USD m)</b>	1125.1	1540.7	1373.8	966.3 <sup>c</sup>
<b>Current-account balance (USD m)</b>	213.2	136.7	136.8	403.2 <sup>b</sup>
<b>Total external debt (USD m)</b>	300.1	319.2	269.3	299.7 <sup>b</sup>
<b>Reserves excl gold (USD m)</b>	117.1	115.6	151.7 <sup>b</sup>	117.3 <sup>c</sup>
<b>Official exchange rate (year-end)<sup>16</sup> SRD: USD</b>	2.78	2.78	2.78	2.78
<b>Origins of GDP 2009<sup>17</sup></b>	%	of		
		total		
Informal sector	20.8			
Mining	6.6			
Manufacturing	9.8			
Wholesale & Retail Trade	13.8			
Agriculture, forestry & fishing (rice, bananas)	4.9			
GDP at factor cost incl others	100.0			

<sup>9</sup> Includes the informal sector; Source: [www.statistics-suriname.org](http://www.statistics-suriname.org)

<sup>10</sup> International Monetary Fund (IMF); Suriname: 2009 Article IV Consultation--Staff Report; Statement by the Staff Representative; Public Information Notice on the Executive Board Discussion; and Statement by the Executive Director; 2010

<sup>11</sup> FAO; Rural Sector Review Suriname; 2009

<sup>12</sup> International Monetary Fund (IMF); Suriname: 2009 Article IV Consultation--Staff Report; Statement by the Staff Representative; Public Information Notice on the Executive Board Discussion; and Statement by the Executive Director; 2010

<sup>13</sup> International Monetary Fund (IMF); Suriname: 2009 Article IV Consultation--Staff Report; Statement by the Staff Representative; Public Information Notice on the Executive Board Discussion; and Statement by the Executive Director; 2010

<sup>14</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>15</sup> [www.statistics-suriname.org](http://www.statistics-suriname.org)

<sup>16</sup> [www.cbvs.sr](http://www.cbvs.sr)

<sup>17</sup> [www.cbvs.sr](http://www.cbvs.sr)

<b>Principal Exports 2009<sup>18</sup></b>	<b>USD m</b>	<b>Principal Imports 2009<sup>19</sup></b>	<b>USD m</b>
Pearls, precious & semi-stones, precious metals, imitation jewellery & coins (mainly gold)	839.30	Machinery and appliances, electrical equipment	307.6
Products of chemical or allied industries (mainly oil)	321.62	Mineral Products	250.8
Mineral Products	61.11	Products of chemical or allied industries	183.5
Vegetable Products	49.79	Vehicles, Aircraft, vessels & associated equipment	155.2
<b>Main destination of exports 2008<sup>20</sup></b>	<b>% of total</b>	<b>Main origins of imports 2008<sup>21</sup></b>	<b>% of total</b>
Canada	36.2	US	31.2
Belgium	12.5	Netherlands	15.5
Norway	12.4	Trinidad & Tobago	14.2
UAE	8.9	China	7.7
		<b>2006</b>	<b>2009<sup>b</sup></b>
			<b>% change</b>
<b>Non-resident arrivals<sup>22</sup></b>		154,060	150,695
			-3%

<sup>a</sup> Actual. <sup>b</sup> Estimates / preliminary figures. <sup>c</sup> Estimate until Q3

<sup>18</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>19</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>20</sup> World Bank; World Trade Indicators, Suriname Trade-at-a-Glance; 2009

<sup>21</sup> World Bank; World Trade Indicators, Suriname Trade-at-a-Glance; 2009

<sup>22</sup> Data from the Suriname Tourism Foundation, included in ABS & Conservation International; Environment Statistics; September 2010

Suriname is a very diverse society that comprises more than eight different ethnic groups speaking more than 15 languages.

In 2010 the Human Development Index (HDI) ranked Suriname 94 out of 182 countries (86th in 2005), placing it in the 'Medium Human Development' country category band between Gabon and Bolivia.<sup>23</sup>

According to the latest census report<sup>24</sup>, the population of Suriname increased from 355,240 in 1980 to 492,829 in 2005 (50.3% men and 49.7% women). A fifth of the population (101,246) is below eight years of age, with 37% of the population being below 18 years of age. The mid year population estimate in 2009 by the General Bureau of Statistics estimates a population of 524,143 persons and 198,028 persons aged 0-19 years (37.8% of the population).

While the vast majority of the population lives in the urban and peri-urban areas situated along the coastal belt, almost 17% of the total population lives in the interior districts of Marowijne, Para, Brokopondo and Sipaliwini. The population in the interior is mainly comprised of indigenous and tribal peoples consisting of Amerindians and Maroons.

In recent years there have been immigration of Brazilians and Chinese in both coastal and interior areas of the country. The number of Brazilians is estimated to be between 30,000 and 40,000 persons, slightly less than 9% of the total population. There are no reliable estimates on the number of Chinese migrants in Suriname.

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<sup>23</sup> Human Development Report 2010

<sup>24</sup> ABS, Results of the 7<sup>th</sup> Census – Volume 1, 2005.

## 2.1 Democracy and governance

### *Human Rights and the Universal Periodic Review (UPR)*

The Republic of Suriname has signed and ratified a number of international human rights instruments and adopted them into national law (see Table 1.1). The first comprehensive overview of Suriname's human rights record was conducted in May 2011 by the UN Human Rights Council via its Universal Periodic Review mechanism. At the review, the Government of Suriname re-affirmed its firm commitment to promote and guarantee all fundamental rights and freedoms to its people, and acknowledged the importance of the reporting requirements as a means of monitoring the implementation of instruments that embody universal human rights and fundamental freedoms. The Universal Periodic Review of Suriname focused on the issues of education, gender and indigenous peoples' rights. The Government was commended for efforts to provide health services and antiretroviral drugs to persons living with HIV and AIDS as well as its successful implementation of a national strategy to combat malaria.

Key recommendations of the review included:

- To ratify the second Optional Protocol of the Convention on Civil and Political Rights
- To ratify Optional Protocols to the Convention on the Rights of the Child.
- To ratify the Convention on the Rights of Persons with Disabilities.
- To abolish corporal punishment.
- To ensure indigenous groups and the Maroon benefit from public services and collective land rights as recognised in the Inter-American Court 2008 decision.
- To create a comprehensive national strategy to combat trafficking of persons
- To address impunity of violence against women especially in cases of domestic abuse.
- To raise the age of criminal responsibility from 10 years to 12.
- To improve quality and access of education to children in the interior
- To provide for more participation of women in public and economic spheres
- In addition, the third and fourth combined reports for the Committee on the Rights of the Child is one year behind schedule and needs to be submitted urgently to ensure compliance with Suriname's commitments.

### *Legislation and Policy*

On December 10, 1948 the Netherlands, which included its plantation colony of Suriname, joined 47 other countries in ratifying the Universal Declaration of Human Rights.

The International Bill of Human Rights consists of [1] the Universal Declaration of Human Rights; [2] the International Covenant on Economic, Social and Cultural Rights; and [3] the International Covenant on Civil and Political Rights and its two Optional Protocols.

Suriname became independent from the Netherlands on November 25, 1975. As an independent country, Suriname ratified both of the International Covenants in **1976**.

The table below identifies the international and national legislation/policy in place for Suriname:

Table 1.1 Suriname International and National Legislation

LEGISLATION / POLICY	STATUS June 2011 AND COMMENTS
<b>INTERNATIONAL CONVENTIONS</b>	
Convention on the Rights of the Child (1989)	<p><b>Status:</b> Ratification 1993 without reservation.</p> <p><b>Comments:</b> Third and Fourth combined periodic report to the Committee on the Rights of the Child outstanding (First report submitted in 1998; Second in 2005).</p>
<b>Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)</b>	<p><b>Status:</b> Signed (2002); but not ratified.</p> <p><b>Comments:</b> Government reported at the Universal Periodic Review session in May 2011 that it is in process of ratification as a matter of priority.</p>
<b>Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)</b>	<p><b>Status:</b> Signed (2002); but not ratified.</p> <p><b>Comments:</b> Government reported at the Universal Periodic Review session in May 2011 that it is in process of ratification as a matter of priority.</p>
International Convention on the Rights of Persons with Disabilities (2006)	<p><b>Status:</b> Signed (2007); but not ratified.</p> <p><b>Comments:</b> Government reports it is in process of ratification. More guidance and training is needed for teachers on children with disabilities.</p>
<b>Optional Protocol to the International Convention on the Rights of Persons with Disabilities (2006)</b>	<p><b>Status:</b> Not signed; not ratified.</p> <p><b>Comments:</b> Government reported at the Universal Periodic Review session in May 2011 that it is in process of ratification. More guidance and training is needed for teachers on children with disabilities.</p>
International Covenant on Economic, Social and Cultural Rights (1966)	<b>Status:</b> Accession 1976.
<b>Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (2008) – not yet in force</b>	<b>Status:</b> Not signed; not ratified.
International Covenant on Civil and Political Rights (1966)	<b>Status:</b> Accession 1976.

<b>First Optional Protocol to the International Covenant on Civil and Political Rights (1976)</b>	<b>Status:</b> Accession 1976.
<b>Second Optional Protocol to the International Covenant on Civil and Political Rights (1989)</b>	<b>Status:</b> Not signed; not ratified.
Convention on the Elimination of All Forms of Discrimination Against Women (1979)	<b>Status:</b> Accession 1993. <b>Comments:</b> Combined First and Second periodic report submitted 2002; Third report submitted 2007.
<b>Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (1999)</b>	<b>Status:</b> Not signed; not ratified.
Convention on the Elimination of All Forms of Racial Discrimination (1965)	<b>Status:</b> Succession 1984.
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)	<b>Status:</b> Not signed; not ratified.
<b>Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2002)</b>	<b>Status:</b> Not signed; not ratified.
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)	<b>Status:</b> Not signed; not ratified.
International Convention for the Protection of All Persons from Enforced Disappearance (2006)	<b>Status:</b> Not signed; not ratified.
Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, the “Convention of Belem Do Para” (1994)	<b>Status:</b> Ratification 2002.
Convention relating to the Status of Refugees (1951)	<b>Status:</b> Succession 1978.
Special Protocol for the Convention relating to the Status of Refugees (1967)	<b>Status:</b> Succession 1978.
United Nations Convention Against Transnational Crime (2000)	<b>Status:</b> Accession 2007.
Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations	<b>Status:</b> Accession 2007.

Convention Against Transnational Organised Crime (2000), known as “the Palermo Protocol”	
Protocol against the smuggling of Migrants by Land, Sea, and Air, supplementing the United Nations Convention Against Transnational Organised Crime (2000)	<b>Status:</b> Accession 2007.
Hague Convention on Protection of Children and Co-operation in Respect of Inter-Country Adoption (1993)	<b>Status:</b> Not signed; not ratified.
Convention on the Civil Aspects of International Child Abduction (1980)	<b>Status:</b> Not signed; not ratified.
ILO CONVENTIONS	
ILO Convention No. 182 Worst Forms of Child Labour (1999)	<b>Status:</b> Ratification 2006.
ILO Convention No. 138 Concerning Minimum Age for Admission to Employment (1973)	<b>Status:</b> Not signed; not ratified. <b>Comments:</b> Government reports it is considering age difference between draft new education legislation (Basic Education Improvement Project) of 7-12 and ILO minimum working age for children of 15.
International Convention Relating to Intervention on the High Seas in Cases of Oil Pollution Casualties, 1969	<b>Status:</b> Ratification 1975.
The Treaty on the Non-Proliferation of Nuclear Weapons, The Non-Proliferation Treaty; NPT	<b>Status:</b> Succession 1976.
The International Plant Protection Convention, IPPC	<b>Status:</b> Succession 1977
The Treaty of Tlatelolco for the Prohibition of Nuclear Weapons in Latin America and the Caribbean	<b>Status:</b> Signed 1976.
Convention on Prevention of Marine Pollution by Dumping of Wastes and Other Matter	<b>Status:</b> Assession 1980
Convention on International Trade in Endangered Species of Wild Fauna and Flora	<b>Status:</b> Assession 1980.
Convention on Wetlands of International Importance especially as Waterfowl Habitat	<b>Status:</b> Assession 1985.
International Convention for the Prevention of Pollution from Ships, 1973 as modified by the Protocol of 1978 relating thereto	<b>Status:</b> Signed 1988.

Treaty Banning Nuclear Weapon tests in the Atmosphere, in Outer Space and under Water, Partial Test-Ban Treaty	<b>Status:</b> Accession 1993.
The Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction	<b>Status:</b> Accession 1993.
UN Convention on Biological Diversity	<b>Status:</b> Ratified 1996.
The Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction, CWC	<b>Status:</b> Ratified 1997.
The Vienna Convention for the Protection of the Ozone Layer	<b>Status:</b> Accession 1997.
Montreal Protocol on Substances that Deplete the Ozone Layer (including Montreal and Beijing amendments)	<b>Status:</b> Ratification 1997; amendments ratified 2006.
United Nations (UN) Framework Convention on Climate Change	<b>Status:</b> Ratified 1997.
UN Convention on the Law of the Sea	<b>Status:</b> Ratification 1998.
UN Convention to Combat Desertification	<b>Status:</b> Accession 2000.
Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade	<b>Status:</b> Accession 2000
The Comprehensive-Test-Ban Treaty	<b>Status:</b> Signed (2006); but not ratified.  <b>Comments:</b> The convention will come into effect when the required 44 countries mentioned in the annex have ratified.
Kyoto Protocol	<b>Status:</b> Ratification 2006.
Treaty for Amazonian co-operation	<b>Status:</b> Ratification 1980.
Convention on Nature Protection and Wildlife Preservation in the Western Hemisphere	<b>Status:</b> Ratification 1985.
Convention for the protection of the World Cultural and Natural Heritage	<b>Status:</b> Acceptance 1997.
Cartagena Protocol on Bio safety to the Convention on Biological Diversity, Montreal, 2000	<b>Status:</b> Accession 2008.
The Stockholm Convention on Persistent Organic Pollutants; POP's	<b>Status:</b> Signed (2002); but not ratified.

	<b>Comments:</b> In the process of being ratified. Approved by DNA on February 15, 2011.
Basel Convention	<b>Status:</b> Signed; but not ratified.
	<b>Comments:</b> In the process of being ratified. Approved by DNA on February 15, 2011.
Convention on International Trade in Endangered Species	<b>Status:</b> Accession 1980.
Inter-American Convention Against Corruption	<b>Status:</b> Ratified 2002.
UN Anti-Corruption Convention	<b>Status:</b> Not signed; not ratified.
Organization for Economic Co-operation and Development Convention on Combating Bribery	<b>Status:</b> Not signed; not ratified.

### **Domestic Legislation**

In 2009, the Ministry of Justice and Police and UNDP signed the Human Rights, Legal Access and Anti-Corruption project. The project was signed after a baseline assessment<sup>25</sup> determined that there were specific gaps regarding these three components in Suriname. Suriname faces challenges in institutionalizing the international human rights norms and practices due to capacity constraints within the law enforcement and other duty bearers in the area of human rights interpretation, enforcement and legislative drafting.

Additionally, the rights owners have limited capacity to claim those rights largely due to low levels of awareness in the public of the political, social, economic, and cultural dimensions and ramifications of human rights. Greater awareness can be built around the understanding of human rights, the rights of those seeking redress from the courts, the rights of children, the rights of disadvantaged groups, rights of indigenous and tribal peoples and about women's rights regarding violence. There are significant numbers of national civil society organizations that are involved in human rights work but some need to enhance their understanding regarding the technical aspects of human rights and access to justice. More emphasis needs to be placed on developing key capacities for community mobilization, advocacy, negotiation and lobbying for human rights and access to justice for the NGO community.

The Media is seen as playing a key role in delivering awareness on human rights and access to justice and as an integral and essential part of the democratic process in Suriname. It is imperative therefore that the media's understanding and knowledge of human rights, access to justice and anti-corruption are strengthened for responsible delivery at national level.

Legal Aid is provided by the Government through provision of lawyers whose fees are paid for by the Government. However the availability of lawyers is compromised by the low legal fees paid to the lawyers, and therefore the pool of lawyers available is limited. The Government's legal aid system is channeled through the Legal Aid Bureau. The Legal Aid

<sup>25</sup> Support for Implementing the Policy Plan for Protection of Legal Rights and Safety – Legal Protection, Human Rights and Anti Corruption, signed by the Government and UNDP in 2009

Bureau lacks the necessary human resources and proper systems to manage the diverse cases and has become overwhelmed with the myriad of cases and high numbers of citizens seeking legal protection and redress. The public also needs to be empowered to increase their access to justice and the justice system through popularizing key pieces of legislation and making them more reader friendly; public awareness of the law and modalities for accessing the legal system; and increasing the geographical scope and reach of the legal aid system and public education and awareness activities to include the poor, vulnerable and disadvantaged groups, and hinterland communities.

Regarding anti corruption, the baseline assessment conducted indicated that even though the Penal Code does refer to anti-corruption and criminalizes corrupt activities, Suriname does not have specific anti-corruption legislation in place. The country has signed and ratified the Inter-American Convention against Corruption while the UN Anti-Corruption Convention still has to be signed and ratified. There is insufficient debate on anti-corruption initiatives, slow approval of legislation and adoption of the Anti-corruption law. This calls for a wider debate and greater understanding on corruption and anti-corruption initiatives in order to mobilize support in addressing the possible adverse effects of corrupt practices on socio-economic development.

The President's statement of Government Policy 2010-2015 emphasizes the need for good governance, stating that "The Government holds the opinion that the internal organization of the State should be structured in a well-balanced, efficient, effective and transparent manner with proper accountability, so as to enable successful policy making aimed at the development outcomes. The crusade against corruption constitutes an essential part thereof."

In the area of good governance, Suriname is also looking at increasing participation, transparency and fairness in the electoral process. In its coalition agreement the Government indicated that the amendment of the Constitution with regards to achieving a more balanced electoral system is a priority. The chairperson of the Independent Electoral Bureau, Jennifer van Dijk-Silos stated, "For the strengthening of democracy it is necessary that the number of seats per electoral district is reviewed every 10 years by an independent boundary commission (...). This will lead to a more balanced and equitable distribution of seats per district." As part of its support to the Government in the framework of Elections 2010, the Democracy Unit with support from UNDP organized two seminars, one for Political Parties and one for the Media, in December 2010. The two seminars which aimed at looking at the role of the political parties and the media during the elections are part of a process to make elections more effective, efficient and transparent.

Successes in improving children's ability to claim their rights have included: the development and approval of a law to establish a child ombudsperson in Suriname; the development of the legal framework for child care (the "*Wet Opvanginstellingen*"), pending adoption; the approval of the law on the right of a child to be heard (the "*Wet Hoorrecht*"); the approval of the Moral Code and the law on domestic violence in 2009; the development of the National Action Plan for Children 2009-2013, which lays out key roles and actions for each line ministry for fulfilment of child rights; capacity building and outreach among decision makers on implementation of the Convention on the Rights of the Child; efforts to make schools more child friendly; building an understanding among children and teachers on child rights in Suriname and the efforts to establish a justice system that puts the best interests of the child first.

## **National Assembly**

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The National Assembly assisted by the UN under the leadership of UNDP, has embarked upon a capacity strengthening program, which is aimed both at improving the working conditions of members of the assembly, as well as improving the quality of decision making. The UN agencies and the Parliament of Suriname are currently working together to intensify and strengthen their existing partnership.

## **Public Sector Reform**

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The public sector employs 40% of the total workforce and includes 120 public enterprises. Highly skilled civil servants and complementary inputs are scarce, while low-level civil service employment has expanded. This has led to the high cost of government. In 2006 the Inter-American Development Bank (IDB) prepared an extensive report entitled a “Road Map for Public Sector Reform in Suriname”.

A part of this initiative includes the FISO (Functie Informatie Systeem Overheid), which is intended to streamline the positions of public servants according to their responsibilities and tasks. However, the FISO has become an additional burden to the Government’s budget as the system significantly increases government spending.

## **NGOs and CBOs**

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Key to the area of governance is the notion of participation and inclusiveness. There are over three thousand Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs) in Suriname, representing interests including human rights and indigenous groups, women’s organisations, religious and church-affiliated groups, sports clubs, community service and community based organisations. Some groups rely heavily on overseas or government funding with limited scope for long-term financial sustainability. They may have limited capacity to implement medium to large scale projects.

An assessment of available resources within the individual networks revealed a broad body of knowledge and practice. However, NGOs and their networks lack the opportunity to translate this knowledge into capacity building strategies on their own, as they do not always have the time or finances available to dedicate their expertise to the training of peers.

The EU is implementing a capacity strengthening program for NGOs (SNIS) since 2008 including training component and provision of expertise through resource centers. The majority of NGOs are service delivery organizations, with only a very few working at the policy level. In terms of implementation capacity, the greatest challenge facing NGOs is the availability of human resources.

## 2.2. Economic development

In 2010, economic growth is estimated to have picked up to 4.4%, from 3% in 2009, owing to buoyant activity in the mineral sector. Inflation rose from 1.3% at the end of 2009 to 10.3% at the end of 2010, following large wage increases in the civil service and higher food and fuel prices. In January 2011, the authorities devalued the Surinamese dollar by 20% in the official market, bringing it broadly in line with the rate in the parallel market. At the same time, they raised fuel taxes by about 40% and introduced additional measures of fiscal consolidation. In the wake of these adjustments, 12-month inflation rose to 18.6% in February 2011. The external current account balance is estimated to have improved from a deficit of 1% of GDP in 2009 to a surplus of about 1% of GDP in 2010, in the context of strong mineral exports. Gross international reserves rose by USD22 million in 2010, to USD785 million at year-end (4.4 months of imports).

