



Convention on the Rights of the Child

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Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Third and fourth periodic reports of States parties due in 2010

Suriname* **

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** Annexes can be consulted in the files of the secretariat.

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Abbreviations

AIMS	Assessment Instrument for Mental Health System
ADEK	Anton De Kom University of Suriname
AHKCO	Academie voor Hoger Kunst- en Cultuur Onderwijs (Academy for Higher Art and Cultural Education)
AKB	Algemene Kinderbijslag (General Child Allowance)
AOV	Algemene Ouderdomsvoorziening (General Old-Age Pension)
ARV	Antiretroviral drugs
BAD	Bureau for Alcohol and Drugs
BEIP	Basic Education Improvement Program
BLA	Bureau Legal Aid
BLSU	Basic Life Skills Unit
BOG	Bureau Openbare Gezondheidszorg (Bureau for Public Health)
BUFAZ	Bureau Familierechtelijke zaken (Bureau for Family and Legal Affairs)
CARICOM	Caribbean Community
CBBMIS	Civil Registry Management Information System
CCT	Conditional Cash Transfer
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CENASU	Centrum voor Nascholing in Suriname (Centre for Post-Education in Suriname)
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CHL	Child Help Line
CIMS	Child Indicators Monitoring System
CNSP	Children in Need of Special Protection
CPD	Centre for People's Development
CRB	Child Rights Bureau
CRC	Convention on the Rights of the Child
EC-ACP	European Commission- African, Caribbean and Pacific group of States
ECD	Early Childhood Development
EMIS	Education Management Information System
FAO	Food and Agriculture Organization of the United Nations
GBS	General Bureau of Statistics
GoS	Government of Suriname
HAVO	Hoger Algemeen Voortgezet Onderwijs (Senior Secondary School)
HBO	Hoger Beroepsonderwijs (Higher Vocational Education)
HFLE	Healthy Family Life Education
HIV	Human Immunodeficiency Virus
IDB	International Development Bank
IHRC	International Human Rights Convention
ICT	Information and Communication Technology
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
IMMCH	Integrated Management of Maternal and Child Health
JOG	Jeugd Opvoedingsgesticht (Youth Correctional Facility)
JUSPOL	Justice and Police
KALBOBIS	Kansverbetering Leerlingen Basisonderwijs Binnenland (Improvement of Opportunities for Pupils of Primary Education in the Interior)
KAPB	Knowledge Attitude, Practice and Behaviour
LAC	Latin American Countries

MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MOECD	Ministry of Education and Community Development
MICS	Multiple Indicator Survey
MMR	Maternal Mortality Ratio
MOB	Medisch Opvoedkundig Bureau (Medical Educational Centre)
MOH	Ministry of Health
SOZAVO	Ministry of Social Affairs and Public Housing
MULO	Meer Uitgebreid Lager Onderwijs (Junior Advanced Secondary Education)
NABPD	National Advisory Board for the Policy on Disabilities
NAPC	National Action Plan for Children
NAR	National Anti Drugsraad (National Anti Drug Council)
NCCL	National Committee against Child Labour
NDB	National Drug Board
NGO	Non-governmental Organization
NHIS	National Health Information System
NYI	National Youth Institute
NSDS	National Strategy for the Development of Statistics
OAS	Organization of American States
DP	Development Plan
PAHO	Pan American Health Organization
PMTCT	Prevention of Mother to Child Transmission
PTA	Parent Teacher Associations
RCI	Residential Care Institutions
SAACRS	Situation Assessment and Analysis of Children's Right in Suriname
SES	Socio-economic Status
SITAN	Situation Analysis
SPCOS	Protestant Christian Education in Suriname
STI	Sexually Transmitted Infections
SSNIS	Social Safety Net Information System
SSGTV	Stichting Stop Geweld Tegen Vrouwen (Foundation Stop Violence against Women)
SYA	Sport and Youth Affairs
ATM	Arbeid, Technologische Ontwikkeling en Milieu (Labour, Technological Development and Environment)
THL	Trauma Help Line
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
VVOB	Vlaamse Vereniging voor Ontwikkelingssamenwerking en Technische Bijstand (Flemish Association for Development Cooperation and Technical Support)
WHO	World Health Organization

Introduction

1. Since the ratification of the Convention on the Rights of the Child (CRC) in 1993, Suriname has submitted an initial report in 1998 and a second periodic report in 2005, in accordance with article 44 of the Convention. The oral presentations following the submission of these reports, to the Committee on the Rights of the Child, took place on respectively 29 May 2000 and 24 January 2007. This combined third and fourth report covers the period 2007–2012 as follows:

1. The Revised Treaty specific guidelines regarding the form and content of periodic reports to be submitted by States parties under article 44, paragraph 1 (b) of the Convention on the Rights of the Child (2010).

2. The Concluding Observations of the Committee on the Rights of the Child: Suriname (CRC/C/SUR/CO/2, 2007).

3. Specific guidelines, included in the concluding observations of the Committee on the Rights of the Child, regarding the Suriname report. These are:

(a) Provide adequate follow-up to the recommendations contained in the present concluding observations on the second periodic report;

(b) Submit its combined third and fourth periodic report by 30 March 2010. This report should not exceed 120 pages (see CRC/C/118);

(c) Submit an updated core document in accordance with the requirements of the Common Core Document in the Harmonized Guidelines on Reporting, approved by the fifth Inter-Committee meeting of the human rights treaty bodies in June 2006 (HRI/MC/2006/3).¹

2. Contrary to previously submitted reports and in accordance with the reviewed guidelines, this 3rd and 4th combined periodic CRC report includes a comprehensive statistical annex, in which all data related to the narrative report are presented in the form of tables and figures. The preparation of the report started already in 2009 with the establishment of an inter-ministerial committee, consisting of representatives from all key ministries, chaired by the head of the Child Rights Bureau. Due to different unexpected barriers, the deadline of March 2010 was not achieved. In order to incorporate all latest developments in the area of child right, the decision was taken to extend the reporting period till August 2012. The compilation of this report is based on comprehensive data with input from relevant government ministries and departments, as well as consultations of a large number of key stakeholders in and outside the government.

3. The process was led by the Child Rights Bureau, in close cooperation with other departments of the Ministry of Social Affairs and Housing. The draft version of the report has been distributed widely and multiple communication channels were put in place to involve a wide cross section of society. The draft report was submitted directly to all ministries and key stakeholders from different parts of society, including non-governmental organizations, civil society and international organizations. Productive recommendations gathered from different responding sources were integrated into the report. The revised draft was submitted to the Council of Ministers on the 28th of February 2013 and approved on the 12th of March 2013.

¹ The “Common Core Document” is submitted as a separate document due to the fact that it must be used as major document at the submission of all reports to other human rights treaty bodies on the implementation of Human Rights Treaties, to which Suriname is a party.

I. General measures of implementation (arts. 4, 42 and 44 (6) of the Convention)

A. Legislation (comments 7, 8, 9)

4. Since the ratification of the CRC in 1993, the government has made various efforts to comply the national legislation with the provisions of the CRC by conducting research, reviewing, amending existing laws and passing important bills to facilitate and accelerate the implementation of the CRC. Considering the prescribed procedures, including the process of research, consultation, reviewing and modification, the passing of proposed legislation proved to be a very time consuming process, in some instances. Nevertheless, major progress has been achieved in putting important CRC related legislation in place, following the second periodic report. Recently, the two optional protocols of the CRC have been unconditionally ratified by parliament. Furthermore, amendments were made to the section on sexual abuse and exploitation of the Penal Code and the Domestic Violence Act was passed as well as the Bill on Stalking. A milestone has also been the adoption of the Bill on Hearing of Children. With these key changes in legislation, important building blocks have been established for essential improvements of the position of children. The new government, in office since May 2010, identified protection of children's rights and the implementation of the CRC as a key priority on the agenda. In the recently developed national development plan 2012–2016, the need for CRC related legislative reforms, development of policy and increase of budget allocations is emphasized.

Overview of actions with respect to the improvement of the legal protection of children, in the period 2007 to mid 2012

Achievements

5. The Convention on the Rights of Persons with Disabilities was signed by Suriname (30 March 2007) but is not yet ratified. Its Optional Protocol has been neither signed nor ratified.

6. In 2008, the Bill on Hearing of Children in Judicial and Administrative Procedures was adopted by Parliament. The Act regulates the hearing of children in the process of judgments in civil matters such as parental authority, guardianship, emancipation and handling.

7. In 2009, the Bill on Domestic Violence was adopted by Parliament. The Act regulates the protection of victims of domestic violence. This bill, prepared on the initiative of the Women Rights Centre (an NGO), includes specific protection of children against domestic violence. A child is now entitled/competent to ask/request a protection order from the judge, as a (potential) victim of domestic violence. The protection orders are based on civil law. Based on the penal code, victims can now also request (criminal) prosecution.

8. In July 2009 the provisions regarding sexual abuse and exploitation in the Penal Code, have been revised by parliament. The amendments of the sexual offences section in the Penal Code took into account the CRC and the Optional Protocol on the trade in children, child prostitution and child pornography, the convention against transnational organized crime and its optional protocols, and the cybercrime convention. The amendments explicitly penalize child pornography and child prostitution and sanctions have been increased to a maximum of 15 years.

9. The revision includes:
 - (a) Intercourse with children under the age of 12 is punishable with a maximum of 15 years imprisonment and a maximum fine of SRD 100.000;
 - (b) Intercourse with adolescents (over age 12 but under age 16) outside of marriage, is punishable with a maximum of 12 years imprisonment and a maximum fine of SRD 100.000;
 - (c) Intercourse with an unconscious or incapacitated person is punishable with a sentence of a maximum of 12 years imprisonment and a maximum fine of SRD 100.000;
 - (d) Sexual assault is punishable with a maximum 12 year sentence;
 - (e) The prosecuting office can, before prosecuting takes place, hear the opinion of the minor and his/her legal guardian on prosecution;
 - (f) Penalties against child prostitution. The maximum penalty is six years imprisonment and the maximum fine is about US\$ 35,714. The law also prohibits child pornography which is punishable with the same maximum year imprisonment and a fine of about US\$ 17,857.
10. On 29 November 2011, Parliament approved the ratification of both Optional Protocols of the CRC. These protocols regard trade in children, child prostitution, child pornography and the involvement of children in armed conflict.
11. In April 2012, the Bill against Stalking and Harassment was passed unanimously by the members of the National Assembly. A stalker can now receive punishment of 12 years imprisonment and a fine of SRD 150,000. This maximum sentence can be imposed if the victim dies as a result of the stalking.
12. The following draft legislation is pending Parliament approval.
13. The Committee for Review of the Civil Code, installed in 2005, has submitted a revision in which several articles of the CRC are incorporated. The Government is in the process of amending the Civil Code after which the marital age for both boys and girls will be stipulated at 18 years. Other CRC related draft revisions are to lower the age of majority from 21 years to 18 years. However, the parental responsibility to provide for child sustenance continues until the child has reached the age of 21. At the revision of the Suriname Civil Code, accession to the Hague Convention on the "Inter-Country Adoption" will also be considered.
14. In 2009, the process was started for ratification of ILO Convention 138, concerning minimum age of work. The existing Labour Act in Suriname establishes the minimum age for employment at 14 years, which is not in line with ILO Convention 138, concerning the minimum employment age. The Ministry of Education is streamlining the age for compulsory education with the required minimum employment age. The intentions are to increase the age of compulsory education to 16 years.
15. In 2009, the Draft Framework Bill on Care Institutions was submitted to Parliament and returned to the government for revisions. In 2012, the revised draft was resubmitted to Parliament. This Framework Bill regulates the institutional care for all groups within care institutions, including children/youth, persons with disabilities and the elderly. Awaiting the approval of this bill, the Ministry of Social Affairs and Housing (SOZAVO) initiated a preparatory phase in which all relevant stakeholders and service providers are introduced to the standards of care and receive guidelines in prevention of and effective response to child abuse, violence, neglect or exploitation. These standards are in accordance with international standards.

16. Legislation has been drafted on foster care and registration of foster children in 2005. This bill regulates the protection of children placed in foster families. Due to stagnations in the finalization of the draft bill, it has not yet been submitted to the Ministry of Justice and Police.

17. Draft legislation on the Child Ombuds Bureau has been prepared by the Bureau for Women and Child Policy and submitted to the Council of Ministers and approved in 2010. This legislation has passed the State Council where it was revised and it is currently placed with the Ministry of Justice and Police for further processing.

18. On the 14th of July 2008, the draft Bill Emergency Act for Child Care in Crisis (“Noodwet Kinderopvang in Crisis”) was initiated by three members of Parliament to improve treatment of children in residential child care institutions. This draft bill is under review as it has to be adapted to the larger framework of the Framework Bill on Care Institutions.

19. The government is aware of the importance of not only putting legislation in place but also the implementation of legislation, thus making legislation an effective instrument to improve daily experiences and conditions of children. However, due to all kinds of structural barriers, implementation of legislation proves to be a slow process. Nevertheless, more information is presented in the following chapters on the achievements and barriers concerning the implementation of legislation and policies.

B. Coordination (comments 10, 11)

20. Since the ratification of CRC in 1993, several coordination structures have been established, including the National Committee for Children’s Rights (NCCR, 1998) and the Steering Group Youth Policy (1998). Ultimately, both national bodies were dissolved due to a transition of governments and related policy changes. In 2001, the Child Rights Bureau (CRB), a department within SOZAVO and a former working arm of the NCCR, was reactivated to coordinate the implementation of the CRC and has been assigned since 2007, with the formal responsibility for the national coordination and monitoring of the CRC.

Child Rights Bureau

21. The main tasks of the Child Rights Bureau are:

- (a) Promotion of the CRC through educational and awareness raising activities on national and community level;
- (b) Coordination/monitoring of the implementation of the CRC;
- (c) National focal point for all issues regarding children.

22. The staff of the CRB has been strengthened and currently comprises three full time employees. The availability of financial resources for CRB have increased in the past years. In addition to government funds, the CRB also has access to funds of international development partners, in particular UNICEF.

23. With the improved functioning of the CRB, the awareness in the community regarding child rights has increased. Indicative is the increased request of the public for information on the convention and complaints on child rights violations. As the CRB is not competent to hear individual complaints, they refer to various agencies, including non-governmental organizations. Considering the important linkages between CRC and CEDAW and the need to strengthen government cooperation at the implementation of these two conventions, the CRB has initiated regular meetings with the Bureau for Women and Child policy of the Ministry of Justice and Police and the National Gender Bureau (NBG).

The capacity of the CRB staff has been further strengthened by training on human rights reporting, children's rights and women rights, human trafficking and smuggling; planning, implementation, monitoring and evaluation of projects; results-based management; master training in legislation, gender, domestic violence. Currently, the CRB is in the process of developing a monitoring and evaluation plan for the implementation of the CRC. Structures and mechanisms are being developed to facilitate regular monitoring and reporting at all ministries, through identified focal points for the CRC within each Ministry.

24. Apart from the CRB, the government installed a national commission for the monitoring of the implementation of all child and youth related policies, namely: The Presidential Committee for Child and Youth Policy (2010).² This committee falls directly under the President and is comprised of 10 members, all of which are experts in various areas of child and youth affairs. The main tasks of the committee are: development of integrated policy, development of an action plan, monitoring of the implementation of the plan and advising the president on urgent priority interventions. The recent national development plan 2012–2016, the portfolios of the different ministries, the recent situation analysis of children, the CRC and the Paramaribo Declaration on Youth (2010), MDGs and other relevant international agreements, are applied as the broader frame of reference. Key priority policy areas have been identified: ECD (0–8 years), Adolescents (13–21 years), Violence, Vulnerable Children and Development Opportunities. Basic principles are: a multisectoral, rights-based approach, sustainable development, gender and social equality. Consultations rounds have been held with different stakeholders.

C. National Action Plan for Children (comments 12, 13)

25. Suriname has developed a second National Action Plan for Children (NAPC) for the period 2009–2014, based on the recommendations of the Committee on the Rights of the Child in its Concluding Observations of 2007 (para. 13) and on the UN document: "A world fit for children". The plan has been approved by the Council of Ministers and fits within the larger national frame of development policies, including the Development Plan (DP) and the policy documents of the various relevant ministries (SOZAVO, Justice and Police, MOECD, Regional Development, Public Health, Labour, Technological Development and Environment (ATM) and Home Affairs).

26. This NAPC 2009–2014 is the result of comprehensive consultation meetings with all relevant stakeholders, including children and youth, representatives of the ministries in charge of child policy and members of parliament and includes a detailed "Action Plan" with a specification of the roles and responsibilities of each ministry, in relation to child rights in Suriname.

27. The main topics in the NAPC are:

(a) **Legislation.** Harmonization of national legislation with CRC commitments. Review and amendments, adapting the pending draft;

(b) **Mechanisms for Monitoring of the Implementation of the CRC.** Effective monitoring of the implementation of the CRC. From the viewpoint of the implementation of an objective Child Policy, strengthening of data collection and analysis;

² To accelerate the process of restructuring and renewal, the President installed several "presidential committees" in key areas, which function directly under his authority with the main task of deliberating on the respective issues with all relevant stakeholders and guiding and supporting the ministries and other government bodies in the development and monitoring of evidence based policies and programs. The committees are expected to advise the government on how the targets regarding these key issues can best be achieved.

- (c) **Non Discrimination.** Promotion and implementation of the anti-discrimination principle with regard to legislation, service and allocation of means;
- (d) **Violence.** Prevention and reduction of all forms of violence against children: police violence, violence in school and institutions, violence via the media and domestic violence;
- (e) **Education.** Universal access to free and quality primary education and reduction of disparity levels of education between urban, rural and interior districts. Improvement of facilities for Early Childhood Development (ECD);
- (f) **Children from Minority groups.** Protection of children from underprivileged and minority groups, indigenous children and children in the interior;
- (g) **Family, Alternative Care and Poverty Reduction.** Regulation of foster care and strengthening of economic positions of families and improvement of social-judicial protection of Surinamese children;
- (h) **Health Care.** Improvement of mother and child care, sexual and reproductive health care, as well as further strengthening of the prevention and reduction of HIV among youth;
- (i) **Children with disabilities, HIV/AIDS.** Protection of children infected with or affected by HIV, children with a disability and protection against abuse, sexual and other forms of exploitation, drug and alcohol use and drug and child trafficking;
- (j) **Capacity-building.** Training and upgrading of relevant service providers/professionals working with or for children.

Mechanisms for monitoring of the National Action Plan for Children, 2009–2014

28. The Child Rights Bureau is responsible for coordinating the government self-monitoring of the implementation of the CRC through the established “Monitoring and Evaluation Mechanism Implementation of an Integrated Child Rights Policy” (“Monitoring en Evaluatie Mechanisme Uitvoering Integraal Kinderrechten Beleid” – MUIK). The CRB is also responsible for monitoring of the NAPC. In this regard, the CRB has initiated the development of a monitoring plan for the NAPC 2009–2014, in close collaboration with all relevant ministries. In April and May 2012, several M&E workshops were organized with key representatives from all ministries, who will function as focal points to build and strengthen the capacity for adequate monitoring of the NAPC. These focal points will cooperate closely with NGOs and other non-governmental stakeholders. The main tasks of these focal points will be to identify annual priority child rights actions, build partnerships, support and facilitate implementation and collect data for monitoring and evaluation of these priorities.

29. Within the monitoring of the NACP, the following flow of reporting on the progress at the implementation of the plan is developed:

- (a) Appointment of focal points at each of the ministries in charge of the implementation of the NACP;
- (b) Focal points will report to the CRB;
- (c) The CRB will report to the minister of SOZAVO;
- (d) The minister of SOZAVO reports to the Council of Ministers, the presidential committee for child and youth policy and to Parliament;
- (e) The presidential committee reports to the President.

30. The CRB will hold regular monitoring meetings on a quarterly basis with all focal points, to revise and adjust the action plan. Apart from the reporting procedures, the M&E plan will also include reporting formats and the ministries' time bound and cost work plans.

D. Independent monitoring (comments 14, 15)

31. The government acknowledges the need for the institutionalization of a comprehensive and child-friendly mechanism for the submission and investigation of complaints from children. In accordance with the so-called Paris Principles, this independent body will have the mandate to receive complaints from or on behalf of children and to investigate these complaints, make appropriate recommendations for addressing the investigated complaints and present an annual overview of the violations of children's rights. In accordance with the Paris Principles, the government, in particular the Bureau for "Woman and Child Policy" of the Ministry of Justice and Police, in close cooperation with relevant stakeholders, drafted legislation, in particular a draft bill on the "Child Ombuds Bureau", which was sent to the Council of Ministers and was approved in 2010. The bill passed the State Council where it was revised. In 2011, the revised bill was sent to the Ministry of Justice and Police, Department of Legislation, for further processing. The next step will be to submit the proposed legislation to Parliament.

32. Currently, the Youth Police is the only government body with the authority to investigate complaints submitted by children. The Youth Police receives many complaints that are beyond their mandate and should be resolved through the provision of social guidance, intermediation or counselling. In such cases, they refer complaints to the proper authorities or organizations.

E. Allocation of resources (comments 16, 17)

33. The allocation of government resources for implementation of CRC related activities can be found across almost all ministries. However, due to the government budget structure and gaps in public financial reporting, it is difficult to accurately assess government spending and use of the budget as a tool for challenging the existing inequalities in the access to resources in Suriname. Hence, a "Child Friendly Budget Analysis of Suriname's Education budget" was introduced.³ This study reviewed spending in public education and is used as a model that can also be applied to analyse all government budgets for social expenditures. The study describes the budget trends for the years 2004–2007, and notes significant information gaps arising from the official public financial documents. With respect to the education sector, the budget analysis shows that despite a relatively high allocation of government resources for education (approximately 15 per cent of the total budget), it seemed difficult to extract the spending on children and differentiate between administration, salaries and programs. The CRB followed up on this study by contracting a consultant to conduct a more in-depth study into the matter. The results and recommendations of this study are discussed with the Ministry of Finance to enhance improvement of budget analysis and increase CRC informed allocation of government resources.

34. SOZAVO has financial data available on the allocated and realized funds for social security services by type of service for the period 2007–2011. (See tables 4, 5 and 6 in the annex).

³ See: "Child Friendly Budget Analysis of Suriname's Education budget", Rosa Klein.

35. With the establishment of the new government in May 2010, available funds for social protection expenses, including child allowances, old-age pension and financial assistance for persons with a disability have been increased. Child allowance has been raised from 3 SRD to 30 SRD, and financial assistance for persons with a disability has been raised from 225 SRD to 325 SRD. (For detailed information see VI.E).

36. In the implementation of the CRC, the Surinamese government collaborates closely with international development partners, resulting in co-financing of many CRC related programs and projects. Recently, the state signed the UNDAF agreement 2012–2016, in which UN bodies (UNICEF, UNDP, UNIFEM and UNFPA) made commitments to provide technical and financial support to key areas within the national development of Suriname. Other international partners of the State are WHO, PAHO, FAO, IDB, ILO and the European Union. Regional partners of the State in this regard are CARICOM and the OAS.

F. Data collection (comments 18, 19)

37. The government of Suriname is engaged in ongoing efforts to strengthen its data collection system as recommended by the CRC Committee in its Concluding Observations 2007, para. 19.

38. Timely availability of data and strategic information to inform policy and programs remains a significant challenge for the formulation and implementation of equity-focused and gender-sensitive policies and strategies. The government acknowledges the existing high levels of inequalities within the country in its policy statement for 2012–2016 and the lack and use of qualitative data and analysis that can provide a reliable understanding of the main patterns of deprivation and inequities in Suriname and the specific characteristics of vulnerable and marginalized groups. While sufficient data is available, there is often a lack of disaggregation by geographic location, sex, age, socioeconomic status (SES) and ethnicity. The government of Suriname is aware of the need for production of relevant statistical information, including budgetary allocations and improved statistical and analytical information on disadvantaged groups. This will facilitate legislation, policies and budgetary targeted interventions from which all Surinamese will benefit, including marginalized groups.

39. Currently the main sources of national primary data regarding children are:

1. The census: The last census was held in 2004 and the subsequent census (round 2010) has just recently finalized data collection in August 2012. Expectations are that in January 2013, the preliminary census results will be available.

2. The Multiple Indicator Survey (MICS): In 2011, the fourth MICS survey was finalized and the draft findings are available. This national representative household survey is an important source of national data on children as it targets women aged 15–49 and children. All data can be disaggregated by wealth index, living area, native language and other relevant variables.

3. Continuous household surveys of the General Bureau of Statistics, however this is limited to only two districts, namely Paramaribo and Wanica.

40. The General Bureau of Statistics (GBS) produces regular reports on basic statistics, in particular the Statistical Yearbook and Gender statistics. Increasingly, the GBS publishes disaggregated data, including by age and sex. Under coordination of the GBS, the “SurInfo”

database was established in 2010. The “SurInfo” database is based on the DevInfo⁴ application and provides disaggregated data about the MDGs, MICS and Census indicators.

41. In the past years, important achievements were made in strengthening national data collection systems, in particular through the computerization of databases and establishment of surveillance systems:

1. The NHIS, National Health Information System (Ministry of Health).
2. The EMIS, Education Management Information System (Ministry of Education), a computerized data entering/processing system which is an instrument to facilitate/provide input for education planning and education policy formulation.
3. Social Safety Net Information System (Ministry of Social Affairs and Housing): The data base on beneficiaries of social security, computerized data on the social provisions.
4. Civil registry Management Information System CBBMIS (Ministry of Home Affairs): computerized database on civil registry.

Child Indicators Monitoring System

42. With the support of UNICEF, a Child Indicators Monitoring System (CIMS) was established with the result that the data collected through this system is annually published in the statistical yearbook issued by the General Bureau of Statistic (ABS). This tool was especially aimed at monitoring the different indicators regarding children through collection, in a quarterly basis, of data among registered institutions. Unfortunately, the data input of the ministries and NGOs involved in this project, was very slow resulting in irregular data submission and eventually, an inactive database since 2007. The main barrier is that reporting is not established as mandatory and many child care institutions experience the forms as too time consuming and complicated for completion. Another problem is the lack of verification sources for the data provided by the institutions. Once legislation on child care institutions is approved and implemented, the CIMS will obtain a much stronger legal position to enforce reliable data submission.

Data collection on Children in Need of Special Protection

43. The same inactive status can be reported with regard to the Children in Need of Special Protection (CNSP) system. The initial start was very promising as a nationwide registration of Child Care Institutions was conducted and institutions were instructed to collect data on child abuse and neglect, children in conflict with law and children with disabilities. Similar to the CIMS, this data collection system was also not adequately maintained. The data provided by institutions remained scarce, resulting in a lack of sufficient data for monitoring the welfare of these children in order to develop a proper policy to support the needs and services of the CNSP as well as of the institutions. The expectation is that also with respect to this database, collection of data will be enforced once the draft bill on monitoring of child institutions is approved and implemented.

44. The establishment of the Automated System Youth Policy Data Analysis (ASYDA) of the Ministry of Justice and Police. This is an automated and uniform data gathering system for the departments of the Ministry of Justice and Police, responsible for the

⁴ DevInfo is a database system developed under the auspices of the United Nations for monitoring human development with the specific purpose of monitoring the Millennium Development Goals (MDGs). DevInfo is a tool for organization, filing and presentation of data in a uniform manner in order to facilitate data-sharing at national level across government departments, UN agencies and development partners.

implementation of the Youth Policy (the departments connected to this system are: Youth Police, Judicial Child Protection, Bureau for Family and Legal Affairs and Bureau for Women and Child Policy).

45. The Child Helpline (Kinderen en Jongeren Telefoon, KJT) is also an important source of information. This free telephone line is available to all children and apart from providing help to children also an important source of data. At each call, data are registered from the caller, which are processed and presented in annual reports. Collected data include number of calls, issues, age of children and the problems children are raising in their calls etc.

46. Apart from regular data collection, several incidental studies targeting child/youth were conducted:

(a) **An analysis of the situation of Children in Suriname (2010)**. A comprehensive situation and response analysis on children based on desk review and in-depth interviews, with technical support of UNICEF. The report has been widely disseminated;

(b) **A study on Orphans and Vulnerable Children (2010)**. The study was aimed at increasing understanding on factors influencing vulnerability of children on the one hand and protection of children on the other hand;

(c) **A Baseline Knowledge, Attitude and Practice Behaviour (KAPB) Survey on the knowledge and experience of children's rights SOZAVO, 2009**. The results of this study are used for the development of interventions aimed at educating and raising awareness on the importance of protecting and implementing child rights.

47. Several studies were conducted in the area of youth and health, with a strong focus on sexual and reproductive health as part of the implementation of the National Strategic HIV plan. Most studies were conducted by the government with technical and financial support of UNFPA:

(a) **Youth in different (low income) communities (2008): "Youth and Health", MOH 2008**. This study provides a detailed picture on the perceptions and behaviour of youth, age 10–24, regarding a wide range of health issues, including sexual and reproductive health, drug use, violence and exercise, as well as the social determinants impacting the health of youth;

(b) **"Sexual and Reproductive Health and Rights of Youth in District Sipaliwini", MOH, 2008**. This study surveyed sexual and reproductive health of youngsters, age 10–24 years, in the interior;

(c) **Adolescent fertility and poverty, Directorate of Youth Affairs/UNFPA, 2011**;

(d) **Contraceptive and condom use among youth, Lobi Foundation/CPD 2010**.

48. In the paragraph on adolescent health more detailed information is provided on the further actions implemented with regard to the improvement of the status of sexual and reproductive health amongst young people.

49. In 2009, a National Strategy for the Development of Statistics (NSDS 2010–2014) was formulated, aimed at the coordination and capacity strengthening of all relevant actors within the National Statistical System. Apart from a lack of appropriate and disaggregated data, many government officials still lack the interest and skills to interpret data into strategic information. The UN continues to assist the government in strengthening its statistical and data systems. In 2010, the General Bureau of Statistics in Suriname (ABS),

the United Nations Development Programme (UNDP) and the Suriname Business Forum (SBF)/Suriname Business Development Centre (SBC), organized a series of seven seminars in the area of social statistics to raise awareness on social statistics as a key factor for the effective development, implementation and evaluation of social policies. The topics in the seminars included:

- (a) Population: composition and change;
- (b) Human settlements, housing and geographical distribution of population;
- (c) Health and health services, impairment and disability, nutrition;
- (d) Social security and welfare services;
- (e) Households and families, marital status and fertility;
- (f) Economic activity and economically non-active population;
- (g) Learning and educational services/recreation, culture and communications;
- (h) Public order and safety;
- (i) Socioeconomic groups and social mobility/income, consumption and wealth.

G. Dissemination, training and awareness-raising (comments 20, 21)

50. As follow-up to the recommendations of the CRC Committee (Concluding Observations 2007, para. 21), the government conducted and/or supported a variety of activities in two major areas: public education and awareness-raising and training of professionals working with or for children. Throughout the years, the government as well as various NGOs, dedicated themselves to promotion of the protection of child rights through media campaigns, development and distribution of materials related to the CRC and training of key stakeholders in child rights. The materials developed included television and radio spots, songs, posters, folders, calendars and booklets which were all used in health care facilities, schools and other public locations. Below is a brief overview.

Public education and awareness raising activities

51. Many public education and awareness raising activities were carried out:

- (a) On the 20th of November 2007, the Childs Rights Bureau started a media campaign to raise awareness within the community on the consequences of child abuse. Special attention was paid to children with a disability. This campaign is still ongoing;
- (b) The Foundation against Trafficking in Persons conducted a campaign to make the community aware of several aspects of Trafficking in Persons;
- (c) The Ministry of Justice and Police conducted a campaign to make the community aware of the new policy of children in detention with regard to alternative judicial sentences;
- (d) In 2008, the Ministry of Justice and Police, in particular the division Bureau for Women and Child Policy prepared a documentary on alternative sanctions which was launched on November 20, 2008;
- (e) On November 20, 2009, the Ministry of Justice and Police (Bureau for Women and Child Policy) prepared a documentary on "Prevention of Sexual Abuse of Children";
- (f) On November 20, 2009, the Steering Group of the Youth Clearing Office, in collaboration with the Bureau for Women and Child Policy and the Public Relations

division of the Ministry of Justice and Police, also presented the documentary “Prevention of Crime amongst Youth”;

(g) Where appropriate, the administration is implementing actions towards Parliament for promotion of adoption of pending legislation. In this regard, the Parliamentary Committee on Women and Child Rights held several meetings with relevant divisions of the Administration;

(h) The Ministry of Justice and Police launched the Pilot Project Prevention on Sexual Abuse of Children. The Ministry of Justice and Police (Bureau for Women and Child Policy) prepared a documentary on “Prevention of Sexual Abuse of Children” and launched the pilot project “Prevention of Sexual Abuse of Children” in the neighbourhoods of Latour, together with the Police Force and schoolteachers. On November 20, 2009, a documentary on sexual crime was broadcasted through several television stations. The objective of this program was to raise public awareness on early detection of sexual abuse, available services and the importance of the reporting of child abuse. Educational material was distributed amongst 24 primary schools to guide teachers in the symptoms of sexual abuse, discussion of the subject of sexual abuse in schools and information on available services for further referral;

(i) The Ministry of Social Affairs and Housing (SOZAVO) produced and dissemination a Children’s Booklet “Een Boodschap van de Overheid gebracht door Anansie en zijn Vrienden” (A Message from the Government presented by Anansie and his Friends) with illustrations and drawings on the results of MICS 2006. The purpose of this booklet is to raise awareness amongst children regarding the results of the MICS 2006 and the status of children in Suriname. In this book, targeted for children aged 12 and up, the situation of children is interpreted into messages presented by “Anansie and his friends”. This book is accompanied by a guidance manual for adults and an audio CD version of the book. The issues addressed in this book include teen pregnancy, healthy food, children with disabilities, breastfeeding, infant health etc. About 450 packages, including a copy of the book, a CD and a manual, were distributed to schools and community organizations involved with youth and children;

(j) In 2007 and 2009, the Ministry of Justice and Police organized two awareness campaigns on “Prevention on Domestic Violence”;

(k) The Child Rights Bureau developed a learning plan for schools on the forms of child abuse;

(l) Annual commemoration activities held on November 20: Child Rights Day;

(m) Development of a curricula and training manual on children’s and women’s rights for the journalism course at the Academy for Higher Art and Culture Education (AHKC);

(n) News broadcast (Weekkrant & 10 minutes Youth News) by the “Backlot” organization, in which the daily life, experiences and views of children are highlighted;

(o) The Children’s Film Festival held in December 2010, aimed at raising awareness on children’s rights and issues concerning youth;

(p) Multiple public and private initiatives for creativity projects for children in the area of music, art, drama, movie production, paintings, etc.;

(q) Project “Voices of Youth”: children from different districts were involved in group discussion regarding youth participation.