The overall fiscal deficit shifted from a surplus of 2.2% of GDP during 2007-2008 to a deficit of 3.3% of GDP during 2009-2010. Lower tax revenues were only offset in part by higher nontax revenue from the state-owned oil company and grant disbursements. However, both current and capital expenditures rose significantly, reflecting elevated spending prior to the elections, including on goods and services and in connection with the civil service wage reforms. In 2009 and the first half of 2010, the deficit was financed in part by a build-up of domestic payment arrears (estimated at about 1% of GDP at end-2010). Public debt rose from 18% of GDP in 2008 to 21.6% in 2010.<sup>26</sup>

With the end of the Dutch Treaty Aid, the Government of Suriname has been exploring alternatives for financing the social investments and developmental activities. During a seminar held by the Ministry of Planning and Development Cooperation in cooperation with the Vereniging van Economisten in Suriname (VES) in April 2010, ideas were shared on the road forward in regard to financing national development. The alternatives of funding are being reviewed. The experiences and possibilities of utilizing national investments, multilateral and bilateral were discussed while the option of international capital market financing had been presented as a new avenue which Suriname had to take into consideration.<sup>27</sup>

In the Statement of Government Policy 2010-2015 that was delivered by President Bouterse to the National Assembly on 1 October 2010, examples of development diplomacy were given as follows: "For example we will in substance work together with Brazil that has a big agricultural tradition, in developing the agricultural sector Suriname, partly against the background of the aim to serve as the food bard for the Caribbean. Our foreign policy will be aimed at Suriname agricultural produce gaining access to Caribbean markets. We will pursue a more intensive cooperation with Cuba in educating doctors, in order to bring health care within reach of each Surinamese. We will work more closely with Venezuela as regards the further development of our oil sector, with Japan and Korea on the fisheries sector, with the USA and Canada in the mining sector and with India in the area of ICT. Cooperation with the Organisation of Islamic Conference (OIC) on financing projects, while our participation in the organisation of the Amazon Cooperation Treaty (ACTO) will aim at more prosperity and well being of the people in the interior."

<sup>26</sup> <http://www.imf.org/external/np/sec/pn/2011/pn1150.htm>

<sup>27</sup> Verslag Seminar: Ontwikkelingsfinanciering Suriname na 2010, Ves & Plos, April, 2010

### ***Increasing productivity in the private sector***

Improved production capacity and higher productivity are both needed to sustain employment and income growth as well as sound fiscal and external accounts. The private sector, including small scale domestic entrepreneurs, has now clearly been assigned primary responsibility for production and productivity. In this context, the Government takes responsibility for improving the macroeconomic, legal and business environments to stimulate private sector investments and enhance access for small-scale entrepreneurs, including in the interior of the country. Improvements of the physical infrastructure and energy provision, as well as enhanced access to investment capital and guaranteeing property rights, will be key factors in this regard. The establishment of the Suriname Business Forum is one of the first steps to achieving this. The new administration has announced the development of production companies in rural and interior areas, such as Brokopondo, Albina and Nieuw Amsterdam, where duty free zones are projected.

### ***Environmental Economic Sustainability***

The Government of Suriname MDG Report 2010 has noted that the demand for environmental sustainability is directly linked to economic production and economic growth. By means of ratification of a number of global environment treaties, the Government has committed itself to the national implementation of sustainable development. The UN system through the UNDP Small Grants Programme (SGP) supports community projects that improve people's wellbeing and livelihoods, while protecting the environment. In this dynamic realm, knowledge management is critical to continuously improve good practices and identify lessons for innovative market-based approaches to biodiversity conservation.

### ***The informal economy***

A review of the evolution of economic activity should not overlook the fact that Suriname has a very large informal economy. Small scale gold mining<sup>28</sup>; wood production as well as the permeability of the economy to funds originating in illegal activities, including the drug trade, add up to an informal economy that accounts for at least 20% of GDP according to national statistics. The Government has recently started a comprehensive program for registration of small-scale gold mining operations, whose output according to recent official statements is not included in national accounts data; and only a small percentage of their export proceeds are repatriated back to Suriname.

### ***Crime and the Economy***

UNDP Country Offices covering the English and Dutch-speaking Caribbean are currently supporting the preparation of the first ever Caribbean Human Development Report (HDR)

<sup>28</sup> While the formal mining sector is capital intensive, the informal gold mining sector provides employment for an important segment of the rural population and the value of gold exports from informal sources increased from USD70 million in 2002 to USD140 million in 2003 (12%% of GDP) and to USD195 million in 2004. At a workshop on illegal gold mining, organised by the World Wildlife Fund, in Paramaribo, in 2010, the value of the small scale gold mining was estimated to be USD1.7 billion. (De Ware Tijd, 23 february 2010), while a more conservative estimate of USD1 billion was made by a newly appointed government commission for structuring of the gold mining industry (De Ware Tijd, 6 january 2011).

on Citizen Security, which is expected to be launched in the third quarter 2011. Police reports and victimization surveys indicate that domestic and sexual violence is a prominent feature of the lives of many women and girls in the Caribbean including Suriname, Jamaica, Barbados and Trinidad and Tobago, for example, demonstrate a rate of rape above the unweighted average of 102 countries as outlined in the United Nations Crime Trends Survey 2002. There is also increased involvement of young people as both victims and perpetrators of violent crime including homicide. Murder rates are estimated at 30 per 100,000 populations annually for the region. This makes the Caribbean region the most violent region compared with South and Central America, South and South West Africa, and South East Asia. Child abuse and other forms of violence against children as well as children's exposure to violence in the region is another key issue. The HDR is seen as a means, not an end. It represents a first step to assess the situation and identify solutions and recommendations to inform public policy and the development of programmes to address citizen security issues.

Drug trafficking, money laundering, arms trading and other illegal drug-related activities are considered serious problems posing serious challenges to the systems and practices of good governance. As is usual, data are not readily available to map the extent of the challenge, although drug prohibitions at air and sea ports and persons apprehended and brought before the courts give some sense of the magnitude of the problem.

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### ***Loss of labour due to migration***

The external migration of skilled professionals is affecting several sectors of the society and both the Ministries of Education and of Health recognize this as a major problem, resulting in a vacuum of human resources and the deterioration of the services being provided. There exists no recent evidence based report in relation to migration of skilled labour. More research and/or raw data need to be collected and analyzed to determine the effects of migration on the society.

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### ***Investments***

Suriname's export base has become more diversified to include exports of oil and gold. In 2007, exports and imports of goods/services amounted to USD 2,442 million (118% of GDP). The Investment Law 2002 authorizes the Minister of Finance to grant both tax and non-tax incentives for new investments and for the expansion of existing investments. However, in 2007 the special facilities expired and no new draft legislation has yet been brought to Parliament. It is common understanding that a new Investment Law needs to be adapted to the new requirements of the business community. As of December 2010, the government has cut taxes for investment imports as a first incentive for private sector development.

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### ***Debt sustainability***

Debt sustainability remains a priority for Suriname. This is discussed in more detail in [Chapter 3, MDG 8, Global Partnership for Development in the Context of Suriname](#).

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### ***Decent and productive work for youth***

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Unemployment and especially youth unemployment is one of the major challenges for development in Suriname. This is discussed in more detail in [Chapter 3, MDG 8, Global Partnership for Development in the Context of Suriname](#).

### 3. The MDGs: context and current status

In September 2000, all 189 members of the UN General Assembly pledged in the Millennium Declaration to achieve eight measurable outcomes by the year 2015. The MDGs have informed the international assistance programs of all major donors and have been incorporated into the national development plans of most member states, including the Republic of Suriname.

Taken collectively, the MDGs address those elements essential to the reduction of poverty, the central tenet of all national and international development programs.<sup>29</sup>

In this chapter, the 8 MDGs are assessed in terms of their current status in Suriname.

#### MDG 1: Eradicate extreme poverty and hunger

##### Goal 1: Eradicate extreme poverty and hunger

<b>Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</b>	1.1 Proportion of population below USD1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
<b>Target 1.B: Achieve full and productive employment and decent work for all, including women and young people</b>	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below USD1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
<b>Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</b>	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption

<sup>29</sup> CCA 2006

## Poverty measurement

1. The General Bureau of Statistics produces estimates for poverty lines by size and composition of household, mainly for the coastal urban areas of Suriname, since 1990. These calculations reflect poverty levels based on income (or consumption), and there are associated challenges with respect to national representativeness of the surveys, on which the estimates are based. In August 2010 UNDP Suriname, CARICOM and the General Bureau of Statistics of Suriname organized a Conference on Poverty Measurement aimed to build consensus on the determination of an official poverty line and related methods of poverty measurement including the introduction of measurement of multidimensional poverty for Suriname. The recommendations are included in the Conference Report<sup>30</sup>.
2. Data on income poverty in Suriname are only available for the districts of Paramaribo and Wanica and it is calculated on the basis of the cost of a standard consumption basket for an average household of 2 adults and 2 children. The poverty line estimated<sup>31</sup> for the second quarter of 2005 was SRD1080 per month (USD 400), and for the second quarter of 2009 was SRD1486 per month (appr. USD 530) representing an increase of 32.5% from 2005.
3. Based on 2005 income figures<sup>32</sup>, the General Bureau of Statistics concluded that 59% of the households in Paramaribo and Wanica were under the poverty line, while in Nickerie, the main rural district, a total of 63% households were under the poverty line. While there are no figures for the other districts, it is considered that the poverty levels are higher in more isolated and less accessible areas in the rural and the interior districts.<sup>33</sup>
4. The 2009 MDG Progress report for Suriname, introduced the Human Poverty Index (HPI-1) as an instrument to measure poverty in the country. The index measures deprivations in the three basic dimensions of human development captured in the Human Development Index (HDI) which are:
  - Longevity (Probability at birth of not surviving to age 40, times 100) – P1;
  - Knowledge (Percentage of adults who are illiterate) – P2;
  - Decent standard of living (percentage of people without sustainable access to an improved water source; percentage of Children under weight for age) – P3

The table below presents the data on the three dimensions.

HP – 1 Component	2000	2008	Source
<b>P1</b>	9.07	7.56	ABS 2010
<b>P2</b>	13.80	8.10	MICS 2006
<b>P3</b>	20.35	9.10	MICS 2006
<b>HPI-1 (Human Poverty Index) (unweighted average of P1, P2, and P3)</b>	15.8	8.3	

Ministry of PLOS; MDG Progress Report 2009

<sup>30</sup> Report Poverty Conference on Poverty Measurement: UNDP Suriname, CARICOM and the General Bureau of Statistics of Suriname

<sup>31</sup> ABS; Basic Indicators 2009-II; January 2010

<sup>32</sup> Ministry of PLOS; MDG Progress Report 2009; 2010 (MDG Progress Matrix)

<sup>33</sup> FAO; Rural Sector Review Suriname; 2009

5. The indicators reflect that from 2000 to 2008, the probability at birth of not surviving to the age of 40 decreased from 9.07% to 7.56%, the percentage of illiterate adults decreased from 13.8% to 8.1%, and the percentage of people who are deprived from a decent standard of living, decreased from 20.35% to 9.10%. As a result of the improvement of all the indicators in the period of measurement the HPI-1 decreased from 15.8% to 8.3%.
6. The Global 2010 Human Development Index (HDI) ranked Suriname 94 out of 182 countries, placing it in the 'Medium Human Development' country category, between Gabon and Bolivia.<sup>34</sup>

### **Hunger and Nutritional status**

1. The food security of populations in the interior that are vulnerable to floods is threatened by this recurrent natural disaster. There is a substantial gap in capacity related to food storage at the household and community level that causes low food availability during a period of isolation. Plagues of pests that accompany the heavy rains are a threat to food production after the floods<sup>35</sup> which is required to ensure access of food during future periods of isolation.
2. The 2006 Multiple Indicator Cluster Survey (MICS3) estimated that 10.9% of the children in Suriname weigh less than 2,500 grams at birth (this rate is lower than the average for the Non-Latin American Caribbean countries of 11.2%)<sup>36</sup>. According to<sup>37</sup> 2006 MICS3, there are no striking variations by region (urban 11.2%, rural coastal 10.1% and the rural interior 10.6%), although the districts of Wanica and Para show the highest percentage (13.1%). The figures show some correlation with the mother's level of education, as mothers with no education at all are more likely (12.3%) to have children with low weight at birth.
3. According to the ABS, 11.1% of children that were born in 2008 weighed less than average<sup>38</sup>. As an estimated 26.3% of children are not weighted at birth, the national figures might be higher than these figures.
4. According to MICS3, 9.9% of the children under the age of five in Suriname, are moderately or severely underweight, and 0.8% are severely underweight. Further, 7.7% are moderately stunted or too short for their age, and 4.9% are moderately wasted or too thin for their height. Children in Nickerie, Coronie, and Saramacca are more likely to be moderately or severely underweight and stunted than other children, whereas those in Wanica and Para are more likely to be moderately or severely wasted. When looking at severely stunted children, the percentage is highest in Brokopondo and Sipaliwini (2.8% as compared to 1.4% nationwide). The interior's inaccessibility compounds these inequalities because it makes supply of goods and services difficult and costly.<sup>39</sup> Those children whose mothers have tertiary education are the least likely to be moderately or severely underweight, stunted, or

<sup>34</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>35</sup> UNDP. Promoting Resilience and Sustaining Livelihoods of Disaster Affected Communities. Early Recovery Strategic Framework for Suriname: Hazard Mapping and Capacity Assessment 2009

<sup>36</sup> MICS3, cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>37</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>38</sup> ABS; Statistical Yearbook 2008; November 2009

<sup>39</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

wasted compared to children of mothers with no education (16.6%, 15.3% and 5.6% respectively). Girls appear to be slightly more likely to be stunted than boys. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished in comparison to children who are younger and older. This pattern is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.<sup>40</sup>

## Water and Sanitation

1. Although 91.7% of the population in Suriname has access to improved drinking water sources, the geographical differences are evident: 97.1% in urban areas, 97.9% in rural / coastal areas, and only 44.8% in the rural interior areas (Brokopondo and Sipaliwini). In Paramaribo, 77.6% of the population uses drinking water that is piped into their dwelling or into their yard or plot. In contrast in the interior, only 25% of households in Commewijne and Marowijne, and just 1.8% of households in Brokopondo and Sipaliwini, have access to piped water into their dwelling. (MICS 2006<sup>41</sup>).
2. In Brokopondo and Sipaliwini, the main source of drinking water for 54.2% of households is surface water (rivers and ponds), which is generally considered an unsafe source. Overall in the country, 22.6% of households use an appropriate water treatment method, with percentages being lowest for Brokopondo and Sipaliwini (11.2%).
3. Overall in the country, 9.1% of households spend less than 30 minutes to reach the water source, while 1% of households spend more than one hour for this purpose. In the rural interior, these percentages are 46.4% and 5.6% respectively. For the majority of households, both adult women and adult men collect the water, when the source of drinking water is not on the premises. Only in the rural interior there is an important difference in the percentage of households where the adult women are collecting the drinking water versus men is large: 84.3% of women versus 15.7% of men. Boys and girls under 15 years only collect drinking water in a small number of households (about 1.5% each).<sup>42</sup>
4. Overall, 89.8% of households use improved sanitation facilities in Suriname. The regional differences are again relevant: 97.9% of the households in urban areas, 91.6% in rural coastal areas, and 33% in rural interior areas where most communities do not have any such facilities but instead use rivers, bush, and fields. The main sanitary means of excreta disposal in the interior are pit latrines whereas in the urban and rural coastal areas there are flush toilets with connection to a sewage system or septic tank.<sup>43</sup>
5. Safe disposal of a child's feces is whether the last stool by the child was disposed of by use of a toilet or rinsed into a toilet or latrine. Overall, stools of 33.1% of children aged 0-2 are disposed safely. Percentages are highest for the rural coastal areas (43.3%) and lowest for the rural interior areas (21.7%).<sup>44</sup>

<sup>40</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>41</sup> Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>42</sup> MICS 2006, cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>43</sup> MICS 2006, cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>44</sup> MICS 2006, cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

6. Mercury pollution in the interior, excessive pesticide use on agriculture lands in coastal areas, and the widespread use of septic tanks, pose a major threat to the quality of drinking water<sup>45</sup>. The consumption of fish (a staple food in the interior) is a major health concern related to potentially high mercury levels in the water.

## Housing

1. Access to adequate housing remains a challenge for a vast proportion of the population in Suriname. The key problems in the housing sector are: (i) low-quality of the housing stock; (ii) lack of affordable housing solutions on the market for low income groups; (iii) limited access to land, titling and registry.
2. Land allocation remains one of the main bottlenecks for residential housing and home improvement, as well as mortgage, taxation, building materials and a decline in real incomes. Migrants are especially vulnerable, since they usually have difficulty finding jobs and/or earn very little and lack the support of family and community. And while housing in the districts and interior is provided for government employees such as teachers, customs officers, etc., this is not always up to standard.<sup>46</sup>
3. Overcrowding in homes is one major underlying cause for child abuse and domestic violence among poorer communities.
4. Suriname's housing policy and programs were in the past focused primarily on middle income groups. Since 2009, the Low – Income Shelter Programme (LISP) supported by the Inter American Development Bank (\$15 million loan) and coordinated by the Ministry of Social Affairs and Housing (SoZavo) targets 3,000 Surinamese households in the bottom 40% of the income distribution both along the coast and in Suriname's interior who were underserved by public housing programs.
5. The financing will allow people who cannot afford traditional mortgage loans to access financing for new housing or improve an existing solution, by providing a single upfront subsidy of \$3,000. It will also pilot projects to provide residential land and/or a housing solution at prices that are affordable to low income households.
6. The government has made housing one of its top priorities and has announced the construction of 250 apartments and 18,000 houses for low income families over the next 5 years<sup>47</sup>. On December 3<sup>rd</sup> 2010 a MoU was signed with China for the construction of 8,000 houses (De Ware Tijd, December 6<sup>th</sup> 2010).

<sup>45</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010; Belangrijkste Drinkwaterbron in gevaar voor Kwikvervuiling, De Ware Tijd, January 28, 2010; Waterveroontreiniging, NIMOS, s.d.

<sup>46</sup> Republic of Suriname – European Community; Country Strategy Paper and National Indicative Program 2008 – 2013, 2008

<sup>47</sup> Kruispunt, samen naar Betere Tijden, Government Policy Statement, October 1, 2010

## Vulnerable groups

1. National averages sometimes mask severe disparities between people living in the urban and rural areas of the country, between women and men, boys and girls, between the wealthier and poorer populations, between the better educated and the less well educated, and between populations from different ethnic or religious groups. The most disadvantaged communities, especially children and women, live in the rural interior districts of Brokopondo and Sipiliwini which has 12% (62,000 persons) of the population and 10% (20,000 out of nearly 200,000) of the country's child population. The indigenous Amerindians (3.7% of the population, 19,130 persons) and Maroons (15% of the population or 77,557 persons) in Suriname are the most disadvantaged ethnic groups. Maroon children from families who migrated from the interior (mostly during the 1980s) to urban areas on the coast are also among the most disadvantaged.
2. Except for a few successes where development projects have resulted in visible improvements, key indicators for the well-being of women and children are consistently and significantly lower in the interior than in the urban and coastal areas.<sup>48</sup> Indicators on indigenous and tribal children's rights to development, namely protection, survival and participation lag far behind that of children from the urban and coastal regions. This serves to reinforce the need for stronger strategic action as contained in General Comment No. 11<sup>49</sup> and the Universal Declaration on indigenous peoples' issues, including special measures and fuller integration of their rights into national and sub-national developmental agenda.
3. A recent study on child vulnerability in Suriname<sup>50</sup> shows that the main vulnerability factors for children are poverty, large family size, trauma and stress in the family, child separation from primary care givers,<sup>51</sup> poor quality of education, lack of leisure activities, and child labour. These factors exacerbate violence and abuse against children,<sup>52</sup> together with low school attendance<sup>53</sup> and completion<sup>54</sup>, violence and crime among youth, drug and alcohol abuse, teen pregnancies, risky sexual behaviour, and early marriage<sup>55</sup>, especially in the interior.
4. The global economic crisis represents a threat to the most vulnerable groups, especially if precautionary measures are not taken to support these families.<sup>56</sup>
5. Salaries in Suriname continue to be low compared to other countries in the region. A long-awaited restructuring of the Civil Service salary system (known as Functie Informatie Systeem Overheid or FISO<sup>57</sup>) has not had the expected benefits for civil

<sup>48</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>49</sup> Committee on the Rights of the Child (Fiftieth Session, Geneva 12 January-30 January, 2009) General Comment No. 11-Indigenous Children and their rights under the Convention. [http://www2.ohchr.org/english/bodies/crc/docs/GC.11\\_indigenous\\_New.pdf](http://www2.ohchr.org/english/bodies/crc/docs/GC.11_indigenous_New.pdf)

<sup>50</sup> OVC Study, UNICEF and Ministry of Social Affairs, September 2010

<sup>51</sup> 57% of children live with both parents nationally, and 43% of children in the interior live with both parents

<sup>52</sup> 84% of children experience some form of psychological or physical punishment (MICS3, 2006)

<sup>53</sup> 82% in the interior, 94% nationally

<sup>54</sup> Net completion rates: 46% nationally, (6.5%) in the interior

<sup>55</sup> Percent married before age 18: 22% nationally, 54% in the interior

<sup>56</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010 (Original source not stated)

<sup>57</sup> The FISO wage reform was the culmination of many years of discussions between the government, consultants, and civil service unions, while the wider civil service reform program was developed with the assistance of foreign donors to streamline the civil service and increase its efficiency. The objective of these efforts was to improve the competitiveness of civil servants' pay, while at the same time making the civil service leaner and more efficient over time, including through natural attrition. The first stage (FISO-1) was launched in March 2009. It involved the grading of some 40,000 civil servant positions based on five criteria (skills and training; inconvenience; contact with others; management duties; and responsibilities), with the view to placing them into eleven pay grades, with three sub-

servants. In addition, structural adjustment measures might put an end to Government subsidies for electricity and water.

6. While the Suriname safety net system provides health care and subsidies to the most vulnerable groups, the subsidies are considered to be low for the cost of living in Suriname<sup>58</sup>. Regarding the social programmes, UNICEF's 2010 Situation Analysis, indicates that "there is need for more detailed analysis regarding the impact of those investments in the fulfillment of the rights of all citizens, especially vulnerable groups such as women, children, and indigenous people. Analysis of child and gender related investment is a challenge and may lead to a clearer understanding and mainstreaming of children and women's rights in government budgeting. There is weak institutional capacity for the implementation, monitoring, and evaluation of social policy programmes. Evaluation is often reduced to financial monitoring and qualitative data is lacking to better understand the different dimensions of social inequities."<sup>59</sup>
7. Women as a group have a lower labour participation rate as reflected in the table below.

**Table 5. Non-institutional population of Paramaribo and Wanica by labour status and sex, 2007 - 2009<sup>60</sup>**

Status		2007		2008		2009	
		M	F	M	F	M	F
Economically Active Population	Employed	77503	46615	78893	48269	78631	47739
	Unemployed	5727	9079	3793	9289	4263	8261
Not economically active		28345	57262	28879	56053	28412	56822
Potential labour		111575	112956	111565	113611	111306	112822
Participation ratio		74.6	49.3	74.1	50.7	74.5	49.5

grades each. Since the authorities had provided the assurance that no position under FISO-1 would be graded below its previous pay-grade, the exercise resulted in a considerable upward adjustment for nearly all positions, and a substantial increase in the wage bill. The objective of FISO-2 is to decompress the wage bill. Consequently, the ratio between pay-grades will rise by providing wage increases to the higher civil service grades of up to 45%. (International Monetary Fund (IMF); Suriname: 2009 Article IV Consultation--Staff Report; Statement by the Staff Representative; Public Information Notice on the Executive Board Discussion; and Statement by the Executive Director; 2010)

<sup>58</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>59</sup> UNICEF includes no data to support these conclusions

## Child Labour

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1. In terms of child labour, about 6% of children aged 5 to 14 are involved in child labour activities (6.5% boys and 5.4% girls)<sup>61</sup>. Differences between urban, rural coastal and rural interior areas are considerable, with 3%, 6.5% and 17.8% respectively.
2. Child labour in the poorest households is more prevalent at 12.8%. Of the 94% of the children 5 to 14 years of age attending school, 5.6% are also involved in child labour activities (17.8% in rural interior areas). On the other hand, out of the 6% of the children classified as child labourers, the majority of them are also attending school (87.7% nationwide; 77.5% in rural interior areas)<sup>62</sup>.
3. The national age limit of 14 years for child labour is not in line with the Convention on the Rights of the Child.
4. Suriname has not yet ratified ILO convention No. 138 concerning minimum age for admission to employment.

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<sup>61</sup> MICS 2006, cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>62</sup> UNICEF, Multiple Indicator Cluster Survey, 2006, p59

## MDG 2: Achieve universal primary education

### Goal 2: Achieve universal primary education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
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### Early Childhood Education

1. Pre-primary education is strongly dependant on district and socio-economic status of households. According to the MICS3 (2006)<sup>63</sup>, only 38.5% of children aged three to five years (36-59 months) are attending pre-school, less than half that percentage between the ages of three and four years. Urban-rural and interior differentials are significant – the figure is as high as 49.4% in urban areas, compared to 29.5% in rural coastal areas, and only 7.3% in rural interior areas.
2. Differentials by socio-economic status are significant: 63.1% of children living in rich households attend pre-school, while the figure drops to 17.4% in poor households. Overall, 88.4% of children who are currently in the first grade of primary school were attending pre-school the previous year. The proportion among girls being higher than boys (90.1% and 86.4% respectively).<sup>64</sup>
3. Education in Suriname is compulsory for all children between 7 and 12 years old, but a proposal has been tabled, but not yet officially approved, to change this to 4–14 years, to include Early Childhood Development (ECD), and connect with the ILO Convention no. 183 (1973) concerning Minimum Age for Admission to Employment (15 years old).
4. Parents' involvement in ECD is strongly dependent on district and socio-economic status. Larger percentages of adults in urban areas (78.2%) engage in learning and school readiness activities with children than in rural coastal areas (69.9%) and rural interior areas (44.7%). The more educated mothers and fathers engage more frequently (of those with secondary education (around 80%) or tertiary education (around 88%) than those with less education (38.6% of mothers and 46.7% of fathers with no education).<sup>65</sup>
5. Most young children in Suriname are exposed to books, but only 45.2% of under-fives have three or more children's books. In addition, both the median number of

<sup>63</sup> Cited in: UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>64</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>65</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

non-children's books (six) and children's books (two) are low. While no gender differentials are observed, urban and rural coastal children appear to have far more access to both types of books than those living in rural interior households.<sup>66</sup>

6. Fewer children under the age of five have play things than have access to books. Only slight urban-rural differentials can be observed, and no remarkable differentials are observed with regard to mother's education or socio-economic status of the household.<sup>67</sup>
7. Although a high value is placed on education in Suriname, there is a lack of awareness and limited understanding of the importance and value of early childhood education and the benefits of pre-school education. There is a lack of availability of kindergartens, and many have waiting lists. There are only 12 public, state operated day care centres in Paramaribo, and none in the rest of the country. There are in addition, an estimated 278 fee-paying private day care facilities, operated by individuals or by Non-governmental Organisations (NGOs), including women's organisations. Not all parents can afford to send their children to private day care.
8. The draft ECD standards that include standards for day care centres have not yet been officially approved and very little monitoring of these centres are conducted.

### **Primary education: Enrolment, Retention, Drop-out, Completion and Disparities**

1. Country-wide, the net enrolment rate in primary education is high (97%) but serious disparities exist between the coastal and rural schools and the interior. In the urban and rural coastal areas 4% of children of primary school age are out of school, while in the rural interior areas more than 14% of children are out of school when they are expected to be participating in school, around 20% of whom are girls and 15% are boys<sup>68</sup>. The lower enrolment rates in the interior are due to various factors, such as the long distances to schools, the cost of school fees, lack of suitably qualified teachers, and suboptimal quality of buildings, furniture, hygiene facilities and electricity.
2. Almost half of the parents of primary school pupils in the east of Suriname (48%) indicate that they have difficulty covering the cost of school fees, and 14.7% report that the level of school fees could be a reason for not sending their children to school<sup>69</sup>.
3. Distances to school can be significant although the Government provides pupils with transport in the form of buses and canoes; the only form of transport for some children to reach school in the interior. Where distances are deemed too great but the school age population is deemed too low to justify constructing and staffing a school, children may simply not go to school.

<sup>66</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>67</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>68</sup> MINOV; *Education Indicators Yearbook 2008 -2009*; 2010; Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>69</sup> MINOV, UNICEF, VVOB; *School Mapping Ten Behoeve Van Micro-Planning In De Republiek Suriname*; 2010; cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

4. Thirtypercent of teachers in the interior are not qualified to teach. In public primary schools in the interior, 5% of the teachers have not completed primary education themselves. In certain areas the situation is dramatically worse; 91% of teachers in Kwamalasamutu and 89%of teachers in Tepu have not completed primary education themselves. In public schools in the interior, 13% of teachers have not completed secondary education, and 34% are only qualified to teach in the interior and are not permitted to teach in the city. In public schools in the interior in 2008, only 44% of teachers were only qualified to teach grades K-2, and only 20% were qualified to teach grades 3-6.<sup>70</sup>
5. Various international convention committees, and most recently the Committee on the Elimination of Racial Discrimination (CERD/C/SUR/CO/12, 2009), all noted the disparities in quality and access of education between the coast and the interior and recommended that the State Party takes measures to reduce these disparities.
6. Drop-out rates are high, with gender disparities in the various districts. This suggests that retaining boys within formal primary education remains a challenge. Suriname displays low primary school completion rates. The national primary school completion rate for boys is 39.1% and for girls 53%<sup>71</sup>. However, the 2010 East Suriname Area (Marowijne and East Sipalawini) School Mapping report indicates that school attendance by boys in this region is significantly higher than girls; of all girls dropping out of school, 61.8% is due to teen marriage or pregnancy.
7. The national gender parity index for primary school is 1.00, indicating no difference in the attendance of girls and boys to primary school. The indicator increases to 1.05 in rural coastal regions respectively, indicating a disadvantage for boys (which reflects the situation in the wider Caribbean where boys' education is a problem) and drops to 0.9 in rural interior areas, indicating a disadvantage for girls in these districts<sup>72</sup>
8. In the school year 2008-2009, nationally only 51% of children of primary completion age (12 years) were attending the last grade of primary education (grade six), and only 20% of the children entering secondary school have never repeated any class.<sup>73</sup>
9. The highpercentages of repeating students and dropouts give an indication of the enormous dissipation and the low level of the internal efficiency. Repeating a grade increases the chance of repeating anew and of dropping out because, as the pupils get older, their chances for entry into the labour force decrease.
10. The proportion of pupils starting grade 1 who reach the last grade has increased since 1990. Overall there is an increase of 13% in 2005 compared to 2000. Overall, the repeaterpercentages have been decreasing since 2005, but are still considered very high compared with the region (see: Jaarboek onderwijsindicatoren 2007-2008, www.emis-sr.org).<sup>74</sup>

<sup>70</sup> Office for Education in the Interior (*Buro Onderwijs Binnenland*); cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>71</sup> MINOV; *Education Indicators Yearbook 2008 -2009*; 2010; Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>72</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>73</sup> MINOV; *Education Indicators Yearbook 2008 -2009*; 2010; Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>74</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

11. Almost 50% of the Primary Schools in the Interior in Suriname are managed by religious organisations that are also responsible for the recruitment and appointment of their own teachers and have to raise some of the funds to run their schools.<sup>75</sup>

### Secondary education

1. Nationwide, 49% of all secondary school aged children (aged 12-17 years) are enrolled in secondary school, the gender disparity becoming evident (44% of boys and 54% of girls). For the rural interior districts, this is as low as 3% in Sipaliwini, which is linked with the lack of secondary schools in the interior. Of the remaining 51% of secondary school age children who are not in secondary school, a large percentage is either out of school or still attending primary school. Again, regional disparities are significant.<sup>76</sup>
2. After completion of the primary school exam, students have an option to enter a wide variety of lower secondary schools (catering for students aged 12-15), on the basis of their exam results. Over the past few years, between 50-55% of all students at MULO pass their final exams every year<sup>77</sup>.
3. A large number of secondary schools are located in Paramaribo, forcing many students from the coastal districts to travel long distances every day to attend classes. There are only four secondary schools in the interior, one in Brokopondo, two in Moengo (one lower secondary school and one upper secondary school), and one in Apoera. Students from the interior district of Sipaliwini who want to pursue their secondary education have to find a place in a residential facility in the capital, since there are no secondary schools in this district.
4. To attend secondary school, children from the interior mostly are required to board with extended family, with host families, or at school. Some boarding schools are very basic and do not ensure that children are cared for within a protective, supportive, or healthy environment. Support structures are often weak or lacking. City life is very different to village life and for many of these children will have had little preparation for it, let alone previous exposure to it. For all these reasons, parents may have considerable concerns about sending their child away to school. This can put a strain, including financially, on the child's family, as well as any host family. As a result, care of the child may not be optimal and these children may not be adequately protected while in situations of increased risk.<sup>78</sup>

### Tertiary Education:

1. Less than 10% of university aged youth attends the country's only university, Anton de Kom University of Suriname. There are an increasing number of private and international higher education institutes, although no data is available on the number of students enrolled. A handful of young people pay or gain scholarships to go abroad to study, primarily in the Netherlands or the United States. In 2009-2010, there were 3,890 registered students for all three faculties of the Anton de Kom

<sup>75</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>76</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>77</sup> MINOV Department of Research & Planning, [www.emis-sr.org](http://www.emis-sr.org)

<sup>78</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

University (Social Sciences, Medicine and Technology), under graduate and post graduate degrees. The university does not charge tuition fees for bachelor level studies but does charge a registration fee. Tuition is charged at the Masters Degree level. University students can apply for a governmental loan to pursue their studies.<sup>79</sup>

2. Vocational training opportunities are extremely limited and the comparatively high cost of pursuing such opportunities means few school leavers or children who have left school before their education is complete (“drop-outs”) can pursue them.

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<sup>79</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

## MDG 3: Promote Gender Equality and Empower Women

### Goal 3: Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
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### *National Machinery for Gender equality*

1. Suriname's gender policy is embodied in the 2006-2010 Integral Gender Action Plan (October 2006). The main policy priorities include institutional arrangements for improved gender policy development; poverty reduction from a gender perspective; macroeconomic planning to increase the participation of women in the labour market; equal participation in decision-making; and the development of legal and policy instruments that enhance human rights. The national framework for the gender policy is the Multi-annual Development Plan (MOP). Although the MOP is based on the MDGs, no gender analysis was done for its development. The responsibility for coordinating the gender policy rests with the Ministry of Home Affairs through the National Bureau for Gender Policy (NBG) which was established in 1998. There are gender focal points in all ministries, coordinated by the NBG in a 'gender management system'. This structure was set up to ensure gender mainstreaming within each ministry, to liaise with sector NGOs, and to advise the NBG on implementation of the Gender Plan.
2. Many elements of the National Gender Action Plan were not fully implemented, due to design flaws and the limited implementation capacity of the stakeholders within the structure. The National Gender Bureau with the support of UNWOMEN has completed the updated Gender Situation Analysis, and this can be further used as a basis for policy dialogue and formulation. The Ministry of Home Affairs is currently analyzing the effectiveness of the structure of the national Gender machinery

### *Unequal gender relations*

1. Women still carry most of the burden for childcare, running the household, and suffer major disadvantages in the labour markets, where they are often invisible due to the informal nature of some employment. Despite the economically independent position of many women within their households, in Surinamese society in general women cannot claim equal status. The domestic status of women varies. For example, women may be the emotional and economic centre of the household in certain groups, but tend to be subordinated in more traditional, patriarchal circles. Lack of employment opportunities, infrastructure, and basic services have contributed to the

stagnation of the interior's development and resulted in rural to urban migration, particularly by men. Unequal gender relations have put women at great risk of domestic violence and have made them increasingly vulnerable to HIV and AIDS and sexually transmitted infections.<sup>80</sup>

## Gender Based Violence

1. Gender Based Violence<sup>81</sup> (GBV) is a major issue that receives more recognition than it has in the past due to efforts of civil society activists and the Government, within the regional and global context. Although information and research on the issue remain scarce, the Government has made laudable efforts to gather data on this issue and passed the Law to combat Domestic Violence in Suriname on 20 June 2009. The revision of the Penal Code on Moral Offences came into force in that year, raising the age of sexual consent to 16 (although there is an exception for married children), and broadening opportunities for law enforcement to prosecute.<sup>82</sup> There are also two Victim Care bureaus, one in Paramaribo and one in Nickerie. A safe house for women who have been abused was opened in Paramaribo in 2010. Several NGO's also provide emotional, psycho-social, moral, legal and other support to female victims of GBV. The UN currently supports training activities for counselors of perpetrators of violence and capacity building of community groups in recognizing signs of violence and adequate referral.
2. In the first quarter of 2010, 437 cases of domestic violence – defined as behaviour and / or acts of one partner or ex partner or member of the household against another in order to obtain and / or consolidate power (including economical, emotional, psychological, and verbal abuse and including the destruction of goods) - were recorded and in the second quarter, a further 389. Most reported cases are in Paramaribo (58% of all reported cases in the first quarter of 2010), followed by Wanica (22.3%). No cases were reported in Sipaliwini, which could be due to its remoteness from Paramaribo, and the fact that there is no central police office (politiebureau) in that district (only a handful of police outposts), again suggesting geographic disparities between coastal and interior areas as well as within the interior.<sup>83</sup>
3. Most perpetrators of reported cases are Creole, but it should also be noted that Creoles, male and female, are the most likely to report cases of domestic violence (59.8% of cases involved Creole victims). Most abuse was carried out by a former or a current partner. Between 1996 and 2004, 93% of the victims of domestic violence were girls and women, with an increase in cases reported for raped boys and men. The most recent data suggests that most victims are still women or girls (71.7% of all reported cases in the first quarter of 2010) but more men or boys are reporting domestic violence (28.3% of all reported cases in the first quarter of 2010). The scarce research on domestic violence suggests that in 2003, 69% of Surinamese women reported having experienced violence in a conjugal relationship, regardless of ethnicity, geography and employment status. Figures for the first quarter of 2010 indicate that most victims of domestic violence (men and women) are within the 21-

<sup>80</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>81</sup> All information on GBV from UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>82</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>83</sup> Ministry of Justice and Police, Criminal Information Services Department, 2010

30 year old range. Four cases of girls and two of boys aged 0-10 were recorded; 36 of girls and nine of boys aged 11-20. Most offenders are boys and men.<sup>84</sup>

4. Statistics can be misleading particularly in this area, for example an increase in reported cases, rather than be an indication of increased incidence, may be due to better reporting procedures, victims being more willing to come forward due to better sensitization and knowing their rights; and having an expectation of being gender-sensitively received and respected by the police, justice system, and health system. Such factors encourage reporting and in turn, the prosecution of offenders. Even so, many cases go unreported, as many people still feel that gender based violence is a private matter, and it remains linked with shame and embarrassment. Until these barriers to reporting are lifted, along with improvements in treatment by police and health workers and improvements in confidentiality, reported cases are likely to only represent the tip of the iceberg [of the problem]. Ensuring adequate recording of reported cases by police, health workers, social workers, etc. is also essential if the true scope and nature of the problem is to be recognized and responded to.<sup>85</sup>

**Table 6. Sexual offenses by age and sex of offender, 2008<sup>86</sup>**

	Male	Female	Total
10 – 16 years	29	1	30
17 – 18 years	19	1	20
19+ years	181	-	181
Total	229	2	231

5. Acceptance of gender based violence is also a barrier to reporting. The 2006 Multiple Indicator Cluster Survey (MICS3<sup>87</sup>) indicated that 13.2% of girls and women aged 15-49 years believe a husband/partner is justified in beating his wife/partner. Disaggregated by mother tongue, the results were 24.4% (Maroon languages), 19.4% (Indigenous languages), and 18.6% (Sarnami Hindi). Disaggregated by wealth quintile, the result was 27% among women in the poorest quintile, compared to 7% in the richest quintile. Where women had no education, the result was 33.3% and, where women had tertiary education, 1.6%. Women in the rural-interior area are about three times as likely to approve beating of a woman by her partner (34.9% than women in the urban area where 10.8% would approve that behavior.
6. Gaps and challenges that remain include the lack of possibilities for coaching and probation of perpetrators, an integrated system of data collection and analysis, disaggregated by gender, age and living area and legislation regarding sexual intimidation and molest at the workplace

<sup>84</sup> Ministry of Justice and Police, Criminal Information Services Department, 2010; cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>85</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>86</sup> ABS; Selected Gender Statistics 2009; December 2009

<sup>87</sup> Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

### **Child marriage and other traditions**

1. Child marriage is often reported as being a complicated issue to deal with because it is said to be rooted in traditional culture. Similarly, the existence of huts in Maroon villages in the interior where women are expected to stay while menstruating is linked with traditional culture. More research is needed on traditional practices and their gender implications. Research showed that children – girls and boys – who were married at a young age indicated that they would have preferred to have waited and been married later so as not to miss out on school or playing with their friends and having to assume roles and responsibilities they felt were more for adults, including parenthood. They felt that they did not have much influence, if any, in the decision to marry them at a young age.<sup>88</sup>
2. Child marriage is a violation of human rights whether it happens to a girl or a boy, but it represents perhaps the most prevalent form of sexual abuse and exploitation of girls. The percentage of women aged 15-19 years married or in union when MICS3 (2006) was conducted in 2006 was 10.9% nationwide, but highest in households where the mother tongue is Javanese (19.2%) or for women 15-19 years living in the rural interior districts (20.0%). One out of five have a husband/man that is 10 years older or more. Women who marry this young tend to have relatively more children and at an earlier age, exposing them to a number of health risks (including HIV). A 2010 study found that 60% of teenage mothers are not in school. Since 2003 the minimum age of marriage has been raised to 15 for girls and 17 for boys.

### **Girls and Women and education**

1. The percentage of women aged 15-24 years that are literate is 91.9%, with considerable geographic disparities. According to the MICS 2006 report<sup>89</sup>, the female adult literacy figures for the urban coastal, rural coastal and rural interior were 96.2%, 94.2% and 45.0% respectively. Although the overall national figure for literacy is high, the major challenge is getting all the districts on track. Literacy programs are mostly being offered in Paramaribo. It is a major challenge for the people living in the interior to enroll in these programs. The Ministry of Education has started to take action to decentralize the literacy programs in order to make them more accessible for everyone.
2. Gender disparities are a major problem in education. Especially at the junior secondary level the participation of boys is less than that of the girls. The dropout occurrence among boys in education starts in the last grade of the primary education. For the secondary and higher education streams, male participation in education is significantly lower than female participation. Only 20% of 12 year old boys and 31% of 12 year old girls are attending secondary school, and only 42% of the 13 year olds. . The situation ( 12-17 years old) is most extreme in the rural interior districts where nearly half (44%) of all secondary school age children are out of school and where almost as many secondary school age girls (44%) as boys (46%) are out of school - in contrast to the trend in the rest of the country where secondary school age boys are more likely to be out of school than girls.