Training of Professionals

52. Many training programs on the CRC were developed and implemented for teachers, social workers and other professionals working with and for children:

(a) **Training in alternative judicial sentences.** In the period July–August 2008, nine social workers of the Ministry of Justice and Police received training on how to conduct a training program for children who committed a small offence (such as shoplifting, scuffles of minor ill-treatment, small thefts etc.) and of which they are a first offender. The teachers are able to conduct a training program of a few hours with instructions of the Public Prosecutor, instead of confinement behind bars;

(b) **Training in family coaching:** All social workers of the Ministry of Justice and Police received training in family coaching. The objective of this training is to guide the families of child prisoners in how to support the child to get avoid getting in trouble with the legal system again. This training took place in 2008 and 2009 and the social workers also received supervision on specific cases;

(c) **Training of judges, public prosecutors and lawyers (specialized in child cases) on the principle “Best Interest of the Child” (November 2009–Jan 2010).** Judges, public prosecutors and social workers within the Ministry of Justice and Police (a group of 45 women and 15 men) were trained on the Convention’s articles and on how to use the CRC within the court system and the manner in which to consider the principle “best interest of the child” in their decisions and work with their target group;

(d) **Follow up training for judges, prosecutors and lawyers on the principal “Best Interest of the Child”.** In 2010, a follow up training entitled ‘Children’s rights, from theory to practice’ was conducted to increase the knowledge, skills and tools to facilitate decision making considering the best interest of the child, specific Surinamese cases were presented and discussed against the background of juvenile justice and the best interest of children

(e) **Training on “The principles of Best Interest of the Child” (Jan 2010).** Training of the social workers from the following divisions of the Ministry of Justice and Police: Child Legal Protection, Bureau for Family Judicial Affairs, Youth Police department, Bureau Aid to Victims. The Bureau for Children’s Rights of the Ministry of Social Affairs and Housing (SOZAVO) also participated in this training;

(f) **Training in capacity building of personnel of Opa Doeli⁵ (Nov–Dec 2009).** The staff at this institution was trained in how to write, implement and to manage a project;

(g) **Training of teachers and management of Opa Doeli and the Youth Correction Facility (Jeugd Opvoedingsgesticht (JOG) (Nov. 2011–Feb. 2012)).** Twenty-four teachers and the management teams of these two youth correction facilities were trained by two experts in the key aspects of “Behaviour and Learning”, whilst four participants received a more in-depth “train-the-trainers” course on the same theme. The purpose of the training was strengthening of pedagogic knowledge and skills to enhance optimal educational opportunities for youth who came into conflict with the legal system;

(h) **Basic training on Domestic Violence.** During the last quarter of 2009, all social workers of the Ministry of Social Affairs and Housing (SOZAVO) and representatives of NGOs received training in the basics of services related to domestic violence;

(i) **“Train-the-trainers” training on child care standards incorporated in the draft legislative framework on care institutions (2008–2010).** In anticipation of the

⁵ See for detailed information on institution “Opa Doeli”, section VIII.E.

adoption of the framework bill on care institutions, the CRB conducted a ‘train the trainers’ training for child service providers with technical assistance from experts in this field;

(j) **Training of teachers in HIV/STI.** In the period 2007–2010, the international organization “Education International” supported an EFAIDS (Education for All against AIDS) in Suriname. An EFAIDS steering committee was installed composed of education trade union leaders. In this program, a total number of 2,345 teachers of elementary and senior secondary schools, including teachers in training and 339 multimedia teachers in HIV/STI. The group of multi-media teachers who received training in 2010, is of strategic importance in the access to students, as they carry the daily responsibility within schools to provide general education to pupils, usually performed with the use of modern technology such as DVD players and computers;

(k) **Post graduate course for government employees on “Human Rights”.** A group of 18 government employees followed a one and half year “Human Rights Diploma Program” and graduated successfully in June 2012. The execution of this educational program was the result of an agreement between the Ministry of Justice and Police and the UNDP. The availability of this human rights experts group is expected to significantly contribute to increasing government awareness on international human rights, including child rights and policy and programs, in accordance with the agreed conventions;

(l) **A diverse range of training programs on the delivery of child/youth friendly services for child/youth service providers of the Ministry of Health and the Ministry of Education.** Many of these programs were funded by the UN and other development partners;

(m) **Integration of Child Rights Education within the Curricula of several educational and training institutions.** CRC related knowledge is incorporated in certain courses at the university, teachers training college, higher vocational institutes and the Suriname Police Academy.

H. Cooperation with civil society (comments 22, 23)

53. Since the ratification of the CRC, NGOs have contributed significantly to the implementation of the CRC in a wide range of areas, including health, education, social protection, on all levels. NGOs and other parts of civil society have initiated, designed and implemented CRC related projects and programs and participated in several coordinating bodies established by the government. Currently, NGOs are members of the “National Committee against Child Labour”, “National HIV Council” and the “National Drug Board”.

54. The government involves NGOs in legislative activities, for example on the establishment of a Children’s Ombuds Bureau and via consultations in the drafting of this report. Furthermore, NGOs were extensively consulted in the development of the National Plans for Children (2002–2006, 2009–2013), in particular on the achievements, gaps and priority actions. Although the government substantially supports several NGOs serving in particular women and children, most NGOs lack sustainability due to insufficient stable financial resources to cover overhead costs. Since many international donors withdrew their support to NGOs due to the economic crisis, NGOs are more than ever looking towards the government for financial assistance.

55. According to the draft M&E plan of the National Action Plan for Children, NGOs will in future be more closely involved in monitoring of the implementation of CRC.

II. Definition of the child (art. 1 of the Convention) (comments 24, 25)

56. In the Draft Amendments of the Civil Code:

- (a) The marital age for boys and girls is raised to 18 years;
- (b) The majority age is lowered from 21 years to 18 years;
- (c) The proposed age for parental care and responsibility is raised from 18 to 21 years.

57. These amendments imply that despite lowering the majority age 18, parents remain responsible for the life sustenance of children till the age of 21.

III. General principles (arts. 2, 3, 6 and 12 of the Convention)

A. Non-discrimination (comments 26, 27, 28)

58. In the upcoming international report, the Committee called for complete effectiveness of the non-discrimination principle within legislation, in particular with regard to vulnerable groups and special reporting on racial discrimination in Suriname.

59. In this regard, the Committee recommended expedition of the establishment of the Equal Opportunity Commission. This was most likely the result of a miscommunication between the government and the Committee. The government does not have a plan in place for the establishment of such a Commission. However, the Government is undertaking various measures, in particular with regard to children of minority groups (see section VIII.A) and other vulnerable children groups (e.g. children at risk of exploitation or abuse), in order to ensure the rights of each child within its jurisdiction without discrimination of any child, as described in article 2 of the CRC.

60. During the Commemorative Strategic Planning Meeting on the CRC, held in Geneva on October 8–9 2009, the following two issues were raised by the State Party: 1. use of non-discriminating language when reporting about children; 2. introduction of ethical guidelines for Donor Organizations both nationally and internationally, regarding the protection of the privacy of children, in fundraising and fund spending (UPR, 2011).

B. Best interest of the child (comments 29, 30)

61. The government has already integrated this principle in parts of its legislation and will continue to do so where necessary. The government is aware of the fact, however, that the legal provisions in itself, are insufficient to make the child's best interest a primary consideration in the daily practices of service delivery and legal procedures. Therefore, the government organized a number of training courses for relevant social workers such as police, prosecutors and judges (for more information, see under General Measures of Implementation section I.G), to raise awareness and strengthening of skills to practically apply the principle of "best interest of the child".

C. Respect for child views (comments 31, 32)

62. The bill on Hearing Children in Judicial Procedures was adopted by Parliament in 2008. This bill stipulates that in all matters concerning custody, legal provisions to protect

children, visitation after divorce and appointment of guardians, the judge has to consider the viewpoint of the child(ren) involved, in the decision making. The judge is compelled to hear children from the age of 12 and up whilst hearing children below the age of 12 is left to the judge's discretion, depending on the case circumstances. For instance, in a divorce case involving children aged 13 and 10 years, the judge may decide to hear both children.

63. Although this legislation has been approved, the government is aware of the need of raising public and professional awareness as well as monitoring to enhance the implementation of this essential law. In this regard, judges, prosecution officers, other staff of the Ministry of Justice and Police and relevant social workers received training in knowledge and skills to consider the viewpoint of children.

64. Apart from integration of the principle of "respect for the viewpoint of children" within the judicial system, the government has made numerous efforts to encourage children and youth to express their views in all areas of society, in particular within their school and on community and national political level.

65. The youth parliament and related participatory based activities are amongst others aimed at incorporating the views of children and youth into policies and programs (also see the information presented in section IV.D on the freedom of expression and association).

66. Within the educational system, in particular in primary schools, the Early Childhood Development (ECD) standards and parenting classes are increasingly introduced and promote respect for children's viewpoint from a young age through to adolescence and adulthood. Also, the "I believe in you!" strategic approach introduced since 2008 in primary schools all over the country and incorporated in teachers' learning programs, puts emphasis on children's participation, resulting in an increase numbers of teachers who are actually implementing this approach (also see section VII on education).

67. **The Child Help Line (2008):** After a gradual start of the operations followed by a period of inactivity, the Child Help Line (dial 123), established on November 15, 2007, was reactivated on November 20, 2009. This free helpline is open 7 days a week from 8 a.m.–4 p.m. and serves children and youth, aged 6–25 years. The service is operated by four fulltime staff members and approximately 10 trained volunteers. The help line has proven to fill a significant gap within the needs of children to raise questions, express doubts, fears and insecurities or share positive feelings. Since the launch of the helpline, systematic data has been gathered on the number of children making calls to the help line, by sex, type of complaint or question and age. The issues addressed are mainly: school problems, situation at home, relationships, violence and authoritative abuse, emotional problems, sexuality and current topics. In 2011, children filed over 25,000 complaints. Most complaints involve the home situation, relational problems and sexuality. The figures show a gradual drop in complaints since 2009, in which year 35,000 complaints were filed.

D. Right to life, survival and development

68. Although the committee made no specific recommendations with regard to these issues, statistical data as requested by the committee in its reporting guidelines, can be found in the annex to this report, under cluster III (see table 13 in annex).

IV. Civil rights and freedoms (arts. 7, 8, 13–17, 19 and 37 (a) of the Convention)

A. Registration of birth (comment 33)

69. According to MICS, in 2006 the percentage of birth registrations of children under 5 was 96.5 per cent, with no significant differences by place of residence or gender. Overall, registration of birth is lowest in the rural interior (93.3 per cent), followed by the rural coastal area where 96.7 per cent of children have been registered and the highest in the urban areas with 97.6 per cent registered births.

70. Preliminary results of the latest MICS (2010) data on registration of births on national level, indicate further improvement as the registration of children under five years in Suriname increased to 98.9 per cent, with no major variations with regard to gender, age, or educational categories (see table 23 in annex).

71. Although no research has been conducted on the reasons why parents do not register a child's birth, there are indications that these unregistered births are partially related to deliveries of newborns outside the formal health care system in Suriname. For example, infant delivery by a traditional midwife or at a facility in French Guiana. Another reason might also be that children of migrant families, in particular those of non-Surinamese citizens, may be less likely to register their children compared to other groups (SAACRS, 2010). The government, in particular the Civil Registry Office of the Ministry of Domestic Affairs, is currently in the process of strengthening and adaptation of the current birth registration system which will be fully computerized. In order to make the services of the civil registry office more accessible, a start was recently made with the establishment of local civil registry offices, especially in remote districts/communities, including in the interior. The expectations are that these provisions will also lead to a further increase of birth registrations.

B. Torture and degrading treatment (comments 34, 35)

72. In its response to the recommendations of the Human Rights Council regarding the Universal Periodic Review Report 2011, the government of Suriname stated that the recommendation to ratify the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, cannot be supported (see report under number: A/HRC/18/12/Add.1). Nevertheless, the State is aware of the fact that this represents challenges to an ideal human Rights climate in Suriname. The Convention and Protocol will therefore receive continuous attention from the government of the Republic of Suriname.

73. As a follow-up to the Committee's recommendation in this regard (Concluding Observations 2007, paras. 35, 73, 58) the government also continues to strengthen the training of police officers to make them fully aware of the content and meaning in their daily practice of the CRC provisions (see Cluster on General Measures of Implementation, section I.G).

C. Corporal punishment (comments 36, 37)

74. The CRC Committee emphasized the significance of prohibiting all corporal punishment of children within all settings, including at home, and urged the Government to enact legislation to achieve this as a matter of priority.

75. The government has accepted the recommendations made during the UPR (recommendations 73.44–73.46) to prohibit corporal punishment within schools but not the recommendations to prohibit corporal punishment at home and other settings. With regard to corporal punishment there is no existing legislation for the public domain. However, a ministerial decision to prohibit corporal punishment in schools is in place. According to reports of the Ministry of Education and Community Development, parents can submit their complaints against teachers in cases of severe corporal punishment or other form of abuse, after which disciplinary measures might be taken. At the start of each school year, the Ministry extends specific instructions to schools that prohibit corporal punishment in school. Parents can also bring cases of corporal punishment in school to the attention of the (youth) police which will investigate all cases.

76. There is no hard data on corporal punishment of children in schools or at home. According to a report to the school inspectorate, children are subjected to corporal punishment and psychological ill treatment in schools (SAACRS, p. 62).

77. Findings of MICS show that in 2006, 84 per cent of children in Suriname, aged 2–14 years, were subjected to at least one form of psychological or corporal punishment by their mother/caretaker or other household member and that this figure slightly increased to 86 per cent in 2010. The percentage of children subjected to severe corporal punishment also shows a slight increase from 10 per cent in 2006 to 12 per cent in 2010.

78. If regions are compared, the greater proportions of children 2–14 years who have been subjected to at least one form of psychological or physical violence appears to be the highest in the rural areas (89 per cent) and in particular, the rural interior (91 per cent) when compared to rural coastal areas (86 per cent) and urban areas (85 per cent). The greatest proportion of children subjected to at least one form of psychological or physical violence has been observed among the poorest set of children and those belonging to households where the head had no education.

79. In the period May 2009–March 2010, the CRB conducted a study on children's knowledge and perceptions on child rights in Suriname in 5 districts (Paramaribo, Wanica, Commewijne, Nickerie en Brokopondo) among a sample of 639 respondents comprised of children aged 6–18 years, and adults aged 18–60 years, and 141 service providers. With respect to the effectiveness of corporal punishment, 89 per cent of the service providers, 74 per cent of the adults and 59 per cent of youth do not believe corporal punishment is an effective means to behavioural change. Despite this view, the majority of both youth and adults believe that corporal punishment may be justified in certain cases. Remarkable is that 83 per cent of the children, 69 per cent of the adults and 62 per cent of the service providers share this opinion, especially when it regards corporal punishment in the home. There are fewer acceptances for corporal punishment at school. Corporal punishment is perceived as a form of abuse by 46 per cent of youth, 58 per cent of adults and 67 per cent of service providers.

80. These results demonstrate the persistent perception on the usefulness of corporal punishment of children and reiterate the urgent need for increased education and awareness-raising in this area. Legislation and policy is important but behavioural change is much more challenging and will not be easily achieved. The government will continue and strengthen its efforts to increase the awareness of the unacceptability of all forms of violence against children with special attention for the use of corporal punishment. Within the revision of the civil code a prohibition of the use of all forms of violence within the upbringing of children will be considered and discussed.

81. Regulation is also in place with regard to youth in prison. Corporal punishment is not among the permitted sanctions in the Criminal Code. Corporal punishment is considered unlawful as a disciplinary measure in penal institutions. However, there have

been reports of ill-treatment of children in detention. Children in the youth re-education centre (JOG) within the state prison, Santo Boma, are punished with periods extending up to days in solitary confinement in a dark cell (SAACRS, p. 74). The use of alternative disciplining methods within Juvenile Justice facilities is ongoing.

82. There is no explicit prohibition of corporal punishment in alternative care contexts. In 2011, regulations which would prohibit corporal punishment in day care centres were being discussed. The social debate as well as the process of implementing regulation for day care centres is ongoing. As to the private domain (corporal punishment at home and within the family), the Act on Domestic Violence has initiated the process of combating violence among which corporal punishment of children. In 2008, the State Party initiated a pilot project within schools regarding alternative disciplining. The activities in this regard, have been continued within the school system.

D. Access to appropriate information

83. The State Party has drafted Ethical Guidelines for the Media Workers with regard to portrayal of children in the media, and is currently awaiting feedback from the Association of Media Workers and Journalists. The Child Rights Bureau conducted a workshop among media workers on how to contribute to a child friendly exposure of children in the media. This workshop resulted in a series of concrete recommendations. This year (2012), the CRB will continue this initiative in the form of follow-up workshops, again among media workers, aimed at translating the formulated recommendations into a concrete plan of action. In 1999, a media council was established. This independent body is involved in the monitoring of media on with regard to gender and child sensitivity. Although the media council has been inactive at several points in time, successful actions have also been undertaken to eliminate the broadcast of inappropriate TV commercials.

84. **Media library:** Since 2009, the General Education Library (*Algemeen Onderwijs Bibliotheek* – AOB) of the Ministry of Education started with the replacement of traditional school libraries with school multimedia libraries. The multimedia library is a relatively new concept within the school structure and can be regarded as an extension of the traditional library with a more comprehensive approach. Apart from lending books to students, this library is also actively involved in the provision of a wide variety of educational and awareness-raising information to students (and also teachers) of all educational levels, but with the principal focus on education on primary and secondary level. Against the background of modern society and related technology, the multimedia libraries are equipped with audio visual equipment and material, such as DVD, computers and televisions to present relevant educational information to students in a more visualized and attractive form, as well as internet access.

85. In the past, the AOB systematically trained teachers as head of media libraries and to strengthen their specific knowledge and skills, for example in the area of HIV education and awareness raising amongst both students and teachers. As part of a national teachers' union program on HIV prevention and reduction, the majority of heads of libraries received HIV training. The number of media libraries showed a steady growth. Annually, approximately 5 new media centres were established. Eventually, all libraries across the country should be replaced by media libraries (see table 58 in annex).

86. Access for all children to appropriate information found good response in the area of books and public libraries. Across the country, activities focused on increasing children's access to books and reading were further expanded for example through mobile initiatives such as the "bibliobus" and the annual nationwide campaign "Children's Book Festival", initiated and implemented each year by Stichting Projecten (Projects Foundation), an NGO.

Freedom of expression and association

87. As a CARICOM member state, Suriname holds the portfolio on Youth Policy. Suriname established the National Youth Institute (NYI) in 2004. The purpose of the NYI is to express a full experience of the right of participation of youth on governmental level, so that the youth policy can be effective and efficient. The main tasks of the NYI are to provide the Government with information and insights so that a harmonious youth policy can be established, relevant to the community and for monitoring and supervision on the execution of the youth policy.

88. The Government implemented a model of Youth Parliament. Suriname's participation in the CARICOM Youth Ambassadors Programme was a specific indication that youth should have the opportunity to express their views and opinions freely and independently, so that they can mobilize their peers to think about how they can shape their own future.

89. Against the backdrop of the United Nation's proclamation of 2010 as the International Year of Youth, Suriname was selected as the venue for the Regional Summit on Youth Development, as well as the first Special Summit of CARICOM Heads of State on Youth Development. On this occasion, the findings of the report of the CARICOM Committee on Youth Development was presented and CARICOM Heads of State reiterated their commitment to the development and active participation of youth in all areas of life, in the "Paramaribo Declaration" on 30 January 2010. Approximately 300 adolescents, aged 12–25 years, from all districts participated in the last National Youth Congress, held in April 2012.

V. Family environment and alternative care (arts. 5, 18 (1–2), 9-11, 19–21, 25, 27 (4) and 39 of the Convention)

A. Family environment (comments 38, 39)

90. With reference to the Committee's recommendation to render appropriate financial and other assistance (Concluding Observations 2007, para. 39), the government would like to inform the Committee that within the recent National Development Plan 2012–2017, declared by the President of Suriname, the promised "Social Contract" was affirmed. Key in this social contract are the investments in human capital by means of accelerated improvements within education, health and social protection sectors, both in terms of increased access and improved quality.

91. The government acknowledges the high proportion of Surinamese living below the poverty line⁶ and the urgent need for structural reform. Major strategies, as mentioned in the MDG report for the eradication of poverty, are increased decent and productive employment and reduction of economic and social inequalities, and reform of the social protection system entitled Social Safety Net (SSN). The current services comprise programs targeted at the poor, youth, children, elderly and disabled persons in home care and include financial as well social support to the needy such as: child allowance, compensation for school uniforms and footwear, school transportation, tuitions, food and a special allowance for children with disabilities, medical health card and subsidies to child

⁶ In 2008, the poverty line for a household comprised of two adults and two children was estimated at SRD 1486 (approx. US\$ 530) by the General Bureau of Statistics (*Statistical Yearbook 2008*). Although reliable data is missing, it can be assumed that the majority of the population lives below the poverty line.

care institutions, mostly administered by MSAPH. The most important program is the medical card program which partially finances the costs of health care.

92. In the recent MDG report, the government acknowledges the need to shift to programs with a more developmental and preventive nature rather than mitigating existing inequalities. The most important efforts in making this switch are reflected in the development of the Conditional Cash Transfer Program (CCT), which comprises two key components, i.e. (1) improvement of the existing targeting system and (2) unification and conditioning of cash transfers. The purpose of this strategy should be strengthening of poor and vulnerable people through programs which will help break through the circle of poverty.

93. In 2012, the Conditional Cash Transfer program (CCT) was signed with the IDB, covering US\$ 20 million for a period of 5 years. Preparations for the implementation of this program are under way and it is expected that the first cash transfers will take place in the course of 2013.

B. Children who lack parental care (comments 40, 41)

94. Reliable data on the proportion of children growing up without their biological parents is not available. According to MICS studies, in 2006, about 9.3 per cent of the children nationwide are not living with their biological parents, with a larger percentage of 18.4 per cent in the rural areas. In 2010, the MICS survey showed that 8 per cent of children are living without their biological parents.

95. The available data on the number of residential child care institutions is derived from various sources, including an inventory conducted in 2000 (Nikos 2000), the National Census and the Ministry of Social Affairs and Housing (SOZAVO) which is in charge of the registration and grant of subsidies to care institutions. In 2006, a nationwide registration of Child Care Institutions was initiated and the “Children in Need of Special Protection” (CNSP) monitoring system was established. Through specially developed forms, systematic data collection was initiated on children in these institutions, including data on child abuse and neglect, children in conflict with law and children with disabilities.

96. Although the start was very promising, this monitoring system was not maintained adequately due to lack of regular reporting of the institutions. Completed forms are only received from the registered institutions twice or sometimes even only once a year. Moreover, many institutions do not complete the information questionnaires because they find this too time consuming or complex. No additional verification takes place of the information provided by the institutions.

97. Considering these gaps in reporting, it is difficult to monitor and develop a proper policy to support the needs and services of the CNSP as well as those of the institutions.

98. An overview of the number and types of registered residential child care institutions in Suriname since 2000, and the number of children within these institutions has been provided in the annex (see tables 25, 26 and 27).

99. Based on available data, the Child Rights Bureau estimates the total number of children sheltered in residential care facilities between 2,000 to 3,000. For a country with a total population of 436,000 people (of which 162,000 are children), this number is way too high (1.2 to 1.9 per cent of the total number of children) (SAACRS, 2010). Still, there is a serious gap within the provision of alternative care since the two principal alternative government child care institutions for boys and girls are inactive. The residential institution “Mi Abri” for girls is closed since 1994 while the “Koela” institution for boys is not functioning adequately due to a deplorable condition of the building. At the moment, only 3 boys are accommodated at Koela.

100. To bring the standards of alternative care of children in line with the CRC, the government has made efforts to regulate child care institutions and protect the rights of children within these institutions. In this respect, two draft key bills were prepared to protect children in both residential and day care institutions. In 2009, the draft bill “Protection of Children in Residential and Day Care Institutions” was submitted to parliament, together with the draft bill “Care Institutions”. The bill comprises decrees which regulate institutional care for all groups within care institutions, including children/youth, persons with disabilities and elderly. In 2010, Early Childhood Development standards were drafted as part of the legislative framework and other standards were developed to ensure quality care for children in institutions which are in line with international standards. These standards are related to the framework bill on care institutions, currently pending with parliament for final approval.

101. In 2010, the draft bill on care institutions was further revised. In the new draft, the current licensing system was replaced with specific certification requirements for all child care institutions based on the established standards for care of children, elderly and disabled. Only certified institutions will be included in the National Register of Care Institutions. Through these amendments to the draft bill, the government is incorporating more securities for protection of children in institutions against violence and abuse.

102. The Ministry of SOZAVO has initiated continuous data collection to support review of the draft law, in particular with regard to the number of institutions, number of children residing in these institutions, the number of personnel and other aspects related to the care system. Also some issues have once again been researched in order to have an update of information, e.g. the census of residential care institutions. The Ministry of SOZAVO also initiated awareness raising on the draft standards for child care institutions in anticipation to the law in cooperation with the Association of Private Social Institutions (VPSI) and with support of the ECD Committee, other public and private care and service providers, parliament, district council members and the police. This preparatory phase included workshops, training and guidance.

103. In anticipation to the approval of the “Care Institutions Bill”, a Committee was installed in 2009, chaired by SOZAVO, aimed at the supervision of residential child care institutions and focusing on monitoring and supervision of these institutions. The monitoring also includes identification of occurring abuse within these institutions. This Committee is inter-sector based and comprises all government actors involved in child policy, namely: the Ministries of Social Affairs and Public Housing (SOZAVO), Justice and Police, Education and Community Development, Sports and Youth Affairs and Public Health. In anticipation to the approval of the framework bill on care institutions, this committee is in charge of raising awareness on the draft standards for child care institutions and review of quality care in child care institutions. The supervision also includes identification of abuse within these institutions. The Committee controls and monitors the child care sector and reports identified abuses to the police where action based on penal law can be taken. Due to a lack of adequate legislation, the police are often however not authorized to take action in cases where the delivery of care is not in line with the draft standards.

104. Although there is a lack of proper legislation for regulating the (residential child) care sector, the committee is able to respond to child abuse based on other policy documents.

105. The Ministry of Justice and Police undertook actions to review and where necessary strengthen the Bureau for Family & Judicial Affairs. In the past years, this division functioned insufficiently due to poor housing and lack of qualified staff.

C. Foster care (comments 42, 43)

106. The Foster Care Foundation Suriname is aimed at offering temporary or long-term foster care to children aged 0 to 18 years in Suriname who cannot live with their own parents or family. This commitment is based on article 20 of the Convention on the Rights of the Child. This article states that if a child is temporarily or permanently not able to stay with their own family or in his or her interest cannot stay in their own family, are entitled to this special protection and assistance by the State. The foundation for foster care is making all efforts to recruit more foster families. In the review of the Suriname Civil Code, the accession to the Hague Convention on “the Protection of Children and Co-operation in Respect to Inter-rural Adoption” will also be taken into consideration. The foundation foster care is supported by SOZAVO with regard to human resources: two staff members of the Ministry of Social Affairs and Housing are available full time to Foundation Foster Care Suriname.

107. With respect to the private registration for placement of children in a foster family, referral is made to the Youth Care department of the Ministry of Social Affairs and Housing (SOZAVO), which is in charge of the social protection of children. The Youth Care department is expected to conduct environmental research to substantiate claims of applicants. This is important since an indication must be issued for foster care.

108. An important aid received by the Foster Care Foundation Suriname from the Ministry of Social Affairs is provision of a medical card for foster children. Figures of the Foundation show that requests from residential child institutions (RCIs) for placement of children in foster care is declining significantly. While in 2005 the foundation received 51 requests for placement of children from RCIs, in 2012 this figure was a mere 1. Contrary, more requests were received from private families to place children in foster care, reaching a peak in 2009 with 44 requests. Since then, this number once again dropped and in 2012 only 8 requests were received. In 2011 and 2012, almost all registered children could be placed in foster care which is also related to the relatively small number (see for details table 27 in annex). In previous years, they succeeded in placement of about half of the registered children. In these cases it is most likely that the children are placed in institutions or are cared for by a friend or related family (as a “*kweekje*”). No data at all is available about the proportion or number of children in this informal care. The Foster Child Bill has not yet been submitted to the Ministry of Justice and Police. Since 2005, the bill is still in the process of redrafting.

D. Adoption (comments 44, 45)

109. With the revision of the Civil Code, the government will include provisions, as far as such is necessary, to ensure full compliance of domestic and inter-country adoption with article 21 and other provisions of the CRC. The government is engaged in discussion with relevant stakeholders on the ratification of the Hague Convention on the Protection of Children and Cooperation in respect of Intercountry Adoption and further actions for ratification will hopefully be taken in the course of 2013.

E. Violence, abuse and neglect (comments 46, 47, 48)

110. From the total number of 1,276 registered children in residential institutions, 264 are known to have been abused or neglected, this being the main reason for their placement in the care institution (SAACRS, 2010).

Sexual abuse

111. The available data on violence and abuse amongst children mainly regards cases of sexual violence, reported either by the Child Foundation, responsible for sheltering sexually abused children, or by Youth Police. This data indicates an increase in sexual violence against children, which could be partly ascribed to an increased reporting due to the raising of awareness. Nevertheless, the numbers still remain alarming (see figures 18 and 19 in annex).

112. The vast majority of sexually abused victims are girls, an average of almost 90 per cent, whilst the abuse is most prevalent in the age category 0–14 years. Almost all perpetrators are men, including adolescent boys.

113. The only shelter for sexually abused children is constantly under threat of closing down due to a lack of funds. A few years ago, the main donor (foreign) withdrew the annual funds due to reduced access to international support. Since then the foundation is highly dependent on government subsidy, which has also been provided, however, in limited amounts and only to cover personnel salaries (for more information, see tables 62-64, and figure 18, in the statistical annex).

Neglect and abuse of children in residential child care institutions

114. Practice shows that in some residential institutions there are clear signs of the violation of child rights. Since 2004, different cases of abuse were reported to the police. In the last five years, period 2007 till 2011, the police received complaints of sexual abuse of children sheltered in 13 different care institutions. The majority of these complaints, 4, were reported in the year 2007. In 2010, there were 3 reported cases and in 2011 one case of sexual abuse was reported to the police. In the same period, 6 child care institutions (residential and day care) were accused of alleged child abuse. The most recent case was reported in 2012.

115. In two cases, the committee “Supervision of Residential Child Care Institutions” reported a case to police, followed by a close investigation and inspection. In one case, the committee succeeded in closing down the facility (day care centre). Despite this action, committee’s functioning and influence, overall, on the prevention and reduction of child abuse has proven to be limited. No regular inspection visits are taking place to the facilities and there is also no institutionalized cooperation with the police. These limitations are an inevitable consequence of the fact that these activities lack legal power for taking more effective action.

Youth violence

116. In the UNDP Citizen Security Survey 2010, data was collected on Youth Violence amongst adolescents, aged 15–24, in five Caribbean countries, including Suriname. The youth reported abuse from several quarters: within the community (abduction and rape), in school (verbal and physical abuse) and in their homes (child abuse and domestic violence). Over 14 per cent of the respondents reported to have been a victim of domestic violence multiple times, a few times or on one occasion. 19.1 per cent of the respondents in Suriname reported to have been a victim of domestic violence. The majority of the respondents who reported to have been a victim of domestic violence during multiple times, 4.1 per cent, were residents of Suriname and Antigua and Barbuda.

117. In the national response against domestic violence, various actions have been developed, including education and awareness raising, establishment of coordination structures and prevention and provision of services to victims. The following provides an overview of the main stakeholders and actions taken:

(a) The Bureau of Women and Child Policy of the Ministry of Justice and Police (2007): established to work in coordination with the policy on youth, moral and gender issues within the ministry in relation to the commitments of CRC and CEDAW;

(b) A Steering Committee on Domestic Violence (2008): A Steering Committee on Domestic Violence was installed and formalized through signing of a cooperation agreement among six ministries on March 5, 2008, with the objective to regulate mutual collaboration to combat domestic violence. The steering committee is in charge of the formulation of an integral policy on prevention and reduction of domestic violence. One of the first achievements of the steering committee was the establishment of a shelter for victims of domestic violence (August 2010);

(c) By initiative of the Ministry of Justice and Police, in March 2010, a national platform comprising governmental and non-governmental organizations to combat violence against women was established. The platform is chaired by the STGGV. One of the responsibilities of the platform is to develop a policy program on combating domestic violence in collaboration with the Steering Committee;

(d) The Foundation “Stop Violence against Women” (SSGTV) established in 1992 is a leading partner of the government in the implementation of policy and programs on the prevention and reduction of domestic violence. The services provided by SSGTV are: individual support to victims, families and partners, self-support groups for female victims and male domestic violence perpetrators, counselling of domestic violence perpetrators, education and training of various service providing groups of service within governmental and non-governmental organizations. Since 2009, the SSGTV has succeeded in strengthening participation of the community in the response against domestic violence through the establishments of district networks in five districts (Para, Saramacca, Commewijne, Wanica and Nickerie), in close collaboration with local government authorities. A total of approximately 500 persons received training by experts of SSGTV, BAD and the Child Foundation, including a wide variety of community members, including government officials, teachers, social workers, police officers, pastors and other service providers. These networks function as first responders to domestic violence. Their responsibilities include early detection of (symptoms of) gender-based or domestic violence and reporting and/or referral to relevant caretakers. The networks in each of the districts hold monthly meetings to exchange experience and ideas. On November 2012, the SSGTV organized a national congress on domestic violence to strengthen the cooperation with governmental and non-governmental stakeholders;

(e) Other NGOs, namely the Women’s Right Centre (WRC) and human rights organization “Moiwana” have been active in the field of research, awareness-raising and training of service providers;

(f) The Department of Youth Education of Youth Police conducts 3 visits weekly to different schools in Paramaribo and the surrounding areas, on a rotation schedule to provide outreach and to raise awareness on child abuse and to solicit and investigate complaints with regard to domestic violence;

(g) The Youth Police also raises awareness on sexual abuse, drug and alcohol abuse via a weekly television program;

(h) Child Help Line (2008): The government operates the 1–2–3 child helpline for children which provides confidential advice and aid to children in need. In 2008, about 5,998 children made use of this helpline and in 2009, this number was about 9,788. Ongoing promotion campaigns are being implemented on the activities of the Child Help Line. Through this medium, children are able to report all types of violation of their rights;

(i) **Child Foundation:** The Child Foundation is the only service available for shelter and psychosocial support to children who have been sexually or physically abused. In the past 30 years, the foundation provided services to children in the age group 3–15 years, with limited available human and financial resources. The centre provides shelter for approximately 40 children and is generally fully occupied. In the past few years, the foundation had to make several public emergency calls to the government due to a lack of funds for payment of the salaries of its personnel, comprising 12 caretakers. Annually, the foundation receives a subsidy of SRD 325,000 from the government, which is only half of the requested budget. Efforts to mobilize resources from donors have been increasingly difficult, as these donors argue that paying salaries for services to vulnerable groups should be the responsibility of the government;

(j) **Training:** Incidental and regular training programs for social workers, police officers, public servants, family counsellors and other relevant stakeholders involved in the prevention and reduction of domestic violence and related issues;

(k) **Counselling of domestic violence perpetrators:** Based on the legislation on domestic violence, the Ministry of Justice and Police has formally acknowledged two social workers of SGGTV as counsellors of domestic violence perpetrators;

(l) **Establishment of shelter:** A shelter was established in Paramaribo for victims of domestic violence and their children, in August 2010, under supervision of the Ministry of Justice and Police. Prior to the inauguration of this shelter, the ministry organized two training sessions in November 2009 and February 2010, on shelters for abused women. Care providers working in the shelter also received training conducted by the SGGTV. Up till now, 18 women made use of the services of the shelter;

(m) **Revision of legislation:** more articles of the penal code were stipulated in conformity with the CRC on the prevention of and response to sexual violence of children. Recently, the Domestic Violence Act was approved in the National Assembly (see also section I.A on Legislation);

(n) **Victim Care Centre:** Within the Ministry of Justice and Police, the Victim Care and Victim Support units are strengthened and better equipped to provide care to child victims. In 2007 and 2008, two Victim Care Centres were established, in Paramaribo and Nickerie. The objective of these centres is to provide care and support to all victims of domestic violence, criminal offences and sexual offences, including children. The services consist of judicial aid, social aid and medical aid in collaboration with other relevant institutions. The Ministry of Justice and Police also distributed “social guides” which provide addresses and contact information of all services for victims of violence;

(o) **Improved data collection:** The SGGTV is gathering data on the number of victims in need of advice, assistance and counselling. The Police is also gathering data of cases reported on domestic violence on a regular basis;

(p) The government increased its cooperation with NGOs and media in the area of prevention and reduction of domestic violence. During the worldwide commemoration of “16 Days of Activism” in the last two years (2011 and 2012), the Gender Bureau stimulated more media attention on domestic violence, and issued statements of public role models against gender based violence;

(q) In 2010, a three year program was established in the University of Suriname, Institute of Graduate Studies and Research (IGSR), on “Prevention of Child Abuse” (PREKIMI), with technical and financial support from Dutch institutions. The program includes research on the remaining gaps within national legislation regarding alignment with the CRC, perceptions and prevalence of child abuse within the selected communities

and capacity building of relevant service providers in the guidance, counselling and treatment of child victims of violence and their caretakers.