<sup>88</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>89</sup> Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

3. While Suriname is on track nationally to meet MDG 2 (full primary education), there are significant geographical, gender (boys and girls) and socio-economic disparities, with particular concern for children, boys and girls, in the interior where progress is well below target. The primary school completion rate for boys is 39.1% and for girls 53%, while the secondary net enrolment rate is 44% for boys and 54% for girls<sup>90</sup>. However, this national trend is not observed in the interior. The 2010 East Suriname Area (Marowijne and East Sipalawini) School Mapping report indicates that school attendance by boys is significantly higher than girls; of all girls dropping out of school, 61.8% is due to teen marriage or pregnancy<sup>91</sup>. An assessment of these disparities indicates issues in relation to gender and access to health care and the availability of quality education (at all levels), children repeating years, children who leave school before their education is complete for whatever reason (drop-outs), and retention rates.
4. National figures indicate that most children of primary school age (7-12) in Suriname are attending school (97%), with no significant difference between boys and girls at this stage (although gender differentials evolve from the last grade of primary school through secondary school). However, significant geographical disparities do exist. In the urban and rural coastal areas 4% of children of primary school age are out of school, while in the rural interior areas more than 14% of children are out of school when they are expected to be participating in school<sup>92</sup>. As indicated in the Chapter on MDG 2, the reasons for drop-out differ between boys and girls.

### **Waged employment**

1. It is a major challenge to gather and report data on the share of women in wage employment in the non-agricultural sector. The data is not available as all household surveys (and even the Population Census) notoriously suffer from this item being non-responsive on the questions regarding wages and income.
2. The following table presents an overview of employment by sex as obtained from the 2004 population Census and Household Budget Survey (all sectors and non-agricultural sector) and for the Urban Coastal Districts of Paramaribo and Wanica 2005-2008 (all sectors). Data includes the informal sector, insofar as the respondents answered the questions regarding income and employment.<sup>93</sup> The data show that the share of employed women in the districts of Paramaribo and Wanica (urban coastal area) is between 35% and 40%, for all economic activities, as well as only non-agricultural activities.

<sup>90</sup> MINOV Education Indicators yearbook 2008 – 2009; 2010; cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>91</sup> MINOV/UNICEF/VVOB 2010; cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>92</sup> MINOV Education Indicators yearbook 2008 – 2009; 2010; cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>93</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

**Table 7. Employment in Suriname (2004) and Paramaribo & Wanica (PW 2005-2008)<sup>94</sup>**

Sources		Males	Females	Total	Fem-share
Census 2004*	All	101,919	54,768	156,687	35.0
Census 2004	Non-Agricult	91,795	52,302	144,097	
HHS-PW-2005	All	71,760	42,469	114,229	37.2
HHS-PW-2006	All	70,721	43,781	114,502	
HHS-PW-2007	All	73,646	45,075	118,721	38.0
HHS-PW-2008	All	75,282	47,211	122,493	
HHS-PW-2005	Non-Agricult	67,535	41,212	108,747	37.9
HHS-PW-2006	Non-Agricult	65,586	42,596	108,182	
HHS-PW-2007	Non-Agricult	70,199	44,413	114,612	38.8
HHS-PW-2008	Non-Agricult	70,608	45,368	116,976	

Note: Standard Deviation indicates how much variation there is (in the data) from the average (mean)  
Source: MICS 2000, 2006

1. In 2009, men's labour participation rate (75.4%) was higher than women's (49.5%), although this percentage remains relatively low<sup>95</sup>. Men may be involved more frequently in informal and illegal activities. In the interior, many young men are employed in the informal gold sector<sup>96</sup>. In every district, the number of men taken into custody for crimes far outnumbers the women. In 2009, 3,942 men and 247 women were taken into custody<sup>97</sup>.
2. The Ministry of Labour has developed strategies to reduce poverty by investing in the labour sector. In order to alleviate unemployment, a number of activities were presented. These include the stimulation of micro, small and medium sized businesses and offering of vocational education for dropouts and job seekers; the assistance of jobseekers in finding a suitable job (labour exchange).<sup>98</sup>

### Women in decision making

1. Women are generally underrepresented in all high levels of the political system. In the last general election as of May 2010, only 4 out of the 51 parliamentarians are women, a decrease from 13 in the previous parliament. The Speaker and Vice-Speaker of Parliament, however, are both women, one from the governing coalition and the other from the oppositional parties, representing a unique situation with opportunities for furthering the agenda for women's rights and gender equality.

<sup>94</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>95</sup> ABS, SBF, UNDP; Statistics Seminar 4 - Economic Activity and population not economically active; 2010

<sup>96</sup> Marjo de Theije & Marieke Heemskerck; Moving Frontiers in the Amazon: Brazilian Small-Scale Gold Miners in Suriname; in European Review of Latin American and Caribbean Studies 87, October 2009

<sup>97</sup> ABS; Statistical Yearbook 2009; November 2010

<sup>98</sup> Gos; Country Report of the Republic of Suriname at the Eleventh Session of the Regional Conference on Women in Latin America and the Caribbean (ECLAC); 13 – 16 July 2010

2. In the current cabinet, only two of the seventeen Ministers are women. Only four Directors of Ministries are women (Health, Social Affairs & Housing, Regional Development and Transport, Communication & Tourism).
3. In the judiciary, in the past years, more and more female (substitute) judges have been appointed. In 2010, the number of female to male (substitute) judges was about equal.<sup>99</sup>
4. In the private sector, women more often occupy low and medium level positions, or have their own small enterprises (usually in cottage industry).
5. The Global Gender Gap Report 2010 indicates a female-to-male ratio of 0.39 for legislators, senior officials and managers, and also makes note of the fact that there has never been a female head of state or vice head of state.<sup>100</sup>
6. Women are making a contribution to economic and social development in some sectors, but rarely get the credit for this as they are not always visible and do not occupy critical political positions. Participation of women in decision-making and executive positions can help ensure the eventual elimination of inequalities faced by women.

### **Trafficking for sexual exploitation**

1. Suriname is recognised by the US Department of State as a destination, source, and transit country for children (girls and boys), women and men subjected to trafficking in persons, whether internal or international, specifically for the purposes of forced labour and commercial sexual exploitation although the extent is unknown<sup>101</sup>. Most persons trafficked are women and girls from Brazil, Colombia, Guyana and Dominican Republic who are brought to casinos, “clubs” and the streets of Paramaribo to work as commercial sex workers and in other forms of forced labour. Trafficked women, particularly those involved in the sex trade, are often exposed to sexual violence and sexually transmitted infections, including HIV, yet they have little access to medical or legal services. Foreigners mainly work in clubs, locals mainly on the streets. Commercial sex workers have access to Dermatology services, counseling & testing and condoms, services provided by the government (Dermatology Services, National AIDS Programme, and NGOs such as Maxi Linder, now called Stg Rachab).
2. There is very little information concerning Suriname and trafficking of children, women or men, and what research there is focuses mostly on the trafficking of women. Non-governmental organisations have suggested that girls and boys are engaged in sex work in Paramaribo and in Suriname’s interior around mining camps. There have been reports of underage Surinamese girls in prostitution in French Guiana, as well as around mining camps in Suriname, although it is unclear if this is due to trafficking or not<sup>102</sup>. Children working in informal urban sectors and gold mines

<sup>99</sup> Gos; Country Report of the Republic of Suriname at the Eleventh Session of the Regional Conference on Women in Latin America and the Caribbean (ECLAC); 13 – 16 July 2010

<sup>100</sup> World Economic Forum; The Global Gender Gap Report 2010

<sup>101</sup> U.S. Department of State, Trafficking in Persons Report 2010 (June, 2010), located at <http://www.state.gov/g/tip/rls/tiprpt/2010/index.htm> [last accessed 30 November 2010]

<sup>102</sup> U.S. Department of State, Trafficking in Persons Report 2010 (June, 2010), located at <http://www.state.gov/g/tip/rls/tiprpt/2010/index.htm> [last accessed 30 November 2010]

have also been vulnerable to what amounts to forced labour in the view of the United States Government.

3. Women migrants, particularly irregular migrants, are more likely than men to occupy low paid jobs in traditionally 'female occupations' such as domestic work, work in the service sectors and sex work. Some of these women are coerced and are engaged in sex work which results in human trafficking for the purpose of sexual exploitation. There are also reports of Brazilian women sex workers in gold mining areas of Suriname.
4. There is a special police anti-trafficking unit established in 2010 that apparently regularly inspects brothels to identify victims of trafficking and children, as well as carrying out some outreach into the interior, although there is a reported funding shortage that prevents investigations into trafficking allegations linked to illegal gold mining in the interior of the country.<sup>103</sup>

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<sup>103</sup> U.S. Department of State, Trafficking in Persons Report 2010 (June, 2010), located at <http://www.state.gov/g/tip/rls/tiprpt/2010/index.htm> [last accessed 30 November 2010]

## MDG 4: Reduce Child Mortality

### Goal 4: Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1	Under-five mortality rate
	4.2	Infant mortality rate
	4.3	Proportion of 1 year-old children immunised against measles

1. Children are considerably vulnerable to negative health outcomes especially those under the age of five, infants. A complex combination of factors contributes to child mortality, specifically determinants (including social, economic, and environmental), as well as the development status of the health services in the country. According to 2004 Census Data, Suriname has a total 0-4 population of 51, 837 (26, 233 males and 25, 567 females) and a total 5-9 population of 49, 409 (25, 195 males and 24, 206 females). Further, the number of live births recorded in 2009 was 9,792 (of 9,987 total births) and the birth rate per 1000 was 18.6.

### Infant Mortality

1. In Suriname, the MDG target for infant mortality in 2015 is set at 7.0, based on the 1990 baseline, 21.1.<sup>104</sup> As we progress towards 2015, the infant mortality rate (IMR: the number deaths among children aged one year or younger per 1000 live births) was similar in 2000 and 2009, at 20.2 (198 deaths) to 20.3 (199 deaths). These rates are comparable to other non-Latin Caribbean countries.<sup>105</sup> For this age group, the main causes of death during 2000-2009 were respiratory diseases (29%), congenital malformations (34%), bacterial sepsis (15%) and slow fetal growth (13%). Further investigation of infant mortality, reveals specific patterns for perinatal mortality, neonatal mortality, and postnatal mortality.<sup>106</sup>
2. The perinatal mortality (PMR) rate decreased from 35.8 in 2000 (351 deaths) to 32.1 in 2009 (321 deaths). Correspondingly, the number of stillbirths decreased from 240 (stillbirth rate: 23.9) in 2000 to 195 (stillbirth rate: 19.5) in 2009.<sup>107</sup>

<sup>104</sup> Millennium Development Goals Baseline Report - SURINAME

<sup>105</sup> PAHO. Basic Indicators for the Americas. Washington, 2007 (data most recent, often 2005) in Burden of Disease and NHIS, Maria Paalman, February 2008

<sup>106</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>107</sup> Doodsoorzaken in Suriname 2005-2006, BOG publication Aug. 2007 and Doodsoorzaken 2007, BOG publication June 2009

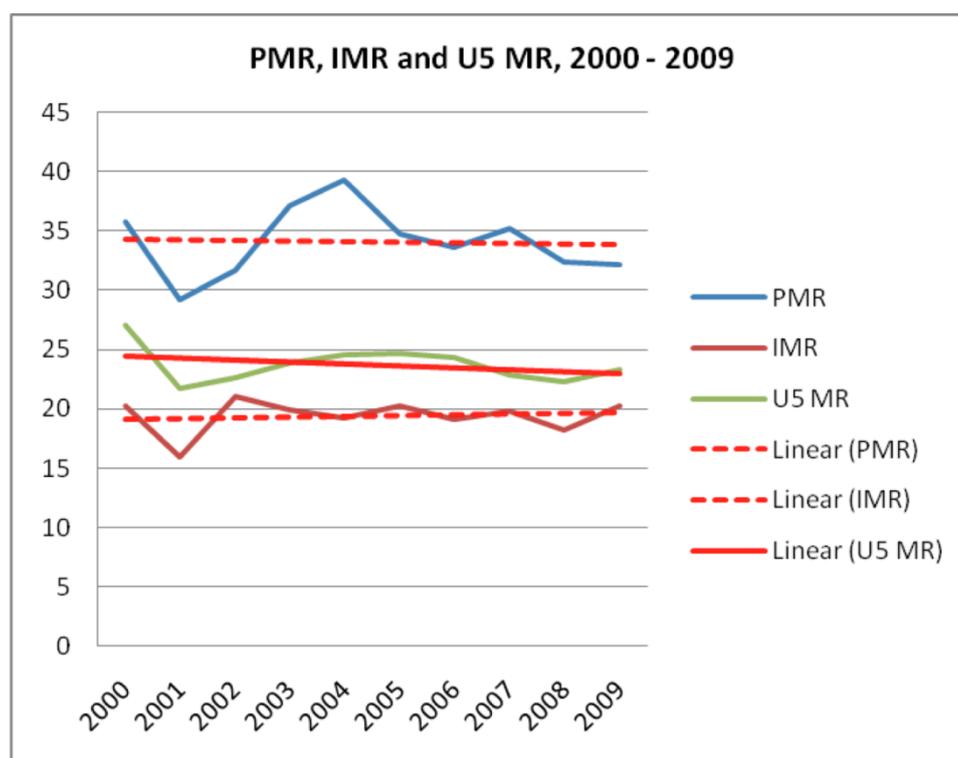
3. Neonatal Mortality Rate, the number of deaths during the first 28 days of life per 1,000 live births, has increased from 13.4 (131 deaths) in 2000 to 16.0 (157 deaths) in 2009. Neonatal mortality can be subdivided: early neonatal deaths and late neonatal deaths. The early neonatal mortality rate (deaths occurring during the first seven days of life per 1,000 live births) in 2009 was 12.9 (126 deaths), up from 11.3 (111 deaths) in 2000. Additionally the late neonatal mortality rate (deaths after the seventh day but before the 28 completed days of life per 1,000 live births) in 2000 was 2.0 (20 deaths) and increased to 3.2 (31 deaths) in 2009.<sup>108</sup> In contrast, there was a decrease in the postneonatal mortality rate (the number of deaths after 28 days but before one year per 1,000 live births); the rate decreased from 6.8 (67 deaths) in 2000 to 4.3 (42 deaths) in 2009.

### ***Under-Five Mortality***

1. As we advance to 2015, data from 2009 indicates that child mortality (deaths within the first five years of birth) has decreased in Suriname; the under-five mortality rate (U5 MR) in 2009 was 23.3 (240 deaths), a decrease from 27.0 (267 deaths) in 2000. The 2015 MDG target for under-five mortality rate is set at 10.0, based on the 1990 baseline of 31.0.<sup>109</sup>
2. Between 2000 – 2009 the main causes of death in this age group were external causes (accidental drowning, accidental suffocation, traffic accidents) and infectious diseases (respiratory infections, sepsis, gastrointestinal infections, HIV).

<sup>108</sup> Source: NHIS – MOH

<sup>109</sup> Millennium Development Goals Baseline Report - SURINAME

**Table 8: Child Mortality Rates, 2004-2009<sup>110</sup>**

### **Proportion of One Year-Old Children Immunized Against Measles**

1. Immunization coverage in Suriname has experienced fluctuations. The MDG target for 2015 is full coverage based on the baseline, which was 65% in 1990<sup>111</sup>. Measles, mumps and rubella (MMR) national coverage increased from 70% in 2000 to 89.6% in 2009. Correspondingly, the overall immunization coverage of 0 – 12-month year old children was approximately 85% during the period 2004 – 2008<sup>112</sup>. The vaccination coverage has been improving steadily in the past years.<sup>113</sup>
2. This increase in coverage can be attributed to the Ministry of Health and their commitment to the principles of the Expanded Program of Immunization (EPI) to protect against vaccine preventable diseases. The Bureau of Public Health, under technical guidance by the EPI Technical Committee, implements this program, with representatives from the BOG, RGD, MZ, MOH, UNICEF, and PAHO. The program covers basic vaccinations for children 0 – 5 years, as well as school children and pregnant women, and now includes the seasonal influenza vaccine and Influenza A (H1N1).<sup>114</sup>

<sup>110</sup> 110 Source: NHIS – MOH

<sup>111</sup> Algoe, M. (2009). Health Related MDGs Update. Paramaribo.

<sup>112</sup> Ministry of PLOS; MDG Progress Report 2009; Cited in UNICEF Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010)

<sup>113</sup> PAHO; *Health Situation in the Americas Basic Indicators 2009*, 2009; Ministry of PLOS; MDG Progress Report 2009; 2010; UNICEF; *The State of the World's Children 2009*; 2009. Cited in: UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>114</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

3. Despite the overall national increase in vaccination coverage, disparities are apparent, specifically in the hinterland and in some coastal communities. Many pregnant women go to urban areas to deliver in one of the hospitals, where the baby receives its first vaccination. These babies are lost to follow-up when the mother returns to the rural areas. The East Suriname region shows the lowest vaccination coverage. This may be due to people seeking care in French Guyana, where there are more social benefits available. A recent agreement with the French Authorities aims to interchange vaccine related coverage between both sides of the border.<sup>115</sup>

### Other Threats to Child Health

1. An unhealthy diet contributes significantly to the health status of children, particularly resulting in underweight and overweight children. Data from 1995 to 2010 indicate that hospital admissions for malnutrition have decreased in all age groups, specifically in children under five years. According to MICS3 (2006)<sup>116</sup> for children under the age of five (n=2257), 9.9% were moderately underweight 0.8% severely underweight, 7.7% moderately stunted and 4.9% moderately wasted. The interior areas had a higher percentage of severely stunted children as compared to nationwide (2.8% vs. 1.4%).<sup>117</sup> The interior's inaccessibility compounds these inequalities because it makes supply of goods and services difficult and costly. Overweight and obese children are increasingly disconcerting; girls under five are slightly more frequently overweight than boys (3.3% compared to 2.4% above +SD). The highest percentages are in the districts of Nickerie, Coronie and Saramacca (5.1%), followed by those in Wanica and Para (4.0%).
2. External causes, are one of the leading causes of death in children aged 0 – five, specifically caused by traffic accidents, violence, and other accidents. Deaths from traffic accidents have reached an unexpected and unprecedented high in Suriname, rising steadily from an annual figure of 49 in 2001 to 112 persons (adults and children) in 2009. Recent data from 2010 showed a slight decline to 87 fatalities, which included approximately 8 children.<sup>118</sup>
3. Regarding *violence*, shocking evidence indicates that most of children aged 2 to 14 in Suriname (84.4%) have been subjected to at least one form of psychological or physical punishment by their mothers, caretakers, or other household members; this rises to 92.5% for the rural interior.<sup>119</sup> Nationally, approximately one out of every 10 children aged 2 to 14 has been subjected to severe physical punishment. Boys are subjected to both minor and severe physical discipline (58.9% and 10.2%) more than girls (54.3% and 6.2%). Notably, differentials with respect to many of the other background variables were relatively small.<sup>120</sup>

<sup>115</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>116</sup> Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>117</sup> Suriname. Multiple Indicator Cluster Survey 2006. UNICEF

<sup>118</sup> www.korps-politie-suriname.com

<sup>119</sup> MICS 2006; Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>120</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

4. Environmental conditions, specifically, poor sanitary conditions and personal hygiene practices are the main cause of the high incidence of diarrhea in the interior. Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases, as the main source of drinking water for 54.2% of the households is surface water (rivers and ponds), which is generally considered an unsafe source. Overall, 22.6% of households used an appropriate water treatment method, with percentages being lowest for Brokopondo and Sipaliwini (11.2%)<sup>121</sup>. Safe disposal of a child's feces is whether the last stool by the child was disposed of by use of a toilet or rinsed into a toilet or latrine. Overall, stools of 33.1% of children aged 0-2 are disposed safely. percentages are highest for the rural coastal areas (43.3%) and lowest for the rural interior areas (21.7%) (MICS 2006)<sup>122</sup>. In 2009, 573 children were admitted to hospital with diarrhea, of which 111 were tested for rotavirus; 27 (24%) of these cases were positive.<sup>123</sup>

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<sup>121</sup> MICS 2006

<sup>122</sup> Cited in: UNICEF Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>123</sup> PAHO; Data and Indicators of Rotavirus Surveillance in Reporting Countries in the Americas, 2009; Update September 2010

## MDG 5: Improve Maternal Health

### Goal 5. Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

- From 2000 to 2009 the Maternal Mortality Ratio (MMR) decreased from 153/100,000 live births to 122.5 /100,000 live births.<sup>124 125 126</sup> The MDG target for Suriname is set at 75/100,000 live births as the baseline was set on 226/100,000 live births for 1990.<sup>127</sup> For information purposes it should be mentioned that the absolute number of maternal deaths is small, as the total number of live births hardly ever exceeds 10,000/year. The number of live births was 9,804 in 2000, and thereafter fluctuated between 9,000 and 10,000 with a peak of 10,188 in 2002 and a low of 8,657 in 2005 and slightly increased to 10,100 in 2008. The national Maternal Mortality Ratio is lower than the average for Latin America and the Caribbean, which is 87/100,000 live births<sup>128</sup> and the Maternal Mortality Ratio of neighboring Guyana (270), but considerably higher than countries such as Brazil (58), Barbados (64), and Trinidad & Tobago (55).<sup>129</sup>
- The leading causes of maternal mortality in Suriname are:
  - Pregnancy Induced Hypertension and the associated disorders namely oedema, proteinuria and eclampsia (20%),
  - Complications of labour and delivery namely fluxus postpartum (16%),
  - Abortive outcomes of pregnancies (12%),
  - Complications related to delivery namely solution placenta (7%)
  - Complications related to puerperium namely thrombosis (7%).<sup>130 131</sup>

The national capacity in emergency obstetric care and the registration system, including maternal mortality case investigations, needs strengthening in order to keep the mortality rate as low as possible.

<sup>124</sup> MoH, Youth and their health, June 2007

<sup>125</sup> R.Ori, Maternale Sterfte 2005 – 2006, page 5 - 8

<sup>126</sup> Doodsoorzaken in Suriname 2008 – 2009 page 6

<sup>127</sup> Suriname – Millenium Development Goals Baseline Report

<sup>128</sup> MOH, NHIS, May 2008

<sup>129</sup> www.childinfo.org

<sup>130</sup> R.Ori, Maternale Sterfte 2005 – 2006, page 5 - 8

<sup>131</sup> M.Algoe, M.Jubithana, M.B. Mohab-Ali and R.Ori, Social Determinants of Health related to Maternal Mortality in Suriname, page 17 - 18

3. In 2006, 90% of deliveries took place in hospitals and 10% in primary health care facilities.<sup>132</sup> The national proportion of births attended by skilled health personnel is relatively high: 89.8% of all deliveries are attended by doctors, midwives or auxiliary midwives, an almost 10% increase since 1990. Deliveries at home are also supervised by trained health workers.<sup>133</sup> Assistance by traditional birth attendants was 1.2% and community health workers assistance was 3.3%.<sup>134</sup>
4. Antenatal care coverage is known for at least one visit. All pregnant women receive some type of prenatal care; 99.4% were reported as visiting a prenatal clinic at least once.<sup>135</sup> Antenatal care is provided through the Primary Health Care clinics of the Regional Health Service, the Medical Mission, private practitioners (MDs), registered midwives as well as gynecologists. After the delivery, women and their newborn can make use of post partum/ postnatal care provided by all of these health care facilities, and the Mother & Child Center of the 'sLands Hospital.<sup>136</sup>
5. Although the national fertility rate declined from 7.10 in 1964 to 5.51 in 1972, 3.57 in 1980 and 2.52 in 2004, there are significant differences between socio-economic and ethnic groups.<sup>137</sup> In general, women in low socio-economic groups are the most disadvantaged due to their limited access to comprehensive and quality health services, and to the deficiencies of sexual and reproductive health policies. The draft sexual and reproductive health (SRH) policy (2008) needs update/adjustment to be implemented in order to optimize SRH services.<sup>138</sup> Family planning services are mainly provided by the Lobi Foundation, an International Planned Parenthood Federation (IPPF) affiliate, and the Mother & Child Center of 'sLands Hospital. Family planning services at the RGD and MM are limited to the provision of oral contraceptives that can also be obtained over the counter at every pharmacy.<sup>139</sup>
6. Several studies show a disparity between contraceptive knowledge and ideas, and contraceptive use.<sup>140</sup> The contraceptive prevalence rate is low around 45%. According to the most recent available statistics, current use of contraception was reported by 45.6% of women currently married or in union.<sup>141</sup> Oral contraceptives are the most widely practiced family planning method, used by one in four married women. Contraceptive prevalence is highest in the rural coastal region at 49.6%, almost as high in the urban region (at 47.6%) and lowest in the rural interior (14.6%). Adolescents aged 15 – 19 are slightly less likely to use contraception than older women. Limited access to contraceptives and the effect of culture and traditions, such as the high value places on fertility and motherhood, and the overall lower education levels of the people living in the interior result in low contraceptive prevalence rate among women in the interior. Women's education level is strongly

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<sup>132</sup> MOH, NHIS

<sup>133</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>134</sup> MOH, NHIS, Report on Health related MDGs, update 2009

<sup>135</sup> MOH, NHIS, Core Health Data 2010 update

<sup>136</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>137</sup> CMO report 2005-2007

<sup>138</sup> UNFPA; in comments made on the draft CCA

<sup>139</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>140</sup> MOH, Youth and their health, June 2007

<sup>141</sup> MICS 2006

associated with contraceptive prevalence.<sup>142</sup> The percentage of women using any method of contraception rises from 14.3% among those with no formal education, to 38.4% among women with primary education, and to 51.0% and 56.0% among women with secondary education or tertiary education respectively.<sup>143</sup> This indicates one of the main challenges that persist in closing the gap, decreasing the disparities: geographically, in the sense of limited access to information and education regarding sexual and reproductive health and rights in the interior, as well as cultural and traditional beliefs surrounding sexuality and sexual practices, e.g. the high value of early childbearing among maroons.<sup>144</sup>

7. The adolescent birth rate The Ministry of Health reports that the average percentage of teenage pregnancies (ages 10-19) is 16.1% for the period 2003 – 2007.

**Table 8. Teenage Pregnancies in Suriname 2005-2007<sup>145</sup>**

Age Group	2005	2006	2007
10-14	67	64	65
15-19	1,368	1,384	1,485
<b>Total 10-19</b>	<b>1,435</b>	<b>1,448</b>	<b>1,550</b>

Several factors contribute to the high rates of teenage pregnancy. There is a prevailing perception that the age of sexual initiation appears to be earlier than it was in the past in all areas of the country. Additionally, it is recognized that adolescents require accurate and appropriate information on sexual health, specifically on adequate precautions and delaying engaging in sexual activities.

8. The unmet need for family planning is estimated at 18.4%, and the satisfied demand is 71.3%. Of the total unmet need 33.2% are women aged 15-49 years in the rural interior, and the unmet need is highest among women with none or primary education.<sup>146</sup> There is a need for youth-friendly health services, as well as for opportunities for clients to discuss confidential matters.
9. Reliable figures on the incidence of abortion do not exist, as abortion is illegal under the Surinamese Penal Code, except for medical indication, and 'traditional' abortion methods remain unregistered. These traditional methods are diverse and practiced by different ethnic groups, varying from massage techniques among the Javanese, to the use of herbs among the Maroons. The cases where the non-clinical methods result in complications can be detected as some appear at the emergency ward of the Academic Hospital. An estimate of the Lobi Foundation suggests the number of annual abortions ranges between 8,000 to 10,000, with a strong representation of women under the age of 24.<sup>147</sup>

<sup>142</sup> MICS 2006; Cited in UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>143</sup> Ibid.

<sup>144</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>145</sup> Ministry of Health, Chief Medical Officer; Report of the Director of Health, 2005 – 2007; 2008

<sup>146</sup> MICS 2006

<sup>147</sup> Leckie G. et al "Reproductive health and rights of adolescents", Paramaribo, 1997

10. Due to the legal situation in the country around post-abortion care is limited which calls for research on the background and determinants of this phenomenon.

## MDG 6: HIV/AIDS and other Major Diseases

### Goal 6. Combat HIV/AIDS, malaria and other diseases

<p>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<p>6.1 HIV prevalence among population aged 15-24 years          6.2 Condom use at last high-risk sex          6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS          6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p>
<p>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</p>	<p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>
<p>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>6.6 Incidence and death rates associated with malaria          6.7 Proportion of children under 5 sleeping under insecticide-treated bednets          6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs          6.9 Incidence, prevalence and death rates associated with tuberculosis          6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course</p>

### HIV/AIDS

1. In 2009, the UNAIDS Report on the Global AIDS Epidemic and Response estimated the adult (age 15-49) HIV prevalence to be 1.0%, rising slightly in 2010 to an estimate of 1.1%.<sup>148</sup> In 1997, AIDS occupied the tenth place as a leading cause of death, jumping to fifth place in 2003-2005, and lowering to the sixth leading cause of death in 2007.<sup>149</sup>
2. During the period of 2003-2008, the HIV-prevalence among pregnant women aged 15 – 24 years was 1.0%.<sup>150</sup> In recent years, the country has been successful in steadily increasing the treatment of HIV positive pregnant

<sup>148</sup> Ministry of Health; Country Report and National Composite Policy Index on the UNGASS on HIV/AIDS; 2010

<sup>149</sup> Ministry of Health; Country Report and National Composite Policy Index on the UNGASS on HIV/AIDS; 2010

<sup>150</sup> Ministry of Health, HIV Surveillance Rapport 2004-2008, 2010

women with Anti-Retroviral medication (64% for 2006; 83% for 2008; 84% for 2009).<sup>151</sup> In order to upscale the Prevention of Mother to Child Transmission (PMTCT) program, the Ministry of Health adopted the PAHO initiative 'The elimination of vertical transmission of HIV and syphilis' and officially launched this initiative in 2009.

3. In 2008, youth aged 25-29 were the age group with highest number of new HIV infections.<sup>152</sup> The 2010 UNGASS report shows a slight decrease in the percentage of young people aged 15-24 living with HIV from 1.0% in 2006 to 0.9% in 2008. There is also a sharp increase in the number of men in the over 50 age group testing positive for HIV, where the rate for men is twice the rate for women.<sup>153</sup>
4. The sex distribution of new HIV cases has shifted over the years, and since 2004 there are consistently reported that there are more HIV positive women than men. In 2008 57.1% of HIV-positive cases were women. However, it is important to note that women have higher rates of being tested due to the inclusion of HIV testing in the antenatal care package. Of the 19,709 persons tested in 2008, 77.8% were women/girls.<sup>154</sup>
5. Nationwide, 5.1% of the children aged 0 – 17 have lost one or both parents to AIDS.<sup>155</sup> No specific data was found on the living conditions of these children. No data is available on the ratio of school attendance of AIDS orphans to school attendance of non-orphans aged 10-14 years.<sup>156</sup>
6. Results from surveys conducted during 2008 among MARPS showed that HIV prevalence among sex workers was recorded at 2.1 and 4.9% in the border towns Nieuw Nickerie (west) and Albina (east), respectively and as high as 7.2% in Paramaribo in 2010.<sup>157</sup> Additionally, a prevalence rate of 2.2% among prisoners was found in 2008, and 9.2% among men who-have-sex-with men in 2010.<sup>158</sup> <sup>159</sup> In the past, data on specific cultural, socioeconomic, environmental and behavioral factors of population groups considered to be most-at-risk for contracting HIV have also been gathered. Currently the challenge is shifting the focus to using and analyzing the existing data on those populations to develop tailor-made intervention programs.<sup>160</sup>
7. The proportion of population with advanced HIV/AIDS infection with access to antiretroviral drugs (ART) has increased yearly, although some challenges remain. In 2008 the proportion of population with access to ART increased to 66%.<sup>161</sup> The 2010 UNGASS report shows an increase in the percentage of

<sup>151</sup> Ministry of Health, HIV Surveillance Rapport 2004-2008, 2010

<sup>152</sup> Ministry of Health; *HIV/STI Surveillance Report 2004-2008*; 2010. Cited in: UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

<sup>153</sup> Ministry of Health; Country Report and National Composite Policy Index on the UNGASS on HIV/AIDS; 2010

<sup>154</sup> Ministry of Health, requested data; September, 2010

<sup>155</sup> MICS 2006

<sup>156</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>157</sup> Ministry of Health, National AIDS Programme, Heemskerk consultancies, Commercial sex work in Paramaribo, Suriname, 2010

<sup>158</sup> Ministry of health, PAHO, UNFPA, Equity and Equality, Sexual behavior and seroprevalence study in prisons in Suriname; Paramaribo and Nickerie, 2009

<sup>159</sup> Ministry of Health, PAHO, Heemskerk Consultants in Social Sciences, An HIV Seroprevalence and Behavioral survey among men who-have-sex with men (MSM) in Suriname, 2011

<sup>160</sup> Ministry of Health, Country Report on the UNGASS on HIV/AIDS, Paramaribo, 2010.

<sup>161</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

HIV-positive pregnant women receiving anti-retrovirals for prevention of mother to child transmission (PMTCT) from 64% in 2006 to 83% in 2008<sup>162</sup>.

8. As reported in the MICS 2006, the percentage of women aged 15-49 years who had comprehensive knowledge of HIV/AIDS transmission (were able to identify 2 prevention methods and 3 misconceptions) was 39.3%. Comprehensive knowledge was highest in the urban areas (43.3%) and lowest in the rural interior areas (17.3%). Similarly, an increase in knowledge of at least two prevention methods increases with each level of education obtained.<sup>163</sup>
9. Two-thirds of 15 -24 year old women report having sex with a non-regular partner in the past 12 months.<sup>164</sup> Of those women, almost half reported using a condom when they had sex with the non-regular partner. When disaggregated by level of education attained, a disparity emerges with 54% of women with secondary level education or higher reported using a condom during higher risk sex, while only 17% of women with incomplete primary education used a condom.<sup>165</sup>

### **Malaria and other major diseases**

1. In recent years, the malaria program has been successful in reducing transmission, the number of severe cases and associated deaths. Through targeted strategies against *P.falciparum* and *P.vivax* there has been respective declines of 92% and 62% between 2000 and 2008. The Annual Parasite Incidence associated with malaria shows a sharp decline from 165 (per 1,000 of population in high-risk areas) in 2000 to 30 in 2008. Official reports of 2005-2007 indicate that due to the marked reduction in malaria cases and no malaria attributed deaths, Suriname has reached the malaria target for MDG 6, before 2015 (target: halted by 2015 and begun to reverse the incidence).<sup>166</sup> As a result, the PAHO has declared the National Malaria Board of Suriname in 2010 as the 'Malaria Champion in the Americas'.
2. As of 2006, it was reported that the proportion of children under 5 years old sleeping under insecticide-treated bed nets (ITNs) increased from 4.6% in 2000,<sup>167</sup> to 48.2%.<sup>168</sup> This was the result of a mass distribution of INTs throughout the interior of Suriname, specifically, the interior districts of Sipaliwini and Brokopondo, where malaria is most prevalent.<sup>169</sup>
3. In the past, Suriname has had a successful TB control program, resulting in a very low prevalence of TB. According to the registry of the TB program, the smear-positive TB cases in 2007 were calculated at 20 per 100,000. However, with the rise of the HIV epidemic, the number of TB cases increased from 82 cases (20 per 100,000) for 1990 up to 177 cases (34 per

<sup>162</sup> Ministry of Health; Country Report and National Composite Policy Index on the UNGASS on HIV/AIDS; 2010

<sup>163</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>164</sup> MICS 2006

<sup>165</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>166</sup> CMO Report

<sup>167</sup> MICS 2000

<sup>168</sup> MICS 2006

<sup>169</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

100,000) for 2009 with an overall tendency towards an overrepresentation of men in the adult age categories.<sup>170</sup>

4. The indicator for the proportion of TB cases detected and cured under DOTS is not relevant for Suriname, as direct observed treatment short-course (DOTS) is not currently used in Suriname.<sup>171</sup>
5. Dengue continues to be of particular public health concern, specifically in the urban areas. Dengue is concentrated mainly in the coastal areas, including both rural and urban districts, with all serotypes circulating. Each year a seasonal trend is observed, related to the two rainy seasons; December to March and June to August. However, when observing the number of cases plotted over the past 30 years, it is apparent that the numbers of cases also peak every four to seven years with the peaks continuously increasing in size.<sup>172</sup>
6. Similar to global trends, Suriname is currently experiencing a shift from communicable diseases towards an increasing burden of noncommunicable diseases (NCDs). In 2009, 60.5% of all registered deaths in Suriname (n=3035) were attributable to NCDs.<sup>173</sup> Cardiovascular diseases, cancers, diabetes, chronic lung diseases, and external causes are among the leading causes of mortality.
7. Cardiovascular diseases have been the leading cause of death for many years. Among them, the most prevalent are cerebrovascular diseases followed by ischemic heart diseases. There is a downward trend notable in the mortality from cardiovascular diseases, from 29.4% in 2005 to 26.4% in 2009. This can be attributed to medical advances regarding cardiovascular surgeries in Suriname, in the past five years.<sup>174</sup> Mortality rates due to cardiovascular diseases are higher for men than for women.<sup>175</sup> Morbidity data on myocardial infarction, from the Academic hospitals, 2007- 2010, indicate that men are more affected than women (76% vs. 24%).<sup>176</sup>
8. Unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol are major contributing factors of NCDs. Food supply data indicate increased energy availability per capita in the past four decades, probably related to corresponding increases in fat and sugar availability within the same timeframe (FAOSTAT 2009). The Global School Health Survey (GSHS 2009) reports that 81% of the children between 13-15 years consume carbonated soft drinks one or more times per day. The majority of the children, 73% are active for less than 60 minutes per day. The Global School Youth Tobacco Survey (GYTS 2000-2009) reports an average of 51% of children aged 13-15 years, being exposed to second hand smoke in their homes and 19% currently using any tobacco product.

<sup>170</sup> PAHO, Assessment visit to Suriname's National Tuberculosis Program; Paramaribo Suriname, 1-5 November 2010, 2010

<sup>171</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

<sup>172</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>173</sup> Doodsoorzaken in Suriname. Ministry of Health; Bureau of Public Health- Epidemiology Department, 2009

<sup>174</sup> Country Cooperation Strategy, PAHO/WHO Suriname, 2011

<sup>175</sup> Paalman, M. Support for implementation of Health Sector Reform. Burden of Disease and NHIS. Part 2. February 2008

<sup>176</sup> Hartinfarct patienten naar etniciteit. Academisch ziekenhuis 2007-2010

## MDG 7: Ensure environmental sustainability

### Goal 7. Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO <sub>2</sub> emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility

### General context

1. Suriname is categorized as a high forest cover, low deforestation country (HFLD), with a very low population density. Suriname is one of the most forest-rich countries in the world, in terms of forests per capita, according to the Food and Agricultural Organization (FAO). The country contributes worldwide to Sustainable Forest Management (SFM) by conserving its natural forests, with 13% of total forest land allocated for protected forests, 57% as reserve forests, and only 30% as production forests, of which less than half is issued as timber concessions (2 million ha). Almost the entire forestland belongs to the State, which has the main responsibilities regarding the state of the forest. Forest deterioration and deforestation of Suriname, caused partially by urbanization and the mining sector, is limited to 3% of original forest lands (since 1650), i.e. on average less than 0.1% deforestation per year.<sup>177</sup>
2. Over 80% of Suriname's total land mass (163,820 km<sup>2</sup>) is vulnerable to land degradation. Nevertheless, due to a low population density, especially in the most vulnerable areas, land degradation has so far been limited to less than 2% of the total land area<sup>178</sup>. Land degradation has been observed in the coastal zone, where most economic activities are concentrated. Soil erosion is

<sup>177</sup> FAO; Rural Sector Review Suriname; 2009

<sup>178</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

caused by decades of unsound agricultural practices, sea level rise and loss of mangroves. In the forest area (148,000 km<sup>2</sup>), the economic practices of small-scale gold mining and timber logging, over the past decade, have increased the rate of erosion.<sup>179</sup>

3. Suriname's economy depends heavily on the exploitation of mineral resources (hydrocarbon, gold, and construction materials mining and processing, and bauxite to a decreasing extent). There is however, increasing awareness of the fact that damage to the environment should be limited to a minimum. The past few years have seen an increase in eco-tourism as a source of national income<sup>180</sup>. In addition to the large and medium scale commercial mining operations, Suriname has a flourishing small-scale gold-mining sector. Most of the small-scale miners use large volumes of water and mercury to extract the gold. It has been estimated that each kilogram of gold recovered causes 1-3 kilos of mercury to be discharged into the environment.<sup>181</sup>
4. In rural areas, agriculture remains the backbone of the economy. Sustained development of key industries such as agriculture, fisheries and tourism in rural areas is highly dependent on maintaining a healthy state of the natural environment and its environmental functions such as water regulation, supply of clean water, protection against erosion, CO<sub>2</sub> sequestration, and biodiversity. These functions are not reflected in the public accounts, but are crucial to the economy of the country and the international community. In the future these functions may take a place in the market mechanism.<sup>182</sup>
5. Forest sector performance is considered weak against its potential. Exports fluctuate around USD 5 million. The focus of the sector is slowly changing from exploitation and exportation to one of sustainable production, forestry services and non-timber forest products.
6. Suriname is only now developing experience with financial mechanisms for carbon credits, especially the voluntary market and the concept of selling terrestrial carbon credits. Suriname has entered an alliance with Guyana to join forces on carbon credits and Low Carbon Development Strategy.<sup>183</sup> There is need for appropriate policy and strategies especially with respect to biodiversity conservation, sustainable land management; and new areas such as regulation of the small scale gold mining sector, carbon trading, payment for environmental services, REDD etc.
7. The Emission of CO<sub>2</sub> has increased steadily in the past years, which is cause for concern.<sup>184</sup> Solid fuels are hardly used, with the exception of use of fuel wood for fires by maroon and indigenous people. The CO<sub>2</sub> Emissions from

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<sup>179</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

<sup>180</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

<sup>181</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

<sup>182</sup> FAO; Rural Sector Review Suriname; 2009

<sup>183</sup> FAO; Rural Sector Review Suriname; 2009

<sup>184</sup> ABS & Conservation International; Environment Statistics; September 2010: (original source MDG – Database, UNSD) Carbon Dioxide Emissions and Consumption of Ozone-Depleting Substances 2000 – 2008

the consumption of Fossil Fuels (in million metric tons) shows a slight increase from 1.9 in 2004 to 2.0 in 2007.<sup>185</sup> No recent data is available.