VI. Basic health and welfare (arts. 6, 18 (3), 23, 24, 26 and 27 (1-3) of the Convention)

A. Children with disabilities (comments 49, 50, 51, 52)

118. MICS 2006 data shows that the percentage of children in Suriname aged 2–9 years, with at least one reported disability, is 23.7 per cent, with little differentiation between urban, rural coastal, and rural interior areas or mother’s education level or household wealth index level⁷ (also see tables 28 and 29 in the annex).

119. According to the situation analysis of children in Suriname (2010), children with physical or mental disabilities are facing numerous challenges: inadequate care in the child care institution, lack of or limited opportunities for adequate education, lack of opportunities for recreation and social development with other children, stigmatization within society and their family, risk of violence or abuse by service providers and family members.

120. Most service providers, including teachers, are not adequately trained in providing care to children with disabilities. There are a few special schools or other provisions for children with disabilities, and in general, even a lesser number adhering to young adolescents and none for children with a disability living in the interior. The schools that do exist are often not officially recognized as such by the Ministry of Education and Community Development (MOECD).

121. Awareness on issues concerning child disability is poor in Suriname. There is also a lack of early detection of disabilities, lack of qualified care providers while available services are also limited. In the NACP 2009–2014, a separate chapter is included on actions regarding children with disabilities. In 2004, the government established a multidisciplinary team “National Advisory Board for the Policy on Disabilities”. The team consists of: psychologists, educationalists, school social workers, speech therapists, dyslexia experts and physical therapists.

Legislation and policy

(a) In March 2007, the State party signed the Convention on the Rights of Persons with Disabilities but ratification of such has not yet taken place. The Optional Protocol has neither been signed nor ratified. Suriname lacks legislation concerning children or adults with disabilities. In the last UPR response, the State party reiterated the ongoing process aimed at ratifying the Convention and its Optional Protocol;

(b) The State Party is in the process of drafting a Bill on Special Education, to ensure, in particular, special (follow-up) education and protection for children with disabilities. The Draft Bill on Primary Education has been discussed among stakeholders and the Ministry of Education and Community Development is in the process of reviewing this draft;

(c) In 2004, the National Advisory Board for the Policy on Disabilities took the initiative to develop a policy plan for persons with disabilities for the period 2005–2009. This plan reviews policy interventions regarding legislation, public awareness,

⁷ MICS 3 2006 exec summary.

transportation, education, employment, basic social services, and recreation. The implementation was carried out by the relevant state actors and non-state actors. SOZAVO, through its policy committee, is planning to update the policy plan for the coming five years, with consideration of the commitments to the Convention on the Rights of Persons with Disabilities. In order to raise awareness on the policy and its implementation, the document will be widely disseminated, in and outside the government, in particular to relevant decision-makers and service providers. Preparations are also ongoing for establishment of a monitoring mechanism as well as formulation of cost and time bound action plans.

Ongoing and initiated programs and services by governmental and non-governmental organizations

(a) Drafting of a learning curriculum on persons with disabilities for teachers at primary school level to initiate awareness;

(b) At the MOB (Medical Education Centre), parents of children with disabilities can request assistance and information with regard to upbringing, guidance and support. In 2010, the MOB launched a new project aimed at participatory training of small groups of children with behavioural problems in the aspects of behavioural change, with close involvement of the parents;

(c) Promotion of the establishment of parent associations aimed at parents of disabled children;

(d) The implementation of a public-awareness campaign focusing on children with disabilities, training of health workers at under-five clinics for the improvement of skills for the early detection of growth and developmental disorders;

(e) The provision of test kits (Von Wieggen sets) to under-five clinics and other relevant agencies;

(f) Financial services for persons/children with disabilities. These include: financial assistance for children with disabilities. Parents with children with disabilities receive a monthly allowance of SRD 325 per child;

(g) Subsidy for care institutions and other organizations providing (care) services to children with disabilities;

(h) MOECD is preparing a policy document for special education at all levels, including revision of the curricula.

B. Right to health and access to health services (comments 51, 52)

122. Data presented in the MDG Progress Report 2009 (2010), as well recent results of the nationwide MICS survey (2010), indicate various levels of progress towards the achievements of the health related MDG targets for Suriname. Prevalence of underweight children has dropped from 15 per cent in 2000 to 9.9 per cent in 2006, and declined further to 5.8 per cent in 2010 (MICS 2010). The maternal mortality rate reduced from 153 to 82.5 in 2011. Malaria deaths dramatically reduced from 5.9 in 1995 to zero in 2011 (HSP).

123. Antenatal care (by medical practitioner, nurse or midwife) is relatively high in Suriname with 91 per cent of women receiving antenatal care at least once during the pregnancy. Antenatal care coverage is 94 per cent in urban areas, compared to 84 per cent in rural areas and is somewhat lower, 76 per cent, in the rural interior regions of Sipaliwini and Brokopondo. Among the vast majority of women who received antenatal care from a medical practitioner, nurse/midwife or community health worker, the respective ratios are

71 per cent, 19 per cent and 4 per cent (MICS 2010). The vast majority of births take place in health facilities: In 2006, this portion was 92 per cent of all live births. In 2010, the portion of institutional deliveries increased slightly to 92.3 per cent in 2011 (also see table 30).

Infant mortality

124. The Infant Mortality Rate (IMR) (number of infant deaths, 28 days after birth, and infant deaths before one year per 1,000 live births) remained almost stable from 20.2 in 2000 to 15.1 in 2011. From 2000 to 2011, the main causes of death among infants in this category were congenital malformations and diseases originating in the prenatal period and infectious diseases (respiratory infections, sepsis, and gastrointestinal infections).

125. The Perinatal Mortality Rate decreased from 35.8 in 2000 to 27.2 in 2011, while the Neonatal Mortality Rate dropped from 13.4 in 2000 to 11.2, in 2011. The under-five mortality rate decreased from 27 in 2000 to 17.5 in 2011. However, there is still a huge discrepancy with the MDG target for 2015, which is set at 10.9. The main causes of death were respiratory diseases (29 per cent), congenital malformations (34 per cent), bacterial sepsis (15 per cent) and poor foetal growth (13 per cent). From 2000–2011, the main causes of death in the age group 1–4 years were external causes (accidental drowning, accidental suffocation, traffic accidents) and infectious diseases (respiratory infections, sepsis, and gastrointestinal infections and HIV). The number of deaths among children age 1–4 years, decreased from 69 in 2000 to 41 in 2009. Annually, about 15 deaths among children age 5–9 years in the period 2000 to 2009 where the main causes of death were external causes and to a lesser extent infectious diseases (Health Sector Plan 2012).

126. Important achieved milestones include:

(a) Introduction of the Integrated Management of Maternal and Child Health (IMMCH) strategy within the Health System; this strategy will contribute to the mainstreaming of mother and child care in national programs and standardization and implementation of updated norms and protocols for mother and child care in general (this also incorporates the breastfeeding policy);

(b) In the period 2000–2011, the Maternal Mortality Ratio (MMR) decreased from 153/100,000 live births to 82.5/100,000 live births. To achieve the MDG target, the MMR needs to further decline to 50/100,000 births (see figures 12 to 14 in the statistical annex);

(c) A national Safe Motherhood Needs Assessment is finalized and a plan of action for improvement of maternal and perinatal health is being prepared;

(d) The perinatal mortality rate (PMR) decreased from 35.8 in 2000 to 27.2 in 2011. Correspondingly, the stillbirth rate decreased from 23.9 in 2000 to 18.5 in 2009;

(e) Increased coverage of pregnant women with HIV screening: In 2005, 78 per cent of all pregnant women were tested for HIV. This proportion increased to 84 per cent in 2010;

(f) The percentage of HIV positive pregnant women who received antiretroviral treatment (ART) to reduce the risk of mother-to-child transmission increased from 64 per cent in 2006 to 79 per cent in 2007 to 83 per cent in 2008;

(g) In 2011, 98 per cent of the children born from HIV positive women received ART (Suriname UNGASS Report, 2012);

(h) Decline of HIV infection due to mother-to-child transmission: annual cases of children with HIV/AIDS declined from 28 in 2004 to 15 in 2008 and further dropped in 2011 when only one baby was diagnosed as HIV+;

(i) The portion of children aged 1 who have been immunized against measles increased from 71.1 per cent in 2000 to 85.0 per cent in 2011.

127. The current health policy is guided by the Health Sector Plan, 2011–2018 and the Policy Plan of the Ministry of Health. The main goal is to guarantee integrated, effective and quality health care for all citizens. The specific determined targets related to health of children are:

- (a) Reduction of infant mortality from 19.2 in 2004 to 7 in 2015;
- (b) Reduction of child mortality from 24.5 in 2004 to 10 in 2015;
- (c) Reduction of maternal mortality from 85 in 2004 to 50 in 2015;
- (d) Immunization coverage from 85 per cent in 2004 to 100 per cent in 2015;
- (e) Achieve MDG target of reduction of maternal mortality to 50/100,000.

Malaria

128. Since 2004, the Medical Mission (Medische Zending), with assistance of the Global Fund and EU, is implementing a nationwide malaria program in close cooperation with the Public Health Office (BOG). The goal of this program is to reduce the transmission of malaria in high-risk communities in the interior of Suriname through the expansion of health care services to mobile populations in the interior using malaria as the entry point.

129. Malaria was substantially reduced from 15,000 cases in 2005 to 300 cases in 2010, while no mortality due to malaria has been reported since 2006. The number of diagnosed malaria cases among children in the hinterland districts, in the age category 0 to 5 years, decreased considerably since 2001, i.e. from 3393 to as low as 48 in 2008. In November 2010, Suriname received the “Malaria Champion of the Americas Award” at the PAHO Headquarters in Washington D.C. Suriname also endeavours to support the neighbouring countries on a technical level. Suriname has a 99 per cent malaria-free or malaria low risk environment. Activities are ongoing to maintain low prevalence and mortality rates with regard to malaria.

130. Experience in the past shows that malaria can re-emerge if control measures are not maintained. Preventive measures, in particular on the use of impregnated mosquito nets (treated with insecticide) can keep malaria mortality and morbidity rates low among children.

131. In areas with a malaria prevalence, children are examined using rapid tests and are treated immediately with a full course of recommended anti-malaria cure. Children with severe malaria symptoms, such as fever or convulsions, are urgently taken to a health facility and treated accordingly (also see for statistical data, table 16 of the annex).

Immunization

132. According to MICS 2010, about 83 per cent of children age 18–29 months received three doses of the polio vaccine, either prior to their first birthday or before the survey. Ninety one per cent has received at least a first dose of the polio vaccine. With respect to immunization against measles, an estimated 78 per cent of children age 18–29 months had received the measles vaccine by the age of 18 months. Nonetheless, national estimates from the Ministry of Health for 2010 and 2011, show that Suriname has attained an immunization profile above the international threshold of 85 per cent for immunization against measles and can therefore be categorized as a country “out of the danger zone”. National estimates from the Ministry of Health on children age 12 months to 2 years, show that the respective proportions of 79 per cent in 2009, 80.1 per cent in 2010 and 77 per cent in 2011, were immunized against yellow fever by their first birthday.

133. Among women with a live birth in the last 12 months in the different regions of Suriname, the largest proportion vaccinated against neonatal tetanus was 53 per cent in Brokopondo and 49 per cent in Para. The smallest proportions were observed in Paramaribo (28 per cent) and Coronie (29 per cent). Given the small proportion observed in Paramaribo, it is not surprising that smaller proportions of women in urban areas received immunization against neonatal tetanus, compared to those in rural areas. In fact, similar proportions have been observed in the rural areas, whether in the coastal area or in the interior. There is an inverse relationship between the mother's education level and the proportion of women immunized against neonatal tetanus as those with a higher level of education appear to have lower likelihoods of being immunized against neonatal tetanus. In general, 36 per cent of women in Suriname with a live birth in the last 12 months were estimated to have been protected against neonatal tetanus (MICS 2010) (see table 33 in annex).

Safe drinking water and sanitation

134. Overall, 95 per cent of the population makes use of an adequate source of drinking water – 98.6 per cent in the urban areas and 85 per cent in the rural areas. In the rural coastal area and in the interior, the corresponding proportions are 96 per cent and 71 per cent and are indicative of more favourable access to adequate sources of water in rural coastal areas. Compared to the other regions where there are insignificant differences in the proportion of the population with access to an adequate source of drinking water, considerably lower proportions have been observed in Sipaliwini (64 per cent).

135. In Suriname, the urban domains are associated with higher proportions of household heads with a higher level of education and a greater concentration of households in a higher wealth index levels. Thus, in comparison to the population of households with heads with no education, it is not surprising that in the households of which the head is someone with at least secondary level education, there is a greater likelihood of access to a water supply connection in the house or yard as their main source of drinking water. The situation was compared to the use of rainwater as the main source of drinking water.

136. In Suriname, approximately 79 per cent of all household members have access to improved water sources and improved sanitation. In urban areas, the proportion of the population with access to an adequate water source and improved sanitation is substantially higher than in rural areas (87 per cent as opposed to 56 per cent), although in the case of rural areas much higher proportions have access to facilities in rural coastal areas (80 per cent compared to the rural interior (23 per cent). In the rural area, Brokopondo and Sipaliwini, the respective proportions are 31 per cent and 21 per cent. Although variable, much more favourable levels of access to adequate drinking water and sanitation is evident in the other regions of Suriname, especially in Coronie (96 per cent) and Nickerie (93 per cent).

Nutrition

137. MICS 2006 data for children under age five (n= 2257) indicate 9.9 per cent as being moderately underweight, 0.8 per cent as severely underweight, 7.7 per cent as moderately growth-stunted and 4.9 per cent as moderately ailing. Compared nationwide, a higher percentage of severely growth-stunted children was found in the interior: 2.8 per cent versus 1.4 per cent nationwide.

138. Data from 1995–2010, on malnutrition and hospitalization of children aged <28 days to 10 years, shows a downward trend in the number of cases with regard to all age groups, predominantly amongst children aged 28 days to 11 months and 1 to 4 years. Overall, admission of children under five to a health institution decreased in the last 15 years.

139. The 2009 Global School Health Survey (GSHS) amongst children aged 13–15 years (n=1698), shows that approximately 7.5 per cent are underweight and 26 per cent are either overweight or obese. This indicates a double burden of malnutrition and obesity amongst children in Suriname.

140. To address nutritional issues, a few standards and guidelines have been developed. WHO Child Growth Standards are incorporated in a new child health registration. This has been implemented and the findings show that restructuring of neonatal and infants <5 care is necessary.

141. A manual to improve the provision of food in schools (kindergarten and primary schools) has been developed and piloted. In order to realize further implementation, it is necessary to train adequate school staff, to set up a support mechanism for schools, initiate project activities aimed at promoting awareness amongst school staff and to initiate information campaigns on healthy foods and snacks in schools. In addition, it is recommended that measures are provided to make healthy food affordable at schools and that the conditions for selling healthy food in school are observed (Health Sector Plan 2012).

C. Adolescent health (comments 53, 54)

Basic Life Skills program

142. As part of the national response against HIV, the Ministry of Education established a primary prevention program entitled “Basic Life Skills” (BLS). After many years of preparation and piloting of an advanced curriculum, the curriculum was finally submitted to the Council of Ministers in 2011, for approval. This curriculum includes classes for 5th and 6th grade of primary schools and 1st and 2nd grade of junior secondary schools. In primary schools, informational classes on sexuality are limited to HIV and sexual abuse. The secondary education curriculum is more comprehensive and includes 13 classes, including classes on teen pregnancy and abortion. An additional manual for parent’s education has also been piloted. The overall response of the students as well as their parents was satisfactory. The “Basic Life Skills Unit” (2009) was established as a separate department within the Ministry of Education and is equipped with an office and staff. This unit is an upgrade of the previous Basic Life Skills Committee which was established in 2005, with the promotion and strengthening of life skills amongst children and adolescents. The department is currently preparing the full integration of basic life skills in the curriculum of primary and secondary schools, to commence in the school year 2013.

143. The contents of BSL in Suriname is largely in accordance with the contents of the Caribbean program of Healthy Family Life Education (HFLE). In regional discussions on HFLE, one of the identified weaknesses is the lack of integration in the main school curriculum. In most Caribbean countries, the program is not mandatory and is highly dependent on the individual teachers’ and school principals’ willingness to include this in the school curriculum. In Suriname, the BSL is promoting a more structural approach to integration of classes. Although this received considerable resistance, especially amongst school staff who wish to maintain a cognitively dominated curriculum. According to the current MOECD Director, the curriculum should be introduced in the upcoming school year, 2011–2012. District BSL units have already been established in Marowijne, Brokopondo and Nickerie where their role will be to coach schools in the implementation of the curriculum and mobilization of resources to fund additional BSL related community projects. In the interior, the peace corps is piloting the lessons, not based on grades but on age groups.

144. As a follow-up to the Committee's recommendations (Concluding Observations 2007, para. 54), the government has taken various measures to address problems of adolescents in the areas of drug and alcohol abuse, use of tobacco and teenage pregnancies, an overview.

Prevention of alcohol and drug abuse

145. The National Drug Master Plan of Suriname (NDMP) 2011–2015, as well as the National Drug Prevention Plan 2011–2014, were approved by the government in 2011. The establishment of a new board of the National Anti-Drugs Council 2012–2015 is being prepared. Similar to the previous NDMP 2006–2010, the current plan covers the areas of demand reduction, supply reduction, control measures, national drugs observatory, international cooperation, drugs and commercial sex, drugs and HIV/AIDS. The National Anti-Drug Council, the National Steering Group for drugs under the direction of the Prosecutor-General, the National Working Group for drugs headed by the Advocate-General and the Johan Adolf Pengel Airport Team (JAP) which comprise the Anti-Drug Squad of the Police, the Military Police, Customs and Airport Security, are the national entities involved in executing the National Drugs Master Plan of Suriname.

146. The National Anti-Drug Council (NAR), established in 1998, operates under the Ministry of Health. This national authority, assisted by an executive office (Bureau NAR), is in charge of coordinating the areas of demand and supply reduction, control measures, national drug observatory, international cooperation, program evaluation and research. Since 2006, the assigned annual government budget for the office was doubled (see table below).

<i>Year</i>	<i>Annual GOS budget</i>
2006	56 706.07
2007	93 035.71
2008	122 910.71
2009	119 160.71

147. In the area of demand reduction, the NAR carried out a survey of alcohol and drug abuse for secondary school students in 2006 and an alcohol and drug abuse national household survey in 2007. This last survey showed that a vast majority of youth, aged 12-25, perceives drug use as being harmful to their health and well-being.

	<i>Percentage</i>
Often smokes cigarettes	80.3
Often drinks alcoholic beverages	81.8
Occasionally smokes marihuana	72.2
Often smokes marihuana	83.6
Occasionally uses cocaine HCI or crack	87.7
Often uses cocaine HCI or crack	90.5

Use of tobacco

148. Suriname ratified the Framework Convention on Tobacco Control (FCTC) on 16 December 2008. With financial and technical input from PAHO, the MoH developed the first draft of the National Tobacco Law, February 2009, which was submitted to parliament in 2012. Three staff members from the Ministry of Health received training in how to strengthen tobacco surveillance in Suriname. The specific surveillance tools are: Global

Youth Tobacco Survey (GYTS), Global School Health Survey, Global School Personnel Survey (GSPS), Global Health Professional School Survey (GHPSS). Since the ratification of the Tobacco Convention the Surinamese government undertook several “Smoke Free Initiatives”:

- (a) Support to declare all government buildings smoke free;
- (b) Appoint and train anti-tobacco focal points at each Ministry (in consultation with the Ministry of Labour);
- (c) Encourage all health institutions to officially declare their premises smoke free;
- (d) Create awareness among managers, doctors etc.;
- (e) Expand the list of smoke free schools to all primary and secondary schools;
- (f) Create awareness among directors of schools (in consultation with the Ministry of Education);
- (g) Support the preparation of national policies to restrict smoking in public transportation (in consultation with the Ministry of Transportation);
- (h) Law on tobacco submitted to parliament.

Teen pregnancies

149. Similar to the rest of the countries in the Caribbean region, Suriname has a relatively high prevalence of teen pregnancies. Since the 1980s, all age groups experienced an overall fertility decline between 28 per cent and 47 per cent, except for the youngest age group, 15–19, for which the decline was only 5 per cent over a period of more than 25 years. This trend indicates that even if general fertility shows a significant decline, fertility among teenagers remained persistently high.

150. In the past years, the proportion of annual live births in Suriname from teen mothers fluctuated between 15 per cent and 17 per cent, and in absolute terms, between approximately 1,500 and 1,600 births. If the births from mothers, aged under 15 years are included, the proportion slightly increases with an average of 0.7 per cent. The number of teen pregnancies by mothers under 15 years is almost exclusively reported for people living in the interior (see also figures 14 and 15 and tables 39 and 40 in the statistical annex).

151. The vast majority of teen pregnancies regard “unwanted pregnancies”. The study on “Youth and Health” (2008) found 74 per cent of girls, aged 15–19 years, stating that their last pregnancy was not planned. These findings are confirmed by a recent study conducted amongst youth, aged 18–24 years, which showed that 53 per cent of all women were once pregnant and 61 per cent of whom their last pregnancy was unintended (Lobi/CPD 2011). Contraceptive methods mostly used by young women are the condom and “oral contraception” (MICS 2009, MOH 2008). MICS reported that only 33 per cent of girls 15-19 reported use of contraceptives.

152. Adolescent fertility is a key determinant in the intergenerational transmission of poverty and strongly impacts negatively on the opportunities for girls and women to advance in the education and employment sectors. In 2011, UNFPA supported the situation analysis report on “Adolescent Fertility and Poverty in Suriname”,⁸ as part of a regional project on adolescent and intergenerational poverty. The data presented in this report confirm the relation between poverty and adolescent fertility, found in many international studies. In Suriname as well, early childbearing among adolescent girls is

⁸ See: Julia Terbog (2011). “Adolescent Fertility and Poverty”. Suriname Report 2011. UNFPA.

disproportionately higher amongst the most disadvantaged women: poor, living in rural areas and belonging to Indigenous and Maroon groups. These patterns are more or less similar to what has been found in other parts of Latin America and the Caribbean. The impact of teen pregnancy on the future of young mothers is strongly linked to the mother's age, household wealth level and ethnic cultural background.

153. Current policy and measures are focused on prevention of unwanted pregnancies, increasing universal access to a comprehensive range of contraceptives and increasing knowledge and awareness on family planning. In 2005, a national sexual and reproductive policy was formulated, which, however, was never formally approved and adopted by the Council of Ministers. In 2009, a national comprehensive Safe Motherhood Needs Assessment was conducted, and in 2012 a community survey amongst mothers in four communities to assess the influence of risk factors during pregnancy, delivery and post-delivery for mother and child. The findings of all assessments and surveys will be translated into concrete actions aimed at improvement of maternal health care, including care for young mothers and development of a specific maternal health protocol in case of teen pregnancies and teen mothers.

154. There is no formal government policy on pregnant girls in schools. However, through letters to school principals and public statements, the Ministry of Education stated that the government does not allow removal from school due to pregnancy with reference to the right of every child to education. However, some of the school principals tend to hold on to their own school rules and still expel pregnant girls from school. A clear policy on the response to teen pregnancies is definitely needed. In the past years, the number of teen mothers replaced in school by the Ministry decreased (see table 39 in annex).

155. Despite the formal approval of many schools to young mothers re-entering school, there is still little support for these girls to adequately balance the expectations of "being a good mother" and "being a good student". Coping with these contradictory expectations is further hampered by the persistent stigma on teen mothers within schools. This stigma is carried out by other students but also by schoolteachers.

156. Since 1988, the Ministry of Education and Community development (MOECD) started a program to support female school dropouts, due to early pregnancy, to re-enter the formal school system and continue their educational career. The "Project Teenage Mothers in School" is institutionalized in the organizational structure of the sub-directorate Youth Centres of the Directorate of Youth Affairs, which currently falls under the recently established new Ministry of "Youth and Sports".

157. The main objective of the project is to empower young mothers, aged 15–24 years, from different angles, and provide appropriate knowledge, counselling and skills to prevent a new unwanted pregnancy, to achieve at least an educational degree at the secondary level, and to adequately care for their child (see table 40 in annex).

Teenage marriage

158. In the current reviewed Suriname marriage legislation, "Revision of Marriage Act 1973" (2003) the minimum marital age is 15 for females and 17 for males, which still reflects gender inequality. Until 2003, a double marriage legislation existed, with a separate "Asian marriage legislation", in which minimum marriage age for men and women was respectively 15 years and 13 years. Since the establishment of one national marriage law, the number of marriages within the age group 15–19 has dropped. Of all marriages in 2007, about 12 per cent was of girls aged 15–19. Most marriages (one third) take place within the age group 20–24.

159. The data found in the last MICS (2009), is more or less in accordance with data collected by the CBB (2007), on the share of married women, aged 15–19 years. MICS

found that, nationwide, approximately 11 per cent of women aged 15–19 years was married or living with a partner and this was highest in households where the mother tongue is Javanese (19.2 per cent) or amongst women living in the rural interior districts (20.0 per cent).

160. Fortunately, MICS data is much more detailed on the characteristics of teenage marriages. Almost one to four women (22.5 per cent), aged 15–49 years, was married before the age of 18, with most married young women concentrated in the interior and rural districts of Suriname. In the rural interior districts, more than 1 out of 10 women was married or living with a partner before age 15 and more than half was married or living in with a partner before age 18.

161. Other striking findings were that:

(a) 19.5 per cent of the girls, aged 15–19 years and 22.6 per cent of the women aged 20–24, currently married or in union in 2006, had a husband 10 years older or more;

(b) Women who married at a young age were more likely to believe that it is sometimes acceptable for a husband to abuse (beat) his wife and were more likely to be victims of domestic violence.

162. Currently a revision in the Civil Code is taking place, including increase of the marital age.

D. HIV/AIDS (comments 55, 56, 57, 58)

163. Suriname has a generalized epidemic with an estimated prevalence of 1 per cent of the adult population (age 15–49) (UNAIDS 2010 Global report). The current response is guided by a strategic plan for HIV/AIDS 2009–2013, focused on 5 priority areas. With reference to the committee’s recommendations (Concluding Observations 2007, para. 56), the following information shows that the government implements its strategic plan and other measures with positive results in reducing HIV prevalence and mitigation. Various national protocols and guidelines were developed to strengthen and standardize care and treatment, including a clinical treatment protocol, VCT protocol and a PMTCT protocol.

164. Since 2007, a steady decline was shown in the number of newly registered HIV cases from 683 new cases in 2007 to 601 in 2008, and in 2010, a sharp decline to 527 new cases. The percentage of young women and men aged 15–24 who are HIV infected reduced slightly from 1 per cent 2006 to 0.9 per cent in 2007 and 2008 and further dropped to 0.7 in 2010. With the increasing availability of antiretroviral medicine, in particular since the start of the Global Fund in 2005, the numbers of people receiving treatment has increased steadily. There is a more than 3 times increase of people receiving treatment from 346 in 2005 to 1276 in 2011. AIDS dropped from fifth to sixth place on the list of most frequent causes of death, in 2006, mainly due to an increase of early diagnostics, especially within the context of PMTCT and the steady increase of people receiving treatment with antiretroviral drugs (ARV).

165. The establishment and development of a nationwide PMTCT program contributed to: an increased coverage of HIV screening of pregnant women 78 per cent in 2005 to 84 per cent in 2010. In the period 2003 to 2010, HIV prevalence among pregnant women fluctuated around 1.0 per cent. HIV treatment of HIV positive pregnant women and children increased from 64 per cent in 2006 to 83 per cent in 2008. In 2011, 98 per cent of the children born out of HIV positive women received ART (Suriname UNGASS report, 2012).

166. Since 2007, the key achievements in the area of HIV related needs for children in general are: development of guidelines for treatment of children and availability of early

infant diagnosis (PCR). New cases of HIV/AIDS amongst children under 5 declined from 28 cases in 2004 to 1 case in 2011. The proportion of young people aged 15–24 who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission increased slightly from 41 per cent in 2006 to 41.9 per cent in 2010 (MICS 2006, MICS 2010).

167. As part of its national commitment and actions, the government is providing assistance through increased budget allocations for HIV response. In 2008, the Government of Suriname, in particular the Ministry of Health, allocated a specific budget for the national coordination of the HIV response, amounting to US\$ 800,000. In the approved budget for 2009, the allocated government funds have been scaled up to US\$ 1,007,714. On a much smaller scale, other ministries also increased their expenditures on HIV. As external financial sources decrease the Government of Suriname is spending more on HIV as shown by NASA done for 2009–2011. Suriname’s development partners showed continued support in the national HIV response through different efforts (Suriname UNGASS report, 2012).

E. Right to an adequate standard of living (comments 57, 58)

168. Until the Conditional Cash Transfer (CCT) system is in place, poor people can apply for the following social safety net provisions. Some of the financial assistance amounts have been increased slightly since 2010:

(a) Financial assistance for parents with children with disabilities or adults with disabilities: the monthly amount was increased from SRD 100 (US\$ 36) to SRD 225;

(b) Financial assistance for individuals/households (FB): individuals earning up to SRD 40 per month can apply for financial assistance to an amount between SRD 33 and SRD 40 (variation depends on size of the household);

(c) Subsidies for institutions offering care for children with disabilities: institutions receive a subsidy per child per day, amounting to SRD 4.50. Childcare institutions can also apply for the medical card for the children placed under their care. The income norm does not apply in this case;

(d) Medical provision: individuals/families without medical insurance (for themselves and their children) and who meet the criteria (for example, monthly earnings of up to SRD 80 (US\$ 29) can apply for a medical card which cover expenses for primary health care at the Regional Health Services clinics, costs for medicine, lab tests, hospitalization, X-ray, rehabilitation and haemodialysis;

(e) Child allowance (AKB): parents who do not receive a child allowance through their employer or who are not under employment can apply for child allowance. This amount was increased from SRD 3 (US\$ 1) per month per child to SRD 30 per month;

(f) School uniform: parents with a monthly earning of up to SRD 80 (US\$ 29) can apply for a financial benefit in order to compensate for the expenses made in regard to the purchase of school uniforms, shoes and school material. The amount per child for the school year differs per level of schooling namely: from kindergarten SRD 8 (US\$ 3) to the amount SRD 43 (US\$ 15.60). The number of children receiving assistance for school clothing and supplies increased from 5,755 in school year 2007/2008, to 9,822 in school year 2010/2011 (see table 5 in annex);

(g) Provision of food for child care institutions and day care centres: the “Child Feeding” unit provides warm meals, vegetables and milk to institutions providing care to children.

169. In addition to material provisions, there are also divisions within the Ministry of SOZAVO that provide guidance to families and children. For children in particular, there is a division Youth Care in charge of registration of cases regarding youth problems at home e.g. abuse, parents who cannot control their children etc. This division places the children in child care institutions or provides coaching and counselling for the parents and children.

170. In 2006, the Ministry of Social Affairs and Public Housing (SOZAVO) implemented a Family Coaching Project in collaboration with the Salvation Army. This project was initiated as a cooperation between the Salvation Army in the Netherlands and the Ministry of SOZAVO in Suriname. The project purpose is to prevent placing of children in child care homes or to reunite children already sheltered in care institutions with their families through development of a suitable care plan. The Ministry has piloted this approach and is now undertaking actions for structural integration of this project in the ministry.

VII. Education, leisure and cultural activities (arts. 28, 29 and 31 of the Convention)

Right to and objective of education (comments 59, 60)

171. The latest government MDG report (2009) shows that while Suriname is well on track to achieve MDG 2 (Universal Access to Primary Education), there are still persistent significant gender, socioeconomic and geographical disparities. The Surinamese government is continuously working towards improvement of education but still has to face many challenges which have their roots in the social, cultural and economic environment, as well as in the school system.

172. Main problems are related to access to and availability of quality education (at all levels, and in particular in the interior), relatively high proportions of repeat-students, dropouts and retention. Another matter of concern is the outdated school curricula, lack of qualified teachers, structural inefficiencies in training of teachers at all levels, bad infrastructural conditions and lack of adequate learning materials.

173. Disparities with regard to access to quality education are especially revealed if a comparison is made between urban and rural/interior areas. The national net primary school attendance rate is 97 per cent compared to 55 per cent in the interior. For many children, who only speak local languages at home, the Dutch language used as the official language at school, remains a major barrier resulting in high number of repeat-pupils in first grade of primary school and poor net full completion rates, especially in the interior (for more statistical data on education, see tables 42 to 48 of the statistical annex).