8. On the other hand, the consumption of Ozone-Depleting Substances has steadily been decreasing since 2002, following changes in government regulations concerning the import of these substances.<sup>186</sup>
9. A Green Suriname Development document has been produced as preparation for the Multi-annual development plan 2011-2015. However, the current status of the document remains unclear. Nevertheless, it is expected that a Green Development Strategy for Suriname will focus on ways of reducing and mitigating the climate impacts of the chosen development strategy especially with respect to the impacts of production activities in mining, manufacturing, forestry, agriculture and other sources of harmful green house emissions. It is also expected the the strategy will integrate poverty reduction and promote alternatives to the unsustainable production methods that the poor and vulnerable are unfortunately driven to embrace as part of their coping strategies or through lack of knowledge of more sustainable production technologies. Again, a Green Development Strategy will also need to focus on the inequitable consumption and distribution patterns that accompany natural resources utilization and in themselves represent differential promotion and protection of the human rights of especially the poor, vulnerable and disadvantaged population groups. This calls for a human rights based approach to natural resources extraction and utilization, and attention to the rights of rights holders irrespective of income levels to have equitable access to the benefits of the natural environment and environmental services. It also speaks in equal measure to the obligations of the duty bearers to ensure that the Green Development Strategy not only protects the natural environment and mitigates possible climate impacts but also that the benefits and possible negative impacts of the strategy are equitably shared among all population groups and income levels.

### **Protected areas**

1. The establishment of protected areas and effective management thereof are essential for ecosystem conservation<sup>187</sup>. The management of protected areas has for decades been a priority in Government policies, pursued through, among other programs, the establishment of a 1.6 million hectare Central Suriname Nature Reserve.<sup>188</sup>
2. The Central Suriname Nature Reserve (established in 1998) brought about a fivefold increase in protected land area. In 2003 and 2004, existing reserves were expanded with 1,815 square kilometers of proposed protected forest area, which increased protected forest area as a per cent of total forest area by 1%. Since 2004, the percentage of land area protected has remained the

<sup>185</sup> ABS & Conservation International; Environment Statistics; September 2010 (quoted from: Energy Information Administration, January 2010, International Energy Annual, Short Term Energy Outlook)

<sup>186</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>187</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>188</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

same, at 13%. A proportion of 12.1% of all terrestrial and marine areas are protected<sup>189</sup>.

3. The Government of Suriname (GOS) has designated about 75% of its coastal zone as either nature reserves or multi-use management areas (MUMAs) that are targeted for sustainable use. The other part, ca. 25% of the coastal zone, remains unplanned and unregulated and areas located adjacent to urban centers are under threat of environmental degradation and unsustainable development.<sup>190</sup>

### **Species threatened with extinction**

1. A few well-known fish species are already being exploited at or close to the maximum yield possible (MSY), given their biological potential. Other fish species are still under-exploited, mainly the large and small pelagic fish species that occur quite a distance from the coast.<sup>191</sup> Suriname's marine waters and coastal areas are under increasing environmental stress from pollution, overfishing, and degradation of coastlines. There is serious concern since many valuable fish-stocks are being over-fished.<sup>192</sup> This not only has implications for the stock of fish and other endangered species but for the livelihoods of especially the poor, women and vulnerable groups that depend on these resources for food and livelihoods. Conservation and protection initiatives need to consider the human development needs of those population groups dependent on such resources.
2. Approximately 23 species of animals are treated with extinction and under complete protection, caused by excessive hunting / fishing, drowning in gill nets, being killed by outboard motors and oil spills, or collection for wildlife trade<sup>193</sup>
3. Farmed shrimp constitute the dominant part within the aquaculture industry and is also an important contributor to the total fishery production of Suriname. The sector depends on good water quality. One environmental problem is that of eutrophication, that is, the excessive use of pesticides. Aquaculture requires close surveillance and additional regulation in order to ensure responsible use of pesticides and fertilizers and to prevent coastal degradation with attendant impacts on vulnerable fishercommunities.<sup>194</sup>

<sup>189</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>190</sup> FAO; Rural Sector Review Suriname; 2009

<sup>191</sup> FAO; Rural Sector Review Suriname; 2009

<sup>192</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>193</sup> WWF, 2009, quoted cited in ABS & Conservation International; Environment Statistics; September 2010

<sup>194</sup> ABS & Conservation International; Environment Statistics; September 2010

### **Safe drinking water and sanitation**

1. Although 91.7% of the population obtains their drinking water from improved sources, large disparities remain between the urban coastal (97.1%), rural coastal (97.9%) and rural interior (44.8%) (MICS 2006). Data from the 2004 census revealed a national figure of 72% and from the Household Budget Survey 2008 the figure is 79.4%.<sup>195</sup>
2. Overall, 89.8% of the population use improved sanitation. In the urban coastal area 97.9% of the households have improved facilities and for the rural coastal and rural interior the figure is 91.6% and 33% respectively.<sup>196</sup>
3. UNICEF is working together with the FOB, Ministry of Natural Resources, Ministry of Regional Development, and the Red Cross, among other partners, to introduce participatory innovative models for water and sanitation in 15 communities in the interior. It is planned that this project will also support water sampling and quality testing together with PAHO and BOG. Lessons learned from numerous previous water and sanitation projects in the interior have shown that in order for solutions to be sustainable in the interior, they must be adequately owned by the communities themselves and be appropriate for the varying environments in the interior.

### **Unregulated Human Settlements**

1. Land tenure remains a problem for economically disadvantaged groups, as well as indigenous and Maroon people living in the interior. Suriname has enough land in theory, but in practice there are challenges with regard to a comprehensive approach to the regulation of unregulated or squatter settlement and to provide land to the landless.<sup>197</sup>
2. A survey among households in Paramaribo and Wanica revealed that 66% of households lived in an owner-occupied dwelling, but it is estimated that there are many fluctuations by neighbourhood.<sup>198</sup> The Government of Suriname has committed to improving the housing stock as well as access to affordable housing for low income and interior district dwellers. The social housing approach being pursued by the Ministry of Social Affairs and Housing has the potential to contribute to addressing the housing deficit and unequal access by lower income groups. As noted above in the review of MDG1, the right to housing has to be pursued as a policy goal focusing on the low income groups.

<sup>195</sup> UNICEF & Government of Suriname; MICS: Suriname Multiple Indicator Cluster Survey 2006, Final Report; 2009, ABS; Household Budget Survey 2007 / 2008; January 2009

<sup>196</sup> UNICEF & Government of Suriname; MICS: Suriname Multiple Indicator Cluster Survey 2006, Final Report; 2009

<sup>197</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>198</sup> ABS; Household Budget Survey 2007 / 2008; January 2009

**Table 10. Households by type of Occupancy/ Tenure<sup>199</sup>:**

Type of Tenure	Number of households	Percentage of households
<b>Owner occupied</b>	1669	<b>66%</b>
<b>Rent / Hire purchase</b>	381	<b>15%</b>
<b>Other</b>	382	<b>15.1%</b>
<b>No Response</b>	98	<b>3.9%</b>
Total	2530	100%

### **Waste management**

1. A significant problem in Suriname is the poor waste disposal and uncontrolled disposal of waste in rivers, gullies and open spaces. The total amount of waste disposed of in 2009 was 191,424 m<sup>3</sup>, of which 76% is household waste.<sup>200</sup> Efficient and effective waste management is a pre-requisite for ensuring a healthy and productive population. Deficits in waste management in urban areas of Suriname disproportionately impact the lower income groups and population concentrations. This has the potential to negatively impact their health status, with spin off impacts on income earning potential, educational achievement especially of the school age children and young adults, and their overall standard of living. This is at bottom a human rights and human development issue whose impact could likely unequally impact the low income groups, women, and vulnerable population groups.
2. The problems associated with solid waste management are insufficient capacity for waste collection by the Department of Public Works, legalized open dumping, rapid expansion of urban areas, absence of a waste collection policy, and people's perceptions of their role in waste management.<sup>201</sup> These are essentially gaps and deficiencies among the duty bearers which clearly need to be addressed in the rights holders, in particular the low income, vulnerable and disadvantaged are to enjoy their right to a healthy environment.
3. Recycling of plastic bottles occurs on a modest scale, but there are some initiatives to make this more structural and linked to awareness programs and legislation ([www.suwama.org](http://www.suwama.org)).

<sup>199</sup> ABS; Household Budget Survey 2007 / 2008; January 2009

<sup>200</sup> ABS & Conservation International; Environment Statistics; September 2010

<sup>201</sup> Zuilen L.; Planning of an integrated solid waste management system in Suriname: a case study in Greater Paramaribo with focus on households. PhD thesis, Ghent University, 2006

### **Legislative and Capacity constraints**

1. Although some environmental legislation exists, much of this legislation is basic and outdated. Regulations also need to be put in place to implement these legislations for Land rights (especially of Maroons and indigenous people in the interior) and land use planning.
2. Enforcement of legislation is a major issue due to financial and human resource constraints. Government will need to allocate greater resources to strengthen the monitoring and enforcement function of the Environment Department of ATM and its working arms like NIMOS.<sup>202</sup>
3. Management of the coastal zone rests within a number of government ministries. This wide diffusion and overlapping of authority and responsibility for various aspects of the coastal zone and environmental management, combined with a severe shortage of financial and human resources by all agencies concerned, hampers overall coordination and effective management.<sup>203</sup> The legislative regime for coastal zone management in Suriname consists mainly of fragmented pieces of legislation regulating the use of various natural resources. Most of the laws are outdated and are inadequate to bring integrated coastal zone management into effect.<sup>204</sup>
4. In its National Capacity Self-Assessment<sup>205</sup>, the Ministry of Labour, Technological Development & Environment identified various capacity constraints. Some of the main constraints, besides those mentioned earlier, are:
  - a. Organizations that deal with the environment have a shortage of expertise and skilled staff. Implementing institutions have insufficient manpower and logistic means for organizations regulating and managing forests, protected areas, genetic resources and Intellectual Property Rights (IPR), and are especially weak in terms of enforcement & operational power;
  - b. Mandates are not well defined for organizations within or linked to the government that deal with environmental issues; in terms of transparency (accountability) some need improvement and some lack the legal empowerment;
  - c. There is a lack of adequate funding for research, and lack of education and training in relation to genetic resources, biotechnology and biodiversity; there are hardly any postgraduate education or training opportunities in relation to the forest sector or natural science & technology;
  - d. Local communities have weak negotiating skills, e.g. when engaging in ESIA and discussions on land use, IPR and benefit sharing;

<sup>202</sup> FAO; Rural Sector Review Suriname; 2009

<sup>203</sup> FAO; Rural Sector Review Suriname; 2009

<sup>204</sup> FAO; Rural Sector Review Suriname; 2009

<sup>205</sup> Ministry of Labour, Technological Development and Environment; National Capacity Self Assessment; 2009

- e. There is hardly any delegation of nature conservation tasks to lower levels of governance or communities;
- f. Awareness activities are not coordinated; policy makers, ministries and society at large have little knowledge and awareness on environmental issues.
- g. There is a lack of structural dialogue between authorities and cooperation on land management, which leads to overlap and duplication of costs;

## MDG 8. Global Partnership for Development in the Context of Suriname

### Goal 8. Developing a global partnership for development

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction - both nationally and internationally

Target 8.B: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

8.1 Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income

8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

8.5 ODA received in small island developing States as a proportion of their gross national incomes

8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty

8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product

8.9 Proportion of ODA provided to help build trade capacity

8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)

8.11 Debt relief committed under HIPC and MDRI Initiatives

8.12 Debt service as a percentage of exports of goods and services

Target 8.E: In cooperation with 8.13 Proportion of population with access

pharmaceutical companies, provide to affordable essential drugs on a access to affordable essential drugs in sustainable basis developing countries

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population
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1. Goal 8, a global partnership for development, is of critical importance for the small and historically isolated Surinamese economy. It focuses on a range of measures to be taken by the global community and in particular, the developed countries in helping developing countries overcome their handicaps in accessing global markets for goods and services, investment capital and knowledge. It also involves a commitment on the part of developing countries to aim for objectives of good governance and poverty reduction. Most targets and indicators of Goal 8 describe actions to be taken by the global community and developed countries in the areas of Official Development Assistance (ODA), debt relief and trade openness. Therefore, most of Goal 8 cannot be assessed or evaluated from an individual developing country perspective as is the case in the other seven goals.<sup>206</sup>
2. As a small country with large potential for trade and investment, access to export markets and aid - to achieve this - is essential for its economic development. Over the last 10 years, much has been achieved in this area, although much still needs to be desired for. On one hand, Suriname has received more aid from developed countries; has significantly reduced its debt burden; has gained more access to world markets and improved conditions in its main export sectors; and has seen significant progress of private sector involvement in health and ICT. On the other hand, aid flows to Suriname are concentrated and still low when compared to peer countries; the recent debt reduction was incidental - caused by Suriname's own fiscal prudence; access to world markets is on a regional trade basis, whereas there is little progress in the multilateral arena; and private sector participation in health and ICT is still low when compared to other countries in the region.

<sup>206</sup> UNCT Suriname; Common Country Assessment of Development Challenges, Republic of Suriname; 2006

## Governance

1. The public sector has structural problems, such as high personnel costs; an excessive number of civil servants; unstructured public administration; outdated legislation, rules and procedures; and lack of qualified professionals and good management. There is absence of a public procurement agencies and concerns on the integrity and transparency of public procurement. The announced public sector reform implies reorganization of the Government's machinery; decentralization of the public administration; and institutional strengthening. It also seeks to strengthen the planning framework and to improve the macro-economic climate. An important dimension of this is to increase the efficiency in the management of the Governmental finances and to establish a more efficient fiscal and debt policy. Another aspect of the public sector reform is to foster the decentralization of public administration<sup>207</sup>.
2. Differing degrees of corruption at various levels of the Government, the private and informal sectors, involving, for example, money laundering, drug trafficking, and illegal gold mining, have been and remain a concern, especially around the distribution of land. In recent years, this has caused outbursts of civil protest and sparked resentment, especially among people who believe they have not received the land they are entitled to according to the law.<sup>208</sup>
3. Suriname is signatory to the Inter-American Convention against Corruption, and participates in the International Monitoring Mechanism for the Convention. Anti-Corruption Legislation has been drafted, but not yet passed by Parliament. Some smaller initiatives, primarily in the field of awareness, have been taken, but no major steps in corruption prevention.
4. An Ombudsbureau for Women and Children has been established, but there is no National Ombuds Institute. There is no Freedom of Information Act.
5. Very few Civil Society organizations engage in advocacy for good governance. Projekta initiated the Democracy Month in 2008, and this activity is slowly gaining more recognition, as the number of involved organizations grows steadily. Projekta is at the moment initiating a Civil Society Accountability Mechanism, aimed at promoting accountability and policy monitoring.
6. Parliament and subsidiary committees have an important role in oversight of budgeting, public financial management, and public expenditures. The Role and current status of the Audit General and the General Audit Services is paramount for oversight and so too the long overdue amendment of Government accounts act (comptabiliteitswet).

<sup>207</sup> FAO; Rural Sector Review Suriname; 2009

<sup>208</sup> UNICEF; Situation Assessment and Analysis of Children's Rights in Suriname 2010; 2010

## Official Development Assistance (ODA)

1. The aid flow to Suriname increased in the last decade, and aid, as a percentage of GNI, had grown from 1 to 7% between 2003 and 2007. Although Suriname is not a Less Developed Country (LDC), aid as a percentage of GDP is above the average of low income countries.
2. Suriname's two most important partners on aid flow are the Netherlands and the EU. In 2006 there was an increase in the funds from the Netherlands that reflects the changes in disbursement policies of the Netherlands to Suriname. With the independence in 1975, Suriname and the Netherlands agreed on a plan for the disbursement of aid to Suriname over a period of time. In 2003, both countries agreed that the funds would be advanced to Suriname as a contribution to the MDGs. In 2006 it was agreed that part of the funds (4%) would be used to reduce outstanding debt to the Netherlands (the NIO loan of 2001). It may be argued though that an advancement of aid may not qualify as an increase in aid flows.
3. In addition to the advancement of funds from the Netherlands, relations with the EU and multilateral donors have improved in the recent past years. In general, there is a (welcome) shift away from bilateral aid towards a closer cooperation with multilateral agencies such as the Worldbank, IDB, IADB, IMF, and the UN. In this regard it is worth mentioning that the IADB has committed funds for trade policy support, the IDB for health care reform and the UN for various projects related to the MDGs. The EU stands out as it has committed significantly more funds under the European Development Fund (EDF) following Suriname's improved aid governance structure. However, several international agencies consider that further improvement in efficiency is needed to transform commitments into disbursements. In 2010 the Netherlands announced that Suriname, as a non LDC country, will no longer receive bilateral aid. This measure will have a strong impact especially on small NGOs that depend on this aid to operate in Suriname.

## Market access

1. Suriname's economy is highly dependent of the exports of its natural resources oil, gold, and most important bauxite. The export of these three commodities amount 85% of total export value and account 56% of the GDP. However, as a large part of the natural resources industry is controlled by foreign multinationals, the contribution of the exports to the Government revenue is limited.
2. The exploration structure of natural resources has been more firmly cemented in recent years. With respect to bauxite and alumina, reduced presence of Alcoa has been substituted for by higher investments in refining capacity by SURALCO and BHP Billiton in Paranam. Hence, alumina refining is conducted at marginal cost levels that are globally efficient. Moreover, at current prices the sector's outlook in the medium term looks promising, as there are many untapped resources in the Western area of the country. Negotiations are underway to set up production facilities in these Western

areas, however, much depends on whether investments in infrastructure are forthcoming. Further, smelter capacity to produce aluminum depends on energy production, which in turn needs large scale hydrogen power generation.

3. With respect to gold, there are two reasons behind the recent increase in production and exports. First, in recent years, the government has reached agreements with foreign companies, what has dramatically increased the level of FDI in the sector. The inflow of FDI in the sector has come about by granting favorable trade to the industry, which involves the right to expatriate profits, reduction on import levies on materials (vehicles etc.), and international arbitration in case of disputes. However, most of the increase in exports is due to the regulatory changes that took place in 2002. For long, Suriname has had a thriving small scale gold mining sector, which is mainly informal. Before 2003, exports of gold were conducted through sale to the Central Bank of Suriname (CBvS). In 2002, the CBvS abolished this procedure of licensed gold exports to the private sector and granted licensed firms to buy from illegal firms. Together with tax reforms, this change gave more incentives to informal firms to export gold directly from Suriname instead of shipping it over land to Guyana.
4. The increase in gold production and exports has raised several questions and concerns. First, although there is no doubt that regulatory changes and FDI significantly have increased gold production and exports, it remains an open question to what extent the increase in exports is caused by a 'formality' effect: illegal exports are substituted for by formal exports. Hence, it remains to be evaluated to what extent the rise in formal gold exports de facto has increased the income of indigenous peoples. Second, in contrast to bauxite production, small scale gold mining is an important source of employment. However, small scale gold production takes place in facilities that are hazardous for health for a large part of the population and cause severe environmental degradation on a wide scale.
5. With respect to agricultural products, Suriname's exports are mainly bananas and to a lesser extent rice and fish. Banana exports have made a spectacular comeback in recent years following the collapse of the state owned SURLAND agricultural company in 2002. Since then, following an internationally sponsored rescue plan for the banana sector, production and exports have recovered spectacularly. However, two challenges remain. First, profitability in the banana sector is low, due to fierce international competition. Second, although the yields are high, the size of the area of cultivation is still considered small for the potential of the country.
6. In the absence of progress in the Doha Development Round, the Government states that Suriname has strengthened its market access by participating in the Caribbean Community (CARICOM) and the Economic Partnership Agreements (EPA's) with the European Union. Almost 50% of Suriname's exports go to USA and Canada, so the role of these cooperation agreements is limited.

7. For the trade outlook for Suriname, much will depend on the development in the prices for natural resources. High prices for gold have triggered investments in this sector, whereas disinvestments took place in other sectors. Although access to the EU for the banana sector is important, continuous efficiency improvements have to be made in the future to increase profitability.
8. Under MDG 8, aid to support trade has special attention. The broader picture is that the MDGs have set in motion the Aid for Trade initiative of the WTO (see table 7 below), where donors are asked to increase and earmark a larger share of their funds to support trade. Several initiatives have extended to Suriname, though much more needs to be done. The main sponsor for trade policy capacity building has been the IDB, for which there is a memorandum of understanding with the Ministry for Trade and Industry. In addition, the IDB and the EU have supported the improvement of port facilities in Paramaribo. Further, Suriname has indirectly benefited from the EU's TradeCom assistance to CARICOM and from the funds that are supplied to aid the EPA negotiations.