Reforms in education

174. The Minister of Education has undertaken various measures for educational reforms at all levels, with special attention for improvement of education in the interior.

Basic Education Improvement Program

175. This program, known as the BEIP program, is a major educational reform program, initiated in 2004, and aimed at the establishment of an Eleven-Year Basic Education System which will transform the current six-grades primary education structure to a ten-grade basic education system, also encompassing 4 grades of the current junior secondary system. This program was financed through US\$ 11 million IDB loan and comprised of four components:

1. Development and establishment of a revised basic education cycle and quality improvement.
2. Renovation of school and other infrastructure of the MOECD.
3. Strengthening of management capacities at the school level.
4. Modernization and strengthening of the MOECD and the school system.

176. The BEIP program was specifically focused on updating the educational contents and processes through capacity building of teachers and institutional reforms to build-up management capacities at both the MOECD and the school level. For the last two years, the GOS has been conducting a wide process of consultation with the main stakeholders on the proposed change of the basic education system.

177. An evaluation of the BEIP in January 2012 showed the following achievements:

(a) Renovation of 55 schools and 8 classrooms. In 2010, a majority of school buildings and teachers' residences were renovated with high priority for the interior area. Worth mentioning is the construction of two boarding homes annex secondary schools in the interior at Atjoni and Stoelmanseiland;

(b) Training of 621 school principals and administrators at 397 schools;

(c) Construction of 10 teacher resource training centres in the capital city, districts and the interior. In May 2012, the first of these centres were officially opened in districts Commewijne, Saramacca, Coronie and Nickerie. Later that same year, others were to follow. These centres will be used for strengthening the capacity of teachers and a qualitative control of innovations implemented in primary education;

(d) Revision of national curriculum. Curriculum framework for grades 1–8, revisions in the curriculum for grades 1–3. The curriculum of the pre-primary and primary level has already been revised and is currently being piloted;

(e) Training of 3,300 education stakeholders;

(f) Provision of 106,000 textbooks and learning materials;

(g) Establishment of an Education Management Information System (EMIS).

178. Recently, the GOS started phase II of the BEIP which will focus primarily on improving learning outcomes in the junior secondary grades (9–11 years) of the basic education system. The government is in the process of drafting a Bill on Basic Education, including kindergarten, primary and junior secondary level education with the input of all relevant stakeholders. The legislation also includes provisions on Special Education for children with disabilities and the extension of the compulsory education age group to 4–16 years. This will mark a change of the current Compulsory School Attendance Act, which includes a compulsory age group of 7–12 years. Other reform activities of the MOECD are focused on modernization of teaching and learning methods and reform of curricula.

179. On November 2008, the Ministry of Education (MINOV) launched the program "PROGRESS": Program for More Effective Schools in Suriname, an agreement between the government of Suriname and the VVOB (Flemish Association for Development Cooperation and Technical Assistance) aimed at increasing the efficacy of the education system in Suriname and improving the quality. Different programs and projects have been prepared and executed within this cooperation. A major program is entitled the "I Believe in You" program, additionally supported by UNICEF. This is a child-friendly approach within child education based on modern teaching methods with an increased focus on the personality and abilities of individual children as well as their needs and the need for children to learn within an active and pleasant atmosphere. The "I Believe in You"

approach and the related child friendly methodologies are incorporated in training of teachers in primary schools across the country, including private schools, as well as in the curriculum of all teacher colleges. In this regard, specially designed materials such as posters and video films were distributed to approximately 8,500 persons in the education sector, including managers and school inspectors. Monitoring of the application of the “I Believe in You!” approach has not yet been implemented. Nevertheless, expectations are that with the introduction of these new teaching methods, the school quality standards and teacher competencies will be improved, and a more child friendly school environment will be created.

180. As part of the program PROGRESS, a pilot project entitled “Care and Coordination” was implemented on different education levels. A total of 50 care coordinators were trained and installed in schools with the aim to provide support to both students and teachers. In other schools, so called “Renewal Coordinators” were established to guide the change process that was further initiated in the respective schools.

181. Furthermore a special Centre, called “Centre for Continuing-Education in Suriname” (CENASU); was established in 2012. The objective of this Centre is to work in a systematic manner on capacity building and upgrading of teachers.

“New Teacher” program

182. The pedagogic institutes in Suriname will be transformed to institutions for training of teachers for primary education. By 1 October 2012, training shall focus on primary education, including practical training. The admission requirements will be raised to secondary junior education with minimally secondary senior education. Through revision of curriculum and reorganization of the full training of teachers for primary education, the new teacher will enter the primary education class room with increased qualifications and new skills, in accordance with the needs of the current society.

Formulation of national ICT policy within the education sector

183. For some time now, the MOECD is in the process of formulating a national ICT policy for the education sector. The Ministry is aware of the need to bring quality ICT education within the range of especially weaker social classes living in city, district and the interior. The aim is to provide virtual education, based on accredited didactic and pedagogical standards, by means of the Internet to education facilities in all living areas for both students and teachers. Within this context the MOECD recently (Feb 2012) organized the Virtual Educa Caribbean Conference & Fair in Suriname, with technical and financial support of the OAS. The topic of the conference was: use of ICT and Innovative Approaches to Enhance Education.

Involvement of parents

184. MOECD made efforts to enhance the establishment of Parent Teacher Associations (PTAs) to facilitate parents’ participation. The ministry currently has a policy in place to make it compulsory that schools establish PTAs in order to increase parents’ involvement in schools. Parenting and Parent education is still in its initial phase, but is conducted by NGOs on a small scale.

185. Parenting manuals have been finalized for the age group 0–5 years, 6–12 years and 13–16 years, by the Ministry of Health in collaboration with other stakeholders, including the Ministry of Education and Community Development, the Foundation for Protestant Christian Education in Suriname (SPCOS) and United Nations organizations. The parenting manuals will form an integral part of the envisioned national parenting program. The manuals will be tested and enriched with experiences from the varied cultures of the

Surinamese society. The focus will be on the parenting manual for the age group 0–5 years with special focus on the early years: 0–3 years (the toddlers).

Task Force “Preparing Education Innovation”

186. In May 2012, the Task Force “Preparing Education Innovation” publicly submitted its findings in a report to the President of Suriname. Based on 57 consultation meetings with relevant stakeholders, the taskforce has taken various measures to address the problems identified in education. A brief overview of these measures is presented below:

1. Preparation of legislation to determine the average number of pupils per class for an effective new school year (2012–2013). By law, the maximum number of pupils per class at preschool education level will be established at 18, primary school at 25 and secondary level at 22.
2. Preparation of legislation to determine the expected results for all educational levels, and curricula.
3. Re-activation of the diagnostic test in the 5th grade of primary school for early detection of gaps (already implemented) and increase passing rate in 6th grade exam.
4. Training of teachers in using the results of the diagnostic test to improve graduation results at end of primary school (ongoing).
5. Increase of effective teaching hours, increase recruitment of qualified teachers, decrease absenteeism among teachers must contribute to improved quality of education.
6. Improve learning and school materials and school infrastructure.
7. Special education will be free of charge.
8. Strengthen and expand existing programs on Prevention and reduction of teen pregnancies.
9. Strengthen and expand after school programs, including provision of food, school work guidance and sport, in low income communities.
10. Removal of all school and tuition fees for basic education, in order to enhance universal access to free basic education. With the implementation of this measurement at the start of the new school year 2012/2013, the GOS will operate in full accordance with article 28 of the Convention on the Rights of the Child, which binds signatories to provide free primary education, in order to guarantee the right to education.

187. To accelerate the renovation of school buildings and further extend school accommodations, an amount of SRD 114 million is reserved. In 2012, a crash program was started to renovate/upgrade 240 classrooms and expand the practical classrooms in technical schools. An additional US\$ 20 million was allocated by the government to finance improvement of the content of the school curriculum. The choice was made for a rapid approach. The government decided to import modern Dutch learning books from the Netherlands for various subjects in primary and secondary schools. Where possible and necessary, the content will be adapted to the specific Surinamese context. The shipping containers with these books have already arrived and training of teachers in adequate use of these new books and related teaching methods has also been started.

Early Childhood Development

188. The Early Childhood Development Committee, chaired by the MOECD and consisting of representatives of key ministries, with the ECD unit as a working arm, is in charge of coordination and monitoring of the national ECD strategic plan, aimed at

increasing the access to quality early childhood services to all children, aged 0–8 years. The coverage of Early Childhood Education in Suriname is not yet comprehensive as there are significant gaps in a number of areas, including:

- (a) Early stimulation services;
- (b) Developmental monitoring and early intervention;
- (c) Access to and quality of preschool.

189. To reduce these gaps the ECD unit is taking action in the following areas:

- (a) Providing access to quality education in the first two years of primary school through the provision of early childhood trained teachers and appropriate staff child ratios;
- (b) Exposing educational practitioners to early childhood teacher training and qualification and early childhood caregiver training and certification;
- (c) Developing and harmonizing curriculum offerings consistent with the current scientific fundamentals.

Main implemented activities of the ECD unit

190. The main implemented activities of the ECD unit are as follows:

- (a) Based on the Regional Guidelines for development of policy, regulation and standards in early Childhood Development Services, the ECD policy document is being revised;
- (b) ECD Legislation and standards are submitted to Parliament and are awaiting discussion and approval. Once legislation is implemented, all ECD centres will be monitored guided by standardized regulations for operation and service provision;
- (c) Promotion and awareness raising on the ECD standards, especially among service providers in (preschool) day care centres for 0–3 years;
- (d) Development of draft national Play and Work Plan (curriculum), revised and implemented in October 2011. The focus of this plan is placed on improvement of preschool education as part of ECD. Although the attendance of preschool (kindergarten) is not compulsory, the enrolment numbers are high (approximately 85 per cent of the school age group). The average number of pupils per class is 30 per 1 teacher. There is no evaluation test at the end of the two years of the kindergarten;
- (e) Parenting manuals have been finalized for the age group 0–5 years, 6–12 years and 13–16 years, by the Ministry of Health in collaboration with other stakeholders including the MOECD and relevant NGOs. The focus will be on the parenting manual for the age group 0–5 years with special attention for the early years 0–3 years (toddlers);
- (f) To be able to reach the communities, the ECD Committee implemented the “District Focal Points” project. The goal of this project is to reach the communities through selected and trained persons in the communities to raise awareness and carry out ECD programs in their own communities. A manual was developed based on the Early Childhood Caribbean Learning outcomes;
- (g) In February 2012, the ECD Commission launched a national ECD database. This database will provide the data with regards to the ECD services in Suriname. Mostly international comparable indicators. International comparable (UNESCO) education indicators. The activities have been evaluated but instruments are not yet in place to evaluate the policies.

191. Evaluation of the ECD policy shows that there is need for further strengthening of the policy framework, to implement strong monitoring mechanisms and to build human and technical capacity to deliver the services at the levels that are required.

Vocational education and training programs for school dropouts

192. The Ministry of Labour develops and implements programs primarily focused on vocational training to increase employment opportunities in view of the current labour market demands. The target groups include unemployed, school dropouts and other marginalized groups such as people living in the interior.

193. The Foundation Labour Mobilization (SAO) offers vocational training for unemployed persons, including school dropouts, associated to the current labour market demand such as training in welding, electric home installation, textile and home care. The Foundation Productive Working Units (SPWE) is a training centre of the Ministry of Labour, primarily focused on providing support to young micro and small entrepreneurs through the transfer of skills and knowledge for the development of business plans and establishment of sustainable small businesses. These small entrepreneurs are trained in personal leadership, communicative skills, basic bookkeeping, financial management and marketing. In addition to these training activities, SPWE is also able to provide micro credits. The Suriname Hospitality and Tourism Training Centre (SHTTC) offers training programs aimed at employment in the fast growing hospitality and tourism (HORECA) sector. The training provided includes: housekeeping, catering, bartender and kitchen chores. In 2009, the Ministry of Defence initiated a Second Chance to Education Project for early school dropouts. Since 2005, the MOECD organizes a national youth information fair especially for students, where information is provided on various themes, including school- and job career opportunities.

After-school programs

194. Since 2005, the department of Youth Affairs of the MOECD, implemented a pilot “After-school Program” in a small number of low-income communities in Paramaribo. In 2012, the program has been extended to almost all districts and includes an increased number of communities and approximately 100 schools. A strong network of community organisations has been established, functioning as a local counter part of the Directorate of Youth Affairs. This program uses a participatory community based approach with active involvement of community groups, such as school leaders and teachers, health providers, social workers etc., and use of existing community facilities to facilitate the after-school program, in particular schools and community centres. Extension of the after-school program with school feeding.

Access to sports

195. Youth and sports are priority areas for Suriname and as such a physical activity and national sports plan was developed. In 2012, SRD 6 million has been allocated for a pilot project to support vulnerable communities in several districts, by setting up multifunctional sports centres. Furthermore, the Regional Sports Academy for the Caribbean has been launched in March 2012. The Regional Sport Academy is an initiative of Suriname, and was fully embraced by other CARICOM member states, as it fits well into the growing curve of the Caribbean sports culture. Suriname holds the portfolio for sports within CARICOM and shares the view that sports can play a vital role in contributing towards its further development, since sport is an important tool to address critical health, social and developmental issues. Sports can provide youth with a positive future regarding their personal development. Sports means investments, but it also means foreign currency income for families and for our countries. Through the establishment of a unique Regional

Sports Academy, the sports industry in the region will be generated and elevated to international standards.

Access to cultural activities

196. Suriname is a multicultural society with many different ethnic groups, religions and languages. Cultural and religious programs of the different groups are supported by the government, in particular by the Culture department and the Cultural Centre Suriname (CCS), both departments of the Ministry of Education. The harmonious coexistence of multiple ethnic groups is promoted through celebration of national holidays in schools whereby the children share each other cultural traditions for example by dressing in traditional clothing, through cultural performances and plays, songs, expositions, etc. Suriname has two national music schools and recently a national conservatorium has been established.

VIII. Special protection measures (arts. 22, 38, 39, 40, 37 (b) and (d), 30, and 32–36 of the Convention)

A. Children belonging to minority and indigenous groups (comments 61, 62)

197. Suriname ratified the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) and has twice reported to the Committee on the Elimination of Racial Discrimination. The law allows no special protection for or recognition of Indigenous Peoples and Maroons, assuming that the constitution acknowledges equal rights for all, irrespective of race or living area (info UPR, 2011).

198. In practice, however, there are large discrepancies between law and actual practice. The Indigenous Peoples and Maroons living in the interior account for respectively 3 per cent and 10 per cent of the total Surinamese population. Suriname distinguishes between two indigenous groups: Amerindians (about 3.7 per cent) and Maroons (about 15 per cent of the population), both living mainly in the interior of the country. There is sufficient evidence for significant disparities between the situation of children in the interior and the rest of the country. Facts show that children belonging to indigenous or tribal groups in the interior experience barriers in access to education, health and other services. Results of national surveys, in particular the national census and MICS, affirm the relatively lower access of people living in the interior to adequate housing, education and other public services, such as clean water and sanitation.

199. The recently conducted “Situation Assessment and Analysis of Children’s Rights in Suriname” (SAACRS, 2010) confirmed large disparities in education achievements between the coastal areas and the interior (where the majority of Indigenous and Maroons live) due to large differences in quality of education. In primary school, only 65 per cent of children in the interior in the first grade reached grade 5, compared to 83 per cent of children in rural areas and 93 per cent of urban children. While in 2004, 56 per cent of all children passed the exams to enter secondary school, the same passing rate was only 31 per cent in interior schools. A major barrier in education is the language barrier, in particular the extreme discrepancy between the mother tongue of children in the interior, learned at home and the use of Dutch in schools. NGOs and other key stakeholders have advocated for the introduction of bilingual education in primary schools in the interior.

200. Another barrier causing relatively high dropout rates in the interior proved to be school tuition. Beginning of school year 2012, the government abolished all school tuition

in order to increase access to education. Especially for families living in the interior this action means a considerable financial release, as school fees in the interior were often even higher than in the remaining part of Suriname due to the fact that the most schools in the interior are denominational schools, requesting higher fees than public schools.

201. Within the reform of the education sector and with a loan of the IDB, the interior has been identified as a priority area. In addressing the educational problems in the interior, most progress is detected in the area of construction and rehabilitation of school buildings and teacher's residences, mainly public educational facilities. Unfortunately, as mentioned previously, many schools in the interior are affiliated to religious organizations so that a very large portion in the interior did not benefit from this programme.

202. Improving the quality of education is a much slower, long-term process. Nevertheless, some important programs and projects of both GOs and NGOs, aimed at improvement of education in the interior have been initiated and successfully implemented. Below, an overview:

(a) The government of Suriname supports the initiative of the "Learning for Life Program", implemented by an NGO. The purpose is to introduce preschools in the interior. In this regard, the Early Childhood Development (ECD) Commission established District Focal Points to ensure the implementation of the government ECD Policy Plan in all districts;

(b) KALBOBIS Project (Improvement of the Chances of Primary School Pupils in the Interior): a 3-year project that provides in-service training for teachers and school management in three pilot schools in the interior. Training sessions for remedial teaching and agricultural education at the primary school level have been initiated. The focus is placed on the local context, involvement of parents and adjustment of learning materials. Eventually, over 100 teachers will be trained in new skills based on child-friendly approach in the education process of primary schools in the interior (21 schools). The KALBOBIS Project has been evaluated and the recommendations are included in the Education Implementation Plan for the Interior 2008–2015;

(c) The development of the Child-Friendly School project in the interior with technical and financial support of UNICEF. This project includes the Water and Sanitation Facilities Project.