### **Debt sustainability**

1. External debt levels have been reduced in recent years. This trend, combined with a rise in GDP, has caused debt as a share of GDP to fall more dramatically, from 37% in 2005 to 17% at the end of 2009 . External assessment shows high debt sustainability at current growth rates, although the medium term effects of the 2008 financial crisis for world trade are hard to predict. There is commitment to reduce debt levels further and improve credit ratings.
2. The improved financial external position is caused by prudent macro-economic policies of Suriname's government in combination with sharply increased export potential. In addition to credible macroeconomic policies, Suriname's inflation has been curbed by a fixed exchange rate policy to the dollar and dollarization of deposits. However, in early 2011, the Central Bank of Suriname officially issued a devaluation of the local currency against the USD of around 20%. The devaluation caused inflation of prices, which has an important social impact, as the food and oil prices were already high due to the global economic crisis.
3. The trends of bilateral debt show the familiar pattern of declining debt to developed countries (DAC) together with increasing debt levels for China. A multimillion loan was agreed in 2010 by the Government of Suriname with China for financing major infrastructure projects. At the same time, the bilateral debt to Netherland has been brought to negligible levels following the recent agreement to use and bring forward resources from the agreement on independence and use these to reduce bilateral debt. In addition, Suriname has paid off a large share of its debt to Brazil. A last pattern worth mentioning is Suriname's greater access to multinational loans, especially those from the EU and the IADB.

- i. In relation to exports earnings, interest payments are low and currently below 1% of export earnings. One should keep in mind that export earnings to a large extent accrue to multinational firms, but still, external earning potential is large compared to external obligations .
- ii. The new government has discussed options for updating legislation on Government Debt, increasing the ceiling for national debt and decreasing the ceiling for international debt. New legislation on Government Debt should also contribute to a more unequivocal definition of government debt.

### ***Decent and productive work for youth***

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1. Unemployment and especially youth unemployment is one of the major challenges for development in Suriname. For Suriname it is of crucial importance to improve working conditions for the youth. It is well known that many young people who find themselves in less fortunate situations in developing countries end up in the informal sector, often encountering appalling working conditions.<sup>209</sup> .
2. The MDG Progress Report 2010 highlights the challenges in data availability associated with costs and recognises that the General Bureau of Statistics publishes yearly unemployment rates for Paramaribo and Wanica regions, but there is a lack of national data. Based on the data available, the MDG Report 2010 bases its national analysis on two assumptions; one that the ratio of unemployment in Paramaribo to the rest of the country as measured in the census of 2004 remains unaltered and that the structure of unemployment over groups remains unchanged over time. Based on this analysis, for the age group 18 – 25 years old, the estimated unemployment rate is 20% / 33% (depending on the definition of unemployment used). On MDG 8, the MDG Progress Report 2010 notes that Suriname is not on track for reaching the target with respect to decent and productive work for youth.

### ***Access to affordable essential medicines***

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With respect to healthcare, Suriname faces the same challenges as many other developing countries, which include:

1. Limited (public) funding for health care. The effect is that many talented workers in the medical sector move into private healthcare. For this reason, even when medical care is available to the poorest of the poor in the society, severe rationing limits their effective access to care.
2. Limited information on individual health restricts the ability for private sector involvement in medical insurance. As the insurance literature reflects, imperfect information on individual risk profiles opens up to problems of adverse selection and moral hazard, which destroys private insurance markets. In this case, the only option is public insurance of risk sharing through company (or civil service) provision of medical insurance.

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<sup>209</sup>Ministry of PLOS; MDG Progress Report 2009; 2010

3. With respect to the availability of essential medicines, steps still have to be made in public provision. Further, Suriname has made use of funds available under the Global Fund. There are substantial disparities between geographic groups in their access to essential drugs, but the biggest disparity is between those who have some form of health insurance or state-sponsored health care, and those who have no form of insurance or health care at all.

Medical Plan	Number of Persons Covered
SZF (State Health Insurance Company) Medical Plan	105,074
Ministry of Social Affairs - Medical Plan	114,740
Medical Mission Medical Plan	30,657
Company Medical Plan	49,396
Insurance Company Medical Plan	17,070
<b>Subtotal</b>	<b>316,937 (76.4%)</b>
Out of pocket payment	93,342
Other	4,484
Total	414,763
Do not know	76,557
Not reported	1,509
Total population of Suriname, 2004	492,829

Source: Ministry of VG, cited in Ministry of PLOS, Hein Roelefsma, T.Feurich; MDG 8 Progress Report Suriname; August 2009

1. The World Health Organization (WHO) has developed a tool for periodic assessment of the gaps in medicine provision, for which, in cooperation with local health authorities, it organizes periodic evaluation rounds.

### ICT availability

1. The adoption of ICT is booming for the past 2 years, both in mobile phone density as well as internet usage. Suriname still needs to undertake more initiatives to use ICT in building a global partnership for development, for example in educational cooperation and health provision. In 2008, the partial liberalization of the telecommunication sector took place, allowing 2 international providers to operate on the local mobile communications market. This has resulted in better service to the population and a situation whereby consumers profit from the competition in terms of prices.<sup>210</sup>
2. New services such as mobile and wireless internet are gaining in popularity, particularly in areas where there is no traditional telephone infrastructure. Information and communication adoption in Suriname is determined by the

<sup>210</sup> Ministry of PLOS; MDG Progress Report 2009; 2010

fact that a large share of the population is below 30. On the one hand, adoption of cellular phones is very high and SMS communication is especially important among the young people. On the other hand, adoption of the internet is slow, and even lags behind other countries in the region. Among the young people, more than 70% has a mobile phone connection, whereas only 10% is a regular internet user.

3. There are several reasons behind the low adoption of IT technology in Suriname. Probably the most important reason are the high prices of the hardware and the poor condition of existing equipment in internet cafés and education centers. Additional reasons are the limitations imposed by the availability of bandwidth versus the size of information from the web, what makes internet use difficult, especially for the youth. Cost factors also may play a role as broad band internet subscription prices are very high in comparison to regional standards.
4. Although internet use for private purpose may be increasing, stakeholders have indicated that a general feeling that there is a lack of vision on how to use ICT to promote development. Further, it was felt that ICT has an important role to play in creating the partnership for development. Two issues were stressed. First, there are only a limited number of initiatives in the field of education to promote distance learning. For example, there is limited participation in international initiatives that make use of distance learning, and which could allow Suriname to tap more effectively into global knowledge pools. Moreover, ICT could provide for better internal links between institutions in Paramaribo and more deprived regions in the countryside, as well as giving students in these regions better access to up to date teaching materials. A second field where ICT could be more effectively deployed is health care provision. Other countries in the region make more use of digital cooperation in diagnosing by international experts and connecting clinics in the country side to up-to-date medical knowledge.<sup>211</sup>
5. To participate in the systems and decision processes that affect their lives, people need relevant, timely information on the issues at stake and how to get involved. To protect their interests, people require the tools including information, to formulate and express their ideas, and in a manner understood by those that affect their livelihoods. Improved delivery of education services and access to information will help the rural Surinamese defend their interests, participate meaningfully in the processes that affect them, and sustainably improve their livelihoods. ICTs have the potential to lower the barriers in access to information and services that so often compound and entrench the inequalities between the various income groups and between urban and hinterland communities in Suriname. ICTs can be a powerful tool for poverty reduction and empowerment of vulnerable and disadvantaged groups. Access to information through ICTs can provide rights holders with the information and tools to claim their rights and enforce compliance on the part of the duty bearers. However, to be able to serve these purposes the gaps must be addressed in terms of physical access, geographical coverage,

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<sup>211</sup> Ministry of PLOS, Hein Roelefsma, T.Feurich; MDG 8 Progress Report Suriname; August 2009

affordability, knowledge and training to benefit the poor, vulnerable, disadvantaged groups, women and hinterland dwellers.

6. In this regard, the Ministry of TCT and UNDP are implementing a pilot project titled “Reducing disparities in access to information and services among hinterland Communities in Suriname through the use of ICTs” with the following activities: (1) Design of a strategy for service provision to difficult to reach hinterland communities using ICTs as a delivery modality; (2) establishment of 5 pilot community access points in selected communities equipped to inform and educate the community with basic information on education, sanitation, health and government services; (3) training of 20 community members so they are able to manage the 5 pilot community access points and trained to disseminate information to the communities (in their own language); (4) training of 20 service providers in health, education, sanitation and government services to package information for transmission through various ICTs; And ultimately 50 hinterland communities benefitting from improved access to health, education and public information services through the use of ICT. By the end of 2011, Telesur and Digicel (the main mobile phone operators in Suriname) plan to cover 99% of the population.

## MDGs: Summary of policy developments, key challenges and capacity gaps

### MDG 1: Eradicate Extreme Poverty and Hunger

**MDG Target:** 1a Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day; 1b achieve full and productive employment and decent work for all, including women and young people; 1c halve between 1990 and 2015, the proportion of people who suffer from hunger.

**Suriname Target:** (For the Government to indicate the localized target)

**Baseline:**

MDG Indicator	Remarks	2000	2008
1.1 Proportion of population below \$1 (PPP) per day	Proportion of households in Paramaribo and Wanica living in poverty (urban districts)	48.1	59.2
1.2 Poverty gap ratio	Proportion of households (persons) in Paramaribo and Wanica below the poverty lines (urban districts)	19.7	17.1
1.3 Share of poorest quintile in national consumption		4.61	4.93
1.5 Employment-to-population ratio	percentage		36
1. 8 Prevalence of underweight children under-five years of age			
Weight for age	<5yr	13.3	9.9
Height for age	<5yr	9.9	7.7
Weight for height	<5yr	6.5	4.9

Status	Policy Developments	Areas for Strengthening	Opportunities for Cooperation
<ul style="list-style-type: none"> <li>▪ To measure poverty</li> </ul>	<ul style="list-style-type: none"> <li>▪ The design of a National Strategy for the</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of a</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementation of the</li> </ul>

<p>for MDG reporting, Suriname does not use the USD1/per day poverty line but looks from a human development perspective and uses the Human Poverty Index (HPI-1)</p> <ul style="list-style-type: none"> <li>▪ There is no consistent national definition of poverty or poverty line</li> <li>▪ There is a high correlation between poverty status and geographical areas, as measured by weight of children, drinking water sources and sanitation facilities.</li> <li>▪ Women are unequally affected by poverty, in household burden as well as in the labor market, where their participation rate, as well as that of young people, remains low.</li> <li>▪ Housing remains one</li> </ul>	<p>development of Statistics (NSDS)</p> <ul style="list-style-type: none"> <li>▪ The Government of Suriname has made public its intention to invest in basic social services, as reflected in the Government's MOP 2006-2011 and the new administration's policy plan.</li> <li>▪ A national strategy for poverty reduction was developed, which will lead to a planned reduction of 4,4% per year. This will be realized via 4 strategies: <ul style="list-style-type: none"> <li>▪ a programme for rationalizing the existing social security system, to protect only those families who are chronically incapable to generate sufficient income.</li> <li>▪ a programme for optimal utilization of natural and human resources to enlarge the national income generation capacity through production and employment creation.</li> <li>▪ strengthening of cooperation between and with social groups: commitment and participation of communities, including disadvantaged groups, including Government support for the good work of the private sector and civil society.</li> <li>▪ The Ministry of Labour, Technological Development and Environment (ATM) developed strategies to reduce poverty by investing in the labour sector, through the adoption of the following policies for development: alleviation of un-employment, establishment of the minimum-wage system</li> </ul> </li> </ul>	<p>comprehensive poverty reduction strategy plan; with special emphasis on the social safety net in line with the implementation of the Structural Improvement Programme(SVP)</p> <ul style="list-style-type: none"> <li>▪ To improve capacity to effectively monitor poverty reduction</li> <li>▪ To improve capacity for the implementation, monitoring, and evaluation of social policy programmes. (Evaluation is often reduced to financial monitoring and qualitative data is lacking to better understand the different dimensions of social inequities).</li> <li>▪ To improve the capacity for participatory policy planning and monitoring for both state and non-state actors</li> <li>▪ To improve capacity for gender mainstreaming in poverty reduction policies and programming; and gender responsive</li> </ul>	<p>different phases of the NSDS</p> <ul style="list-style-type: none"> <li>▪ Integrating poverty dimension into long-term development vision and annual budgetary allocations</li> <li>▪ Strengthening of national, state and non-state actors' capacity to define and monitor policies for poverty reduction and adequate protection of the poor</li> <li>▪ Strengthening and restructuring the economy to ensure sustainable growth, with a pro-poor focus, through private sector development</li> <li>▪ Transformation of the education sector to meet national and international labour force requirements</li> <li>▪ Employment generation, especially for youth</li> <li>▪ Disparities between interior and high risk</li> </ul>
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<p>of the most urgent social problems</p> <ul style="list-style-type: none"> <li>▪ Considerable geographical differences in child labor status.</li> </ul>	<p>and the eradication of child labour. In order to alleviate unemployment, a number of activities were presented. These include the stimulation of micro, small and medium sized businesses and offering of vocational education for dropouts and job seekers; the assistance of jobseekers in finding a suitable job (labour exchange).</p> <ul style="list-style-type: none"> <li>▪ The Ministry of Natural Resources has an ongoing national water supply master plan, and the new draft master plan includes the interior. UNICEF, together with PAHO and Peace Corps, developed a training manual that has been rolled out in 25 communities and is now being used by additional stakeholders. The Medical Mission is making attempts to integrate water, sanitation, and hygiene into their protocols. A hand washing project has been implemented in primary schools.</li> <li>▪ NGOs such as the National Women's Movement, the PAS and BFN have joined forces to develop and implement water and sanitation programs in the interior</li> <li>▪ There is a growing understanding among NGOs of the interlinkage between poverty, education and health, as demonstrated in the Change for Children program</li> </ul>	<p>budgeting</p> <ul style="list-style-type: none"> <li>▪ Establishment of a minimum wage system for all sectors (private and public)</li> </ul>	<p>urban neighbourhoods and the more affluent coastal areas</p> <ul style="list-style-type: none"> <li>▪ The conversion of economic growth into human development and poverty reduction</li> <li>▪ Improve access to financial resources, suitable land and improved products in the housing and shelter sector</li> <li>▪ Develop and implement an efficient and transparent social service system; there are gaps in coverage, and criteria for inclusion are not always clear.</li> <li>▪ Analysis of child and gender related investment, which may lead to a clearer understanding and mainstreaming of children and women's rights in government budgeting.</li> <li>▪ Addressing strongly variable situations of</li> </ul>
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		flooding and drought in the interior, to provide a stable and safe drinking water supply.
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## MDG 2: Universal Primary Education

**MDG target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**

**Suriname targets** (to be determined by the government in July 2011)

**Baseline:**

MDG Indicator	2000	2008
2.1 Net enrolment ratio in primary education	94	92
2.2 Proportion of pupils starting grade 1 who reach last grade of primary	42	46
2.3 Literacy rate of 15-24 year-olds, women and men	93	93
2.1 Net enrolment ratio in primary education	94	92

Status	Policy Developments	Areas for strengthening	Opportunities for cooperation
<ul style="list-style-type: none"> <li>▪ Early childhood education</li> <li>-Pre-primary education is strongly dependent on district and socio-economic status of households: only 38.5% of children aged 36-59 months are attending pre-school, less than half that percentage between the ages of three and four years. Urban-rural and interior differentials are significant – 49.4% in urban areas, compared to 29.5% in rural coastal areas, and only 7.3% in rural interior.</li> <li>-Parents' involvement in ECD is strongly dependent on district and socio-economic status. More adults in</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Ministry of Education and Community Development (Minov) is working on ECD rules and regulations and policy.</li> <li>▪ A national research on “out-of-school” youth (school mapping) carried out to gain a better insight into the problems leading to dropouts and repeaters in primary education.</li> <li>▪ The Inter-American Development Bank has been supporting the Government to improve the educational system through establishment of a revised basic education cycle (an 11 year cycle has</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ministry of Education's capacity to plan, monitor and deliver quality services</li> <li>▪ Holistic and streamlined policies and interventions for ECD across all relevant ministries.</li> <li>▪ Ministry of Education's capacity to create a coherent and consistent vision on education, and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Structural weaknesses in the management and administration of education processes and systems</li> <li>▪ Large disparities in the quality and delivery of education between the coast and the interior</li> <li>▪ Fees and other school-related costs may be prohibitive for the poorest families in</li> </ul>

urban areas (78.2%) engage in learning and school readiness activities with children than in rural coastal areas (69.9%) and rural interior areas (44.7%).

▪ Primary education

-The national net enrolment rate in primary education is high (97%) with no significant differences between girls and boys at this stage but with serious disparities between the coastal and rural schools and the interior. In the urban and rural coastal areas 4% of children of primary school age are out of school, while in the rural interior areas more than 14% of children are out of school when they are expected to be participating in school, around 20% of whom are girls and 15% are boys

- Thirty percent of teachers in the interior are not qualified to teach. In public primary schools in the interior, 5% of the teachers have not completed primary education themselves.

-Drop-out rates are high, with gender disparities in the various districts. This suggests that retaining boys within formal primary education remains a challenge. Suriname displays low

been proposed) and quality improvement (curriculum, infrastructure, school management systems, etc.).

▪ With support from UNICEF and the Flemish Association for Development Cooperation and Technical Assistance (VVOB), the Government has developed a strategic approach, with more up to date teaching methods promoting more active and fun learning. The approach is being rolled out in all schools, public and private, throughout the country, in the interior as well as in the urban and coastal areas. The Government has not yet integrated the vision document into the national policy (the “Onderwijs Sector Plan”) 2010–2015, which is still not complete

▪ The new Minister of Education has emphasized that education in the interior will be the Ministry’s primary focus as well as using ICT and innovative technologies for service delivery

▪ Working group established to link population data with educational planning.

relate this to issues such as poverty and gender inequality.

▪ Capacity of school management to collect data and make report, and to innovate.

▪ Integrating the various programs on education policy (such as: “Ik geloof in jou”, BEIP and National Education Plan)

▪ Capacity for mainstreaming gender in education policy

sending their children to school

▪ High number of drop-outs (especially boys) and repeaters at both primary and secondary level and the limited opportunities to continue education to the secondary level, especially in the interior

▪ The disconnect between the school curriculum and labour force requirements

▪ Limited education opportunities for children in the interior

▪ Outdated school curricula and structural deficiencies in teacher training

▪ Making early childhood education a clear policy priority

▪ Enhancing the capacity to create child-friendly school environments

▪ Improving

primary school completion rates. The national primary school completion rate for boys is 39.1% and for girls 53%.

-The proportion of pupils starting grade 1 who reach the last grade has increased since 1990. Overall there is an increase of 13% in 2005 compared to 2000.

participation of parents and wider community in early childhood education

- Weak inspection and monitoring of education
- Creating & strengthening data collection systems on schools, pupils, and the population in general.

## MDG 3: Gender Equity and Empowerment of Women

**MDG Target:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

**Suriname target:**

**Baseline:**

MDG Indicator	Remarks	2000	2008
3.1A Ratio of girls to boys in primary education		1	1
3.1A Ratio of girls to boys in secondary education		>1	>1
3.1A Ratio of girls to boys in tertiary education		>1	>1
3.1B Ratio of literate women to men 15-24 years old		0.97	0.97
3.2 Share of women in wage employment in the non-agricultural sector	Urban area only		39.6
3.3 Proportion of seats held by women in national parliament		16	25

Status	Policy Developments	Areas for Strengthening	Opportunities for cooperation
<ul style="list-style-type: none"> <li>▪ Equal participation of boys and girls in primary education in the coastal area but not in the hinterland</li> <li>▪ Deficient participation of men in secondary</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integral Gender Plan of Action 2006-2011 not fully implemented. Drafting of the new plan depends on the coordination structure for implementation of the Gender Policy</li> <li>▪ Gender Situation Analysis is being updated</li> <li>▪ Legal Instruments: revision of penal code</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expertise in gender within Government and NGOs</li> <li>▪ Revised legal frameworks and advocacy</li> <li>▪ Reliable and systematic research and data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build the capacity and awareness about gender issues of policy makers and the public in general</li> <li>▪ Support the gathering, analyses and reporting</li> </ul>

<p>and tertiary education.</p> <ul style="list-style-type: none"> <li>▪ Higher participation in education by women not reflected in substantial increase in labor market participation</li> <li>▪ Only 10% of seats held by women in Parliament, while the Chair and co-chair are women</li> </ul> <p>Combat of gender based violence being approached on different levels through cooperation between inter-ministerial commission and NGO platform.</p>	<p>on Moral Offences and Act on domestic violence passed</p> <ul style="list-style-type: none"> <li>▪ Establishment of Victim Care Bureau's and a safe house for women</li> <li>▪ Establishment of a special police anti-trafficking unit</li> <li>▪ Establishment of a Bureau for Women and Children (Ministry of Justice)</li> <li>▪ Inter-ministerial commission to combat Domestic Violence chaired by Min. of Justice.</li> </ul>	<p>collection and analysis</p> <ul style="list-style-type: none"> <li>▪ Employment opportunities for women</li> <li>▪ Functional networks for policy formulation and programme implementation</li> <li>▪ Operational Gender management system</li> <li>▪ M&amp;E and reporting in the framework of CEDAW and MDG3.</li> </ul>	<p>of gender-disaggregated data as well as the analysis of policies and programs from a gender perspective to increase evidence base for gender mainstreaming and improve policy making.</p> <ul style="list-style-type: none"> <li>▪ Create capacity and budget for Gender budgeting</li> <li>▪ Strengthening Networking between government bodies, focal points and other organizations working in the area of gender.</li> <li>▪ Support and strengthen the Weak National Machinery for coordination of the National Gender Policy</li> <li>▪ Facilitation for the ratification of the CEDAW Optional Protocol and the ILO Agreement 103</li> <li>▪ Strengthening the capacity of stakeholders</li> </ul>
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		<p>from the service chain supporting the victims of GBV and supporting the elimination of gender-based violence</p> <ul style="list-style-type: none"><li>▪ The prevention of early drop-out of young men and women.</li></ul>
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## MDG 4: Reduce Child Mortality

**MDG Target:** Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

**Suriname Target:** (spell out for Suriname the exact target)

**Baseline:**

MDG Indicator	2000	2008
4.1 Under-five mortality rate	27.2	23.4
4.2 Infant mortality rate	20.2	18.7
4.3 Proportion of 1 year-old children immunized against measles	71.1	85.7

Status	Policy Developments	Areas for Strengthening	Opportunities for Cooperation
<ul style="list-style-type: none"> <li>▪ IMR remained stable. Main causes of death: Respiratory diseases, congenital malformations, bacterial sepsis and slow fetal growth</li> <li>▪ PMR and number of stillbirths decreased</li> <li>▪ NMR (both early and late) increased.</li> <li>▪ Postneonatal MR decreased</li> </ul>	<ul style="list-style-type: none"> <li>▪ National Child Rights Declaration and National Action Plan for Children (2009-2013) developed</li> <li>▪ Committee established to deal with Violence against Children</li> <li>▪ Safe Motherhood Needs Assessment conducted</li> <li>▪ National Immunization programme developed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need for standardized care</li> <li>▪ Including the promotion of breastfeeding in the MNH policy</li> <li>▪ Need for uniform registration systems</li> <li>▪ Need for capacity building in specific areas (e.g. neonatal resuscitation)</li> <li>▪ Need for involvement of the communities in the area of prevention</li> <li>▪ Need for integrating Child Health into overall national</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of standards, guidelines and protocols</li> <li>▪ Strengthening of the NHIS to include data on neonatal and child morbidity</li> <li>▪ Introduction of UN Secretary-General's Strategy for Maternal and Newborn Health</li> <li>▪ Health Systems MNH</li> </ul>

<ul style="list-style-type: none"> <li>▪ U5 MR decreased. Main causes: external and infectious diseases</li> <li>▪ Immunization coverage steadily improves</li> </ul> <p>Spatial disparities in the immunization status of children between urban, rural and interior and economic status, although average rates are very high.</p> <ul style="list-style-type: none"> <li>▪ Other threats to Child Health are: unhealthy diet, intentional and unintentional injuries and unfavorable environmental conditions</li> </ul>		<p>Child development goals</p> <ul style="list-style-type: none"> <li>▪ Need for capacity building in ECD</li> </ul> <p>planning capacity strengthening</p> <ul style="list-style-type: none"> <li>▪ Implementation of MICS 2006 recommendations</li> </ul>
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## MDG 5: Improve Maternal Health

**MDG target:** 5a Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio; 5b Achieve, by 2015, universal access to reproductive health.