(d) Educational school radio programs, broadcast in different languages via radio stations in the interior;

(e) An evaluation of the Mother-tongue Approach in primary schools. The results are available and the Ministry of Education and Community Development will execute follow-up activities;

(f) Preparations are ongoing for the introduction of a distance learning program for people in the interior in close cooperation with the state owned telecommunication company, Telesur;

(g) With technical support of UNICEF, the GOS is exploring the possibility of bilingual education. Currently, a study is being implemented on Indigenous and Maroon Education, maintaining a strong focus on bilingual education. UNICEF anticipates the research to be finalized by the end of January 2013.

203. With the development of the mining sector in Suriname, people in the interior are increasingly facing illegal and uncontrolled logging and mining activities. In this regard one of the priority issue is land rights. Although the constitution recognizes the individual rights to land for all Surinamese, it does not yet recognize collective land rights. The government

is seriously trying to recognize the collective rights of these peoples but is aware that this is a long process. Several studies have been conducted on the issue of land rights.

204. The Maroons and Indigenous Peoples have issued several claims against the government of Suriname for failing to protect their collective rights. In 2007, Suriname was censured by the Inter-American Court of Human Rights to recognize among others the collective rights to land of the Saramaccaners, a Maroon tribe. Since the land of the Indigenous and Maroons is not effectively demarcated, the government launched a project named “Program for Support for Sustainable Development of the Interior” for demarcation of the land of people living in the interior. This project received a lot of opposition but in October 2010 the Ministry of Regional Affairs submitted a map to the highest authority (Gaaman) of the Maroons. This map was not only accepted but also agreed on and demarcated the lands of the N’djuka tribe. Several other maps were handed over to captains of other villages from Sangamasusa till Granboli, including a collective map covering the areas of the six Maroon tribes and one Indigenous tribe. These maps were handed over during a meeting (*krutu*) as tradition prescribes. In December 2010, the Minister of Regional Affairs together with the VSG, the petitioner in the Samaaka Los judgment, approved another map.

Impact of internal migration (due to internal conflict) on children from the interior

205. Since the 1960s, and in particular after the flooding of large parts of the living area of the Maroons in the interior, due to construction of the hydroelectric power dam, Suriname has faced a constant flow of migrants from the interior, fleeing to the city in search of employment, education and a better future for their families. In the 1980s and 1990s, urbanization was further accelerated with enforced movement of thousands of persons due to the domestic war in the interior which lasted from 1986–1992. During and after this conflict, over 10,000 inhabitants in the interior fled to other districts, mainly to the capital Paramaribo where they eventually settled in low income urban communities, often in “squatted plots” and inadequate living conditions.

206. The Surinamese government acknowledges the marginalized and deprived situation of thousands of urbanized people from the interior, in particular of women and children. Most newcomers perceive both advantages and disadvantages in the city. A future perspective of access to education and work, in particular for their children, is experienced as an advantage.

207. On the other hand, most internal migrants suffer great difficulties of survival in the city. Although the problems of urbanization and internal migrants are complex, the GOS made efforts in supporting these specific groups through building more schools, provision of social protection services, and increasing access to basic health services, land and housing in the capital and surrounding areas.

B. Street children (comments 63, 64)

208. With reference to the concluding observations of 2007 (paras. 63 and 64), it can be stated that the number of street children is very limited. In case children are encountered active in the street, they are likely to be part-time labourers (will be dealt within the framework of child labour). If children are detected to be living full-time in the street, these cases are dealt with on an individual basis. Considering the exceptionality of cases, there is no need for a national comprehensive approach.

C. Economic exploitation, including child labour (comments 65, 66)

209. The latest data on children living and/or working in the street is from a child labour survey conducted by the *ILO Sub-Regional Office for the Caribbean in 2002*.⁹ The main results were that there are scenarios in which children's health, safety or morals can be harmed by the type of work they do. However, no major concentration of such cases was found in any specific sector or location. These cases are spread out over different sectors and geographic locations. Child labour and moreover the more severe forms of this in Suriname, is related to gender (i.e. boys are much more likely to be involved in such forms than girls), ethnicity (young Maroons are much more likely to become involved) and lack of development (limited educational opportunities).

210. Most recent nationwide data on child labour is presented in the MICS reports (2006, 2010). The percentage of children, aged 5–14 years, involved in labour activities varies per region. The percentages found in 2010 show slight increases for the urban and rural coastal areas and high increase for the rural interior. In urban areas the proportion of child labour increased from 3 per cent to 5.4 per cent, in rural coastal from 6.5 to 8.2 per cent, and in rural interior from 17.8 per cent to 27 per cent. Notable is that the vast majority of child labourers are attending school. In 2006, this percentage was 87.7 and in 2010 the percentage went up to 94 per cent (see tables 60 and 61 in statistical annex).

211. A newspaper article (31/05/2012) reports about a recent survey conducted by IFC International, a US institute, finalized in January 2012. The study concludes that child labour still occurs in Suriname's small-scale gold mining sector. The study found that 167 children, aged 7–17 years, were working in gold mines in the areas of Brokopondo, Meriam and Sella Kreek. The majority, 98 per cent, were boys. In accordance with MICS finding this survey affirms that the vast majority of child workers are part-time: 89.3 per cent. The part-timers mostly work during weekends, holidays and after school, often in an informal manner, while the mine activities are within walking distance of their homes and most of these children were still under parental control. The "actual" child workers were full-time workers, approximately 9.7 per cent of the working children, with workplaces far from home and control of parents, living for months in the gold camps in the midst of adult males involved in drinking, gambling and other negative behaviour and not involved in any form of schooling or education. These full-timers primarily work in the mining pits with dangerous tools and machines and are often exposed to the toxic effects of mercury. Almost all the children interviewed had a low educational level.

212. The main reason mentioned for working in these environments, was due to financial problems of the family and lack of alternative financial income. The researchers saw no signs of verbal or physical abuse or limited freedom of movement. Most of the children were introduced to this line of work by a relative. This study affirms the need for continuous education and awareness raising on child labour, in particular in the so-called informal sector and as shown by this survey, increasingly in the gold fields (DWT, 9 June, 2012). Although there is not sufficient hard data, the government acknowledges the risks of involvement of children in goldmines. Representatives of the Child Rights Bureau have been visiting the goldmine sites, to explore the situation and are analysing available data and gaps in data collection, in order to make a full adequate assessment of the situation and take all measures necessary. As a follow-up to the Committee's recommendations (concluding observations of 2007, para. 66) the government is in the process of taking legislative measures, strengthening the labour inspectorate and established a National Committee, to ensure a multi-sector approach in the response to this child labour issue.

⁹ Regional Child Labour Project, ILO, 2002.

213. The Labour Law, dating from 1963, use different ages in regulations of labour related to minors. With respect to CRC, the following articles are of relevance:

(a) The minimum age to work is 14 years. Below 14 years children are not allowed to work at all, except in a family agricultural setting, in special institutions, and for educational purposes (vocational training). Under Article 18 of the Labour Act, children who have reached age 12 may work if it is necessary for training or is specifically designed for children, does not require much physical or mental exertion, and is not dangerous. Violations of child labour laws are punishable by fines and up to 12 months in prison. Parents who permit their children to work in violation of labour laws may also be prosecuted;

(b) Persons younger than 18 years are not allowed to do hazardous work or work in night shifts (in line with ILO Convention No. 138);

(c) The minimum age to work on fishery boats is 15 years (in line with ILO Convention No. 112).

214. The minimum employment age of 14 years is currently in contradiction with the age of compulsory education, which is now set at 12 years. The government is in the process of amending the legislation on elementary education of 1960 for the purpose of increasing the age of compulsory education to 16 years.

215. The department of Labour Inspections enforces laws through its 75 inspectors in the formal sector. Control of the labour law, including enforcing child labour laws in the informal employment sector, is assigned to the youth police.

National Committee

216. In November 20 2009, the Ministry of Labour, Technological Development and Environment established the “National Commission concerning the Elimination of Child Labour”, by state decree. It is comprised of officials from the Ministry of Labour, the Ministry of Justice and Police, the Ministry of Social affairs, the Ministry of Education, the Ministry of Regional Development, as well as representatives from labour unions, the private sector, NGOs, the University and the Cabinet of the President of Suriname. The commission’s mandate includes formulating national policy regarding the eradication of child labour, raising awareness, initiating specific programs for indigenous children, developing a list of occupations involving the worst forms of child labour, and monitoring the country’s compliance with international child labour standards.

217. In 2012, the committee conducted a desk evaluation survey on available studies and legislation regarding child labour in Suriname. The final draft of this study will be presented in 2013 to all stakeholders. The commission stressed the importance of a multi-sector approach, in which multiple interventions are considered, including improvement of social protection services aimed at poverty reduction, universal access to quality education, after school programs, and other community programs to support drop outs in re-entering school. In this regard, the removal of school tuition for primary education starting with school year 2012/2013, and implementation of a nationwide conditional cash transfer program is expected to also contribute to decrease of child labourers.

218. Suriname participated in the “Regional Child Labour Project”. This project, initiated by the ILO Sub-Regional Office for the Caribbean, with support of the Canadian government, was launched in 2001 and was implemented in six countries in the Caribbean (Suriname, Trinidad and Tobago, Barbados, Bahamas, Belize and Guyana). As part of this regional project, several interventions were implemented including rapid assessment studies on the worst forms of child labour, design of promotional material to educate and raise awareness, pilot rehabilitation programs and workshops. Although this project ended, the

government continues to participate in ILO-IPEC's initiatives to address child domestic labour, commercial sexual exploitation and child labour in agriculture.

D. Sexual exploitation (comments 67, 68)

219. Various reports, national and international concluded the following:

- (a) Suriname is a destination, source and transit country for migration of children and women, legally or irregularly, internally or internationally;
- (b) Human trafficking, especially for the purpose of sexual exploitation such as commercial sex work in the mining camps in the country's interior;
- (c) Trafficking of women and girls to work in casinos, "clubs" and in the streets of Paramaribo as commercial sex workers;
- (d) Rape of girls from indigenous and tribal groups in regions where mining and forestry operations are taking place.

220. However, no reliable data is available about sexual exploitation, child pornography and trafficking of children or on rape of girls from indigenous and tribal groups in regions where mining and forestry operations are taking place and very little information concerning Suriname and trafficking of children, women or men. There is also no recent data available with regard to other forms of economic exploitation of children in both rural and urban areas. However, informal reports indicate an increase of child pornography and child prostitution. A few very serious cases of commercial sexual exploitation of children were highlighted in the media. An urgent need remains for data and documentation in this area.

221. As a follow-up to the recommendations of the Committee (concluding observations of 2007, para. 68), as well as follow-up to the recommendations regarding trafficking issued as a result of the Universal Periodic Review of Suriname,¹⁰ the following actions and measures have been taken or are being prepared:

- (a) The National Assembly of Suriname has approved the ratification of two optional protocols to the Convention on the Rights of the Child. The instrument for ratification of the OPSC was submitted to the Secretary-General on May 18, 2012 and submittal of the instrument for ratification of the OPAC is under way. Information on the Optional Protocol on the involvement of children in armed conflict is still being gathered;
- (b) The revision of the Penal Code includes penalties against child prostitution. The maximum penalty is six years imprisonment and the maximum fine is around US\$ 35,714. The law also prohibits child pornography, which has the same maximum years imprisonment and a fine of about US\$ 17,857;
- (c) The State party participated in the World Congress III against Sexual Exploitation of Children and Adolescents. The Rio de Janeiro Declaration was supported by the State party;
- (d) Suriname prohibits all forms of human trafficking, internal and cross-border, through a 2006 amendment to its Criminal Code, which prescribes sufficiently stringent penalties of 5 to 20 years imprisonment, commensurate with those prescribed for other serious crimes;

¹⁰ See the report of the Working Group on the Universal Periodic Review on Suriname, A/HRC/18/12, 11 July 2011, paras. 72.17 through 72.20.

- (e) Suriname is in the process of adopting necessary legislation and the development of a comprehensive anti-trafficking strategy and plan of action;
- (f) Suriname acceded to the “Palermo Protocol” — the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2000) — in 2007;
- (g) The Foundation against Human Trafficking and Smuggling and related Traffic (2007) was established by the Government. Its main purpose is to assist victims of Human Trafficking and Human Smuggling;
- (h) In the Trafficking in Persons Report (2010), it is concluded that Suriname is making significant efforts to fully comply with the minimum standards for the elimination of trafficking, resulting in a change of status i.e. from “Tier 3 country” to a “Tier 2 country”;
- (i) The Government of Suriname has acknowledged that trafficking is a problem and demonstrated improved prosecution of trafficking perpetrators in recent years, although prosecutions are rare;
- (j) The Government’s inter-agency anti-trafficking working group is led by the Chief Prosecutor and has made anti-trafficking recommendations to the Ministry of Justice and Police;
- (k) There is a special police anti-trafficking unit that apparently regularly inspects brothels to identify victims of trafficking and children, as well as carrying out some outreach into the interior
- (l) In June 2010, a 24-hour hotline was established for citizens and/or potential victims to report human trafficking, within the Ministry of Justice and Police, in close cooperation with the Trafficking in Persons Unit and the United States Embassy in Suriname;
- (m) Prevention and response to commercial sexual exploitation of children is included as a priority issue in the NACP;
- (n) Government subsidy has been provided to NGOs involved in prevention, protection and reinsertion of child victims;
- (o) Since 2007, the Government identified more than 3,000 people without birth certificates, a situation which exposed them to greater risk of trafficking. The Government visited the interior regularly to assist people in filing the paperwork for appropriate documentation although this could be further strengthened;
- (p) Police have cooperated with counterparts in Guyana, Trinidad and Tobago, Curacao, and the Dominican Republic, and justice officials have sought improved mechanisms for cooperation with Colombia and French Guiana on issues relating to trafficking;
- (q) The Trafficking in Persons Unit was established in 2007. The aim of this bureau is also to assist child victims. There is collaboration with the Child Rights Bureau regarding promotion of the CRC;
- (r) In 2007, the Government’s trafficking in persons working group launched a new awareness-raising campaign and hosted informational meetings in border areas where trafficking is significant.

222. In the coming years the government will address the remaining challenges:

- (a) Lack of data on trafficking and commercial sexual exploitation of minors;

- (b) Victim identification and assistance mechanisms still need to be further strengthened;
- (c) Lack of access of victims of trafficking to protective services;
- (d) Lack of trafficking prevention efforts;
- (e) Lack of a national anti-trafficking action plan;
- (f) Shortage of resources to undertake adequate trafficking allegations linked to illegal gold mining in the interior of the country.

E. Juvenile justice (comments 69, 70)

223. The Juvenile Justice System is currently under review by the Ministry of Justice and Police.

224. Information on the number of boys and girls in conflict with the penal law and type of offence committed by them can be found in tables 65, 66 and 67 of the statistical annex.

225. The following actions have been undertaken.

226. The establishment in 2007 of a new juvenile pre-sentence detention facility for boys and girls aged 10–18 years, who are awaiting trial. This facility, called Opa Doeli, can accommodate 54 boys and 14 girls. The facility is built according to CRC standards. In close collaboration with the Ministry of Education and Community Development, the pupils receive education according to the regular national curricula. Opa Doeli, a juvenile facility is the first of its kind in the Caribbean. Although the law permits children aged 10 years to be convicted, the youngest adolescent admitted to Opa Doeli was 12 (see tables 65, 66 and 67 in annex). The facility is equipped with a special Child Court Room and offices for the child public prosecutor and the youth judge, Youth Police and Judicial Child Protection divisions of the Ministry of Justice and Police, classrooms, a multimedia centre, a sport centre and a workplace for on the job training in making wooden furniture. The administration of Opa Doeli has a software network exchange of data amongst various actors such as youth police, the Ministry of SOZAVO etc. Various organizations are working together with the Opa Doeli personnel for capacity-building in order to support juvenile delinquents.

227. Establishment of new alternative sanctions for youth who came in conflict with the law. In 2008, the Ministry of Justice and Police initiated a pilot project “alternative sanctions for adolescents” by which incarceration of juvenile perpetrators would be considered as the last measure, as provided for in article 37 (b) of the Convention. First perpetrators with minor offences are subjected to this form (public, community work) instead of putting them behind bars. In the Ministry of Justice and Police, all social workers were trained in 2008 and 2009, in “Family Coaching”, focused on reintegration of children who have come into conflict with the law. In this context, the role of the family coach is to guide the family of a young delinquent, after the child’s release, in adequate post care and guidance, and prevention of a next imprisonment. These social workers work with the families of the children who have been in detention. They also work with the families of children who have been subjected to an alternative sanction by the youth public prosecutor. Other providers in the area of child protection, also within the Ministry of Justice and Police, are the “family guardians”. These persons are designated by the judge in relevant cases.

Project reform

228. Imprisoned adolescents get the opportunity for “on the job training” in construction building. Once they have successfully completed the training, they receive a certificate. This project of the Ministry of Justice and Police is conducted in collaboration with the Ministry of Labour Technology Development and Environment (ATM). After their imprisonment, the Ministry assists them in finding a job. Since July 2005, all juvenile perpetrators in pretrial detention received immediate legal aid from a lawyer within 24 hours. The Ministry of Justice and Police is busy in revising the Penitentiary Bill in accordance with the protocols of the CRC.

229. Within the Ministry of Justice and Police as well, several workers have been trained as Family Coaches. These social workers offer assistance to families of children who have been put in detention and the families of children who received an alternative sanction from the public prosecutor.