**Suriname Target:** (spell out for Suriname the exact target)

**Baseline:**

MDG Indicator	2000	2008
5.3 Contraceptive prevalence rate	42.1	45.0
5.4 Adolescent birth care	59.3	62.4
5.5 Antenatal care coverage	90.0	90.0
5.6 Unmet need for family planning		18.4

Status	Policy Developments	Areas for Strengthening	Opportunities for Cooperation
<ul style="list-style-type: none"> <li>▪ MMR decreased, but is still far from the national MDG target</li> <li>▪ Leading causes of MM: pregnancy induces hypertension and associated disorders; complications of labour and delivery; abortive outcomes of pregnancy; complications related to delivery and complications related</li> </ul>	<ul style="list-style-type: none"> <li>▪ Safe Motherhood Needs Assessment conducted</li> <li>▪ Comprehensive service provision at the Mother &amp; Child Clinic of s'Lands Hospital</li> <li>▪ Integration of MNH in PHC</li> <li>▪ A Sexual and Reproduction Health policy is drafted</li> </ul>	<ul style="list-style-type: none"> <li>▪ National capacity in emergency obstetric care</li> <li>▪ Registration system</li> <li>▪ MM case inquiries</li> <li>▪ Need for Youth Friendly Health services</li> <li>▪ Universal coverage of contraceptive</li> <li>▪ Need for facilitating confidential client services</li> <li>▪ Need for national discussion on legal aspects of abortion</li> <li>▪ Implementation of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of standards, guidelines and protocols</li> <li>▪ Capacity Strengthening on Emergency Obstetric Care</li> <li>▪ Introduction of FP Decision Making Tool</li> <li>▪ Strengthening of the NHIS to include data on MNH morbidity</li> </ul>

<p>to puerperium</p> <ul style="list-style-type: none"> <li>▪ Proportion of births attended by skilled health personnel is relatively high</li> <li>▪ Antenatal care coverage is high for at least one visit</li> <li>▪ National fertility rate declined; there are significant differences in socioeconomic and ethnic groups</li> <li>▪ Contraceptive Prevalence Rate low at 45%; there are significant disparities in contraceptive use by geographic area and educational level</li> <li>▪ Adolescent Birth Rate is measured through teenage pregnancy rates at 16.1%</li> <li>▪ Unmet need for FP is estimated at 18.4% and the satisfied demand is 71.3%; there are disparities by age group and</li> </ul>		<p>Plan of action for Safe Motherhood.</p> <ul style="list-style-type: none"> <li>▪ The inclusion of sexual and reproductive health in the primary health care system, incorporating a holistic approach to sexual and reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Introduction of UN Secretary-General Strategy of Maternal and Newborn Health</li> <li>▪ Health Systems MNH planning capacity strengthening</li> <li>▪ Implementation of MICS 2006 recommendations</li> </ul>
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educational level ▪ No reliable figures on abortion		
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## MDG 6: HIV/AIDS and other major diseases

**MDG target:** 6a Have halted by 2015 and begun to reverse the spread of HIV/AIDS; 6b Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; 6c Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

**Suriname Target:** (spell out for Suriname the exact target)

**Baseline:**

MDG indicator	Remarks	2000	2008
6.1 HIV prevalence among population aged 15-24 years	HIV prevalence among pregnant women aged 15-24 years	0.5	1.0
6.2 Condom use at last high-risk sex			62.9
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS		34.2	41.0
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years		3.5	5.1
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs			66.0
6.6a Incidence associated with malaria		144.6	29.7
6.6b Death rates associated with malaria		5.4	0.0
6.7 Proportion of children under 5 sleeping under insecticide- treated bed nets	Proportion of households in Brokopondo & Sipaliwini with at least one insecticide treated net		55.3
6.9a Incidence associated with tuberculosis		20.1	22.1
6.9b Death rates associated with tuberculosis		0.9	2.1

Status	Policy Developments	Areas for Strengthening	Opportunities for Cooperation
<ul style="list-style-type: none"> <li>▪ HIV prevalence is slightly rising</li> <li>▪ HIV-prevalence among pregnant women is 1.0%</li> <li>▪ New infections highest among age group 25-29y; age group 15-24y slight decrease; male age group &gt; 50y sharp increase, and twice the rate of females</li> <li>▪ AIDS orphans 0-17 is 5.1%</li> <li>▪ HIV prevalence among MARPS is high</li> <li>▪ Increased access to ART</li> <li>▪ Comprehensive knowledge of HIV transmission is highest in urban area and lowest in rural interior</li> <li>▪ Low condom use with high-risk partners, especially women with incomplete primary</li> </ul>	<ul style="list-style-type: none"> <li>▪ National HIV/AIDS Strategic Plan and M&amp;E plan developed</li> <li>▪ PAHO Elimination Initiative (HIV, Syphilis and Hepatitis B) is adopted and implemented</li> <li>▪ Testing of all pregnant women</li> <li>▪ Successful upscaling of ART treatment</li> <li>▪ Suriname is the 2010 Malaria Champion of the Americas</li> <li>▪ Global Fund project on TB</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shift of focus from determinants of population groups to analyzing data and development of tailor made programs</li> <li>▪ Addressing the issue of communicable diseases in the Interior, especially in the gold mining areas</li> <li>▪ Continuation of the anti-malaria efforts after the end of the Global Fund project</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strengthening of PMTCT program</li> <li>▪ Expansion of the PMTCT database to include all pregnant women</li> <li>▪ Maintenance of the attained MDG 6 status on Malaria</li> </ul>

<p>education</p> <ul style="list-style-type: none"><li>▪ Malaria MDG target is already achieved</li><li>▪ Proportion of U5 children sleeping under ITNs increased from 4.6% in 2000 to 48.2% in 2006</li><li>▪ The incidence of TB increased, probably due to the rise of the HIV epidemic</li><li>▪ Dengue cases fluctuate due to seasonal influences</li><li>▪ NCD are increasing</li><li>▪ Cardiovascular diseases have been the leading cause of death for many years</li></ul>		

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## MDG 7: Ensure environmental sustainability

**MDG target:** 7a Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources; 7b Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rates of loss; 7c Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; 7d By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

### Suriname Target:

#### Baseline:

MDG Indicator	Remarks	2000	2008
7.1 Proportion of land area covered by forest		0.9	0.9
7.4-7.7 Proportion of fish stocks within safe biological limits	Ratio of area protected to	0.13	0.14
Proportion of total water resources used	maintain biological diversity		
Proportion of terrestrial and marine areas protected	to surface area		
Proportion of species threatened with extinction			
7.8 Proportion of population using an improved drinking water source	Proportion of population with sustainable access to an improved water source & sanitation, urban and rural	72.6	79.4
7.9 Proportion of population using an improved sanitation facility		88	89.8
7.10 Proportion of urban population living in slums	Proportion of households with access to secure tenure		81.4

Status	Policy Developments	Areas for Strengthening	Opportunities for Cooperation
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<ul style="list-style-type: none"> <li>▪ An economy traditionally dependent on exploitation of mineral resources</li> <li>▪ Weak performance of agriculture and forest sectors</li> <li>▪ No experience with financial mechanisms for carbon credits</li> <li>▪ HFLD country, with a very low population density</li> <li>▪ Increasing CO2 emissions</li> <li>▪ Increasing stress on marine environments, coastal zone areas, and biodiversity, in spite of high percentage of protected areas</li> <li>▪ Improvements in drinking water and sanitation facilities, although large geographical disparities remain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data and management systems established with specific focus on land and biodiversity;</li> <li>▪ Biodiversity Action Plan is under implementation;</li> <li>▪ National Green House Gasses (GHG) inventory is prepared according to Inter-governmental Panel on Climate Change guidelines;</li> <li>▪ A Climate Change adaptation strategy is developed and under implementation;</li> <li>▪ Designation of 75% of coastal zone as either nature reserves or MUMA's.</li> <li>▪ Ratification of International treaties led to the development of a National Biodiversity Action Plan and National Strategy for the Conservation and Sustainable Use of Suriname's Biological Diversity</li> <li>▪ Considerable investments by government, international organisations and NGOs in water and sanitation in the interior</li> <li>▪ Participation and regional cooperation on UNFCCC negotiations</li> <li>▪ A draft document "Green Economic Development" was prepared, as a preparatory exercise</li> </ul>	<ul style="list-style-type: none"> <li>▪ Institutional and capacity strengthening within Government, private sector and NGOs to implement, monitor and deliver environmental services and programmes</li> <li>▪ Mainstreaming of environment into sectoral policies and programs across all ministries</li> <li>▪ The management of rural and urban sanitation- safe drinking water, drainage and solid waste management</li> <li>▪ To improve the cooperation between entities in policy formulation and implementation, and to clarify mandates</li> <li>▪ To increase stakeholder participation</li> <li>▪ Few experts on technical details of conventions, or experience with international negotiations</li> <li>▪ Limited financial and logistic resources relative to the substantial size of the country and the magnitude of action to be undertaken</li> <li>▪ Data networks: lack of technicians, skilled fieldworkers and appropriate instruments and techniques for adequate data collection (e.g. on the coastal</li> </ul>	<ul style="list-style-type: none"> <li>▪ A poor legal and institutional framework for the use and management of natural resources. Legislation is fragmented, outdated and inadequate.</li> <li>▪ Weak public institutions with a low capacity to fulfil their mandates (plan, negotiate, control use of resources), due to a range of factors including understaffing, lack of funds, insufficient environmental legislation and enforcement and inadequate inter-ministerial coordination.</li> <li>▪ Inadequate stakeholder participation by Maroon and Indigenous communities</li> <li>▪ Sea level rise, loss of land, sea defence and mangrove forest</li> </ul>
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	<p>for the MOP 2011-2016, but its status is unclear</p>	<p>region with respect to climate change and its (potential) effects)</p> <ul style="list-style-type: none"> <li>▪ No attention at all paid to the interlinkage between gender and environment</li> <li>▪ Lack of capacity to identify benefits and participate in emerging climate financing mechanisms such as REDD+ and carbon trading</li> </ul>	<p>protection</p> <ul style="list-style-type: none"> <li>▪ Use of chemicals in agriculture and gold mining</li> <li>▪ Surface water quality and distribution system management</li> <li>▪ Drainage and Solid waste collection major issues in urban areas</li> <li>▪ Inadequate spatial planning and infrastructure in urban areas</li> <li>▪ Available data make appropriate analysis of gaps rather difficult. On one hand, this is caused by the fact that most targets and indicators have a qualitative rather than quantitative character. Secondly, the acquired data for Suriname are indicative. Finally, extrapolation of the results is hardly possible due to the wide margins one has to incorporate.</li> <li>▪ At the local level</li> </ul>
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		<p>there are a number of serious environmental problems, such as pollution of soil and surface water as a result of among other things the use of growth regulators and pesticides in agriculture and horticulture, as well as inadequate dumps. Inadequate up-take and participation in emerging carbon trading and climate financing mechanisms</p>
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## MDG 8: Establish a Global Partnership for Development

**MDG Targets:** Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction – nationally and internationally; Address the special needs of the least developed countries; Address the special needs, of landlocked and Small Island Developing States; Deal comprehensively with developing countries debt problems; In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; In cooperation with the private sector make available the benefits of new technologies – especially information and communications technologies; develop decent and productive work for youth

**Target Suriname:**

**Baseline:**

MDG Indicator	Remarks	2000	2008
8.5 ODA received in small island developing States as proportion of their gross national incomes (percentage)	Percentage	1.9	3.1
8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duty	Percentage	65.5	80.6
8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries	Percentage	22.7	2.9
8.9 Proportion of ODA provided to help build trade capacity	Percentage		48.8
8.13 Proportion of population with access to affordable essential drugs on a sustainable basis (percentage)	Estimated percentage based on 2004 census data	53.9	85.9
8.14 Telephone lines per 100 population	Percentage	16.1	14.6
8.15 Cellular subscribers per 100 population	Percentage	9.0	127.0

8.16 Internet users per 100 population	Percentage	3.0	13.0
8.17 Unemployment rate of young people aged 15-24	Percentage		
years			
Total			22.0
Male			13.0
Female			40.0
<b>Status</b>	<b>Policy Developments</b>	<b>Areas for Strengthening</b>	<b>Opportunities for cooperation</b>
<ul style="list-style-type: none"> <li>▪ Partial liberalization of the telecommunications sector</li> <li>▪ Early debt relief realized through utilization of the Treaty Funds allowed for a sharp reduction in bilateral debt levels</li> <li>▪ Treaty funds all committed and reduction in the official aid flow from the Netherlands</li> <li>▪ Global Partnerships which are of critical importance to the future development of Suriname are strengthened</li> <li>▪ Key factors include: ODA (nature and scope), Debt Burden and Openness to</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preparations for the Suriname Donor Aid Platform, aimed at registering and gathering information on loans and grants from bilateral donors and / or multilateral agencies, but current status is unclear.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collection, analysis and dissemination of national disaggregated data</li> <li>▪ Capacity to identify and negotiate new financing agreements and to create a positive aid environment for Long-term financing of social development programmes and strategies. The capacity of stakeholders to exploit the opportunities presented by global partnerships in trade, finance and knowledge and to seek competitive advantages within the framework of the CARICOM Single Market and Economy, the Free</li> </ul>	<ul style="list-style-type: none"> <li>▪ Create initiatives to use ICT in building a partnership for development</li> <li>▪ Create opportunities to utilize ICT as a delivery mechanism for information and services to rural and interior communities</li> <li>▪ Strengthen the capacity of the private sector at all levels to benefit from International trade agreements</li> <li>▪ Enhance the sustainability of relations that are created by public-private partnerships.</li> </ul>

<p>Trade. In this, Suriname faced with questions pertaining to:</p> <ul style="list-style-type: none"> <li>▪ Market access for exports of goods and services in the light of changes in international trade regimes</li> <li>▪ Improved access to information, technology and knowledge enabling competitiveness and counteracting isolation</li> <li>▪ Start of the implementation of Civil Service Wage Reform Process</li> <li>▪ Erosion of debt service preferences due to the fact that Suriname does not qualify as an LDC.</li> </ul>		<p>Trade Area of the Americas and the ACP-EU negotiations</p> <ul style="list-style-type: none"> <li>▪ Suriname's access to international capital markets for the issuance of sovereign bonds</li> <li>▪ Capacity for multi-stakeholder approaches to increase governance <ul style="list-style-type: none"> <li>▪ coordination of strategies, frameworks, institutional and human capacities to use ICT in service delivery</li> </ul> </li> </ul>
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## Annex

### Millennium Development Goals, Targets and Indicators

Goals and Targets			
From the Millennium Declaration		Indicators For Monitoring Progress	
<b>Goal 1</b>	<b>Eradicate Extreme Poverty and Hunger</b>		
Target 1A	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 1.2 1.3	Proportion of population below \$1 (PPP) per day  Poverty gap ratio  Share of poorest quintile in national consumption
Target 1B	Achieve full and productive employment and decent work for all, including women and young people	1.4 1.5 1.6 1.7	Growth rate of GDP per person employed  Employment-to-population ratio  Proportion of employed people living below \$1 per day  Proportion of own-account and contributing family workers in total employment
Target 1C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 1.9	Prevalence of underweight children under-five years of age  Proportion of population below minimum level of dietary energy consumption
<b>Goal 2</b>	<b>Achieve Universal Primary Education</b>		
Target 2A	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 2.2 2.3	Net enrolment ratio in primary education  Proportion of pupils starting grade 1 who reach last grade of primary  Literacy rate of 15-24 year-olds, women and men
<b>Goal 3</b>	<b>Promote Gender Equality and Empower Women</b>		

<b>Goals and Targets</b>			
	<b>From the Millennium Declaration</b>		<b>Indicators For Monitoring Progress</b>
Target 3A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 3.2 3.3	Ratio of girls to boys in primary, secondary and tertiary education Share of women in wage employment in the non-agricultural sector Proportion of seats held by women in national parliament
<b>Goal 4</b>	<b>Reduce Child Mortality</b>		
Target 4A	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1 4.2 4.3	Under-five mortality rate Infant mortality rate Proportion of 1 year-old children immunized against measles
<b>Goal 5</b>	<b>Improve Maternal Health</b>		
Target 5A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 5.2	Maternal mortality ratio Proportion of births attended by skilled health personnel
Target 5B	Achieve, by 2015, universal access to reproductive health	5.3 5.4 5.5 5.6	Contraceptive prevalence rate Adolescent birth care Antenatal care coverage Unmet need for family planning
<b>Goal 6</b>	<b>Combat HIV/AIDS, Malaria and other Diseases</b>		
Target 6A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 6.2 6.3 6.4	HIV prevalence among population aged 15-24 years Condom use at last high-risk sex Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Goals and Targets			
	From the Millennium Declaration		Indicators For Monitoring Progress
Target 6B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 6.7 6.8 6.9 6.10	Incidence and death rates associated with malaria Proportion of children under 5 sleeping under insecticide-treated bed nets Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs Incidence, prevalence and death rates associated with tuberculosis Proportion of tuberculosis cases detected and cured under directly observed treatment short course
<b>Goal 7</b>	<b>Ensure Environmental Sustainability</b>		
Target 7A  Target 7B	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;  Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 7.2 7.3 7.4 7.5 7.6 7.7	Proportion of land area covered by forest Carbon dioxide (CO <sub>2</sub> ) emissions, total, per capita and per \$1 GDP (PPP) Consumption of ozone-depleting substances Proportion of fish stocks within safe biological limits Proportion of total water resources used Proportion of terrestrial and marine areas protected Proportion of species threatened with extinction
Target	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic	7.8	Proportion of population using an improved drinking water

Goals and Targets			
	From the Millennium Declaration		Indicators For Monitoring Progress
7C	sanitation	7.9	source Proportion of population using an improved sanitation facility
Target 7D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10	Proportion of urban population living in slums
<b>Goal 8</b>	<b>Develop a Global Partnership for Development</b>		
Target 8A	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system; includes a commitment to good governance, development and poverty reduction - both nationally and internationally;	8.1	Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income
	Address the special needs of the least developed countries; includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction;	8.2	Proportion of total bilateral, sector- allocable ODA of OECD/DAC, donors to basic social services(basic education, primary health care, nutrition, safe water and sanitation)
Target 8B	Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly);	8.3	Proportion of bilateral official development assistance of OECD/DAC donors that is untied
	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.4	ODA received in landlocked countries as a proportion of their gross national incomes
		8.5	ODA received in small island developing States as proportion of their gross national incomes
		8.6	Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duty
Target 8C		8.7	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

Goals and Targets			
	From the Millennium Declaration		Indicators For Monitoring Progress
Target 8D		8.8 8.9 8.10 8.11 8.12	Agricultural support estimate for OECD countries as a percentage of their gross domestic product Proportion of ODA provided to help build trade capacity Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) Debt relief committed under HIPC and MDRI Initiatives Debt service as a percentage of exports of goods and services
Target 8E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 8.15 8.16	Telephone lines per 100 population Cellular subscribers per 100 population Internet users per 100 population
Target 8G	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	8.17	Unemployment rate of young people aged 15-24 years, each sex and total

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