



International Consulting

REVIEW OF SOCIAL POLICY (2005-2010)

AND

DRAFT POLICY NOTE 2010 – 2015

SURINAME

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Contenido

1	INTRODUCTION:.....	5
2	CONCEPTUAL THEORETICAL FRAMEWORK:	6
3	PRIORITIES OF THE NEW GOVERNMENT IN SOCIAL POLICIES:.....	8
4	UNDERSTANDING THE PROBLEM	10
4.1	The Social Security System in Suriname	10
4.1.1	Social Health Protection Coverage:.....	10
4.1.2	Coverage by Social Security Pensions – Income support for the Old Age	12
4.2	The Social Protection System in Suriname.....	15
4.2.1	Existing social assistance cash transfers programs.....	15
4.2.2	Social protection programs towards categorical vulnerable groups.....	17
4.2.3	Social Housing	18
	NATIONAL SOCIAL SECURITY AND SOCIAL PROTECTION POLICIES FOR THE POOR AND THE VULNERABLE IN SURINAME	20
4.3	Challenges in the implementation of social security and social protection policies.	21
4.4	Guiding principles in the implementation of social security and social protection policies:....	21
5	OBJECTIVES AND TARGET POPULATIONS OF SOCIAL POLICIES FOR 2010 – 2015	22
6	OBJECTIVES AND GOALS INDICATORS OF SOCIAL POLICIES FOR 2010 – 2015	27
6.1	Social Security Policies.....	27
6.2	Social Protection Policies for poor households.....	29
6.3	Social Protection policies towards Children & Youth.....	31
6.4	Social Protection policies for the Elderly:.....	33
6.5	Social Housing Policies	36
7	OVERALL POLICY IMPLEMENTATION STRATEGY	39
7.1	Institutional pre-conditions.....	39
7.1.1	Establishing a National Beneficiary Selection System.....	39
7.1.2	Expand the functioning capacity of the SIS.....	40
7.1.3	Introducing decentralization of social services and community work at the District level.....	40
7.2	Implementation of Social Security Policies	40
7.2.1	Priority Area: The Pensions Program	41
7.2.2	Priority Area: The Medical Health Card Program.....	43
7.3	Implementation of Social Protection Policies	46
7.3.1	Priority area: The National Conditional Cash Transfers Program -NCTP	46
7.3.2	Priority area: Children and Youth Promotion Programs.....	49
7.3.3	Priority area: Promotion Programs for Senior Citizens.....	53
7.4	Implementing Social Housing Policies:.....	56
7.4.1	Priority Area: Institutional Strengthening of the Social Housing Sector.....	56
7.4.2	Priority Area: Provision of Serviced Land for Social Housing.....	58
7.4.3	Priority Area: Housing Homeownership Program for the poor and vulnerable... ..	61
7.4.4	Priority Area: Public Rental Housing Program	62

7.4.5 Priority Area: Program for Improvement and Progressive Development of Housing 63

8	IMMEDIATE ACTION PLAN FOR IMPLEMENTATION OF THE SOCIAL POLICY	64
1.	Completion of the formulation process of the social policy note:.....	64
2.	Establish a Plan for Monitoring and Evaluation of Policy Implementation:	66
3.	Carry out the Capacity Building Strategy for policy implementation	67
4.	Develop a Comprehensive Strategic Institutional Plan for SoZaVo 2011-2016	67
5.	Develop Operational Plan and Budgets for the first year of implementation.	68
6.	Begin implementation of the institutional pre-conditions for policy implementation	69

LIST OF ACCRONYMS

AKB – Child Allowance	LISP – Low Income Shelter Program
AMZ - General Social Care Sub-Directorate	MDP - Multiannual Development Plan
ASUV - General Social Security Administration of Payments	MICs – Multiple Indicators Clustered Survey
CBO – Community Based Organizations	NCTP – National Conditional Cash Transfers Program
CCT – Conditional Cash Transfers	NGOs – Non-Governmental Organizations
CPI – Coordination of Private Initiative Division	PAHO – Pan American Health Organization
ECD – Early Childhood Development	PMT – Proxy Means test
FB – Financial assistance	PWD – Persons with disabilities
GBS – General Bureau of Statistics	R&P – SoZaVo ´s Research and Planning Office
GH – Medical Health Card	SIS – Sozavo´s Social Information System
HH - Households	SoZaVo - Ministry of Social Affairs and Housing
ILO - International Labor Organization	SRD – Surinamese dollars
IOPS – International Organization of Pension Supervisors	SZF – State Health Insurance Fund
KMW – Sub directorate of Categorical Work	UPH – Allowance for Persons with Disabilities

DRAFT SOCIAL POLICY NOTE 2010-2015

1 Introduction:

This Draft Social Policy Note is prepared on request by the Ministry of Social Affairs and Housing – SoZaVo of Surinam at the outset of a new elected government for the period 2010- 2015. It is based on a Review of the Social Policy formulation and implementation of 2005-2010, the review of the current legislation on social affairs, and on a Capacity Assessment of the Ministry of Social Affairs in regard to its capacities for the formulation , implementation and monitoring of social policies.

We acknowledge that the definition of social policies is the sole responsibility of the Surinamese government through the Ministry of SoZaVo. Such a process must be the result of an internal reflection and consultations with stakeholders both within and outside the government to find the options that best suit their interests, their political commitments and their capacities. This Draft policy note, prepared by a group of external consultants, represents only an input for the next future debates that SoZaVo should lead within the Surinamese government and society to finally arrive at the official definition and adoption of the Social Policy for 2010-2015.

Previous studies and reports ordered by SoZaVo have pointed at the main shortcomings in the formulation and implementation of social policies in Suriname. Some of the most outstanding issues in this regard are:

- Government Policies should be formally adopted and publicized and become -by some level of regulation- binding rules to follow, commitments to work by in search of accomplishing its objectives; and promises that the Government is ultimately also accountable for by law, before parliament and before all Surinamese voters and society. Even though the Multi Annual Development Plan, year plans and annual budgets, year plans and policy documents of Ministries are drafted and adopted by the parliament, there isn't sufficient clarity and guidance about the extent of the role of ministries and their policy conducting instruments. Furthermore, lack of an official regulation or guidelines on planning and policy documents, on how to perform monitoring and reporting on a regular basis and to whom, and what consequences derive from not complying, may explain why often times Policy decisions are taken on an isolated, informal and ad hoc basis outside of a binding framework.
- Lack of a shared conceptual framework as a “sector-wide approach” regarding social policies in general, and poverty alleviation specifically, which hinders the achievement of more developmental impacts and so far has prevented a more effective coordination of policy initiatives and objectives between the Ministries of Education, Youths And Sports, Health, Regional Development, Labor and Social Affairs and Housing, rendering their results less efficient, less effective, and less sustainable than otherwise.
- Predominance of a “welfarist” approach to social policies challenged by a very small tax base of contributors from a small formal sector, by a diminishing flow of non conditional international Donor (mainly Dutch) aid; a very poor record of absorption of international lending; and the emerging

opportunities of “easy - short term” aid¹ that could hamper the efforts towards more sustainable long term developmental effects.

- Lack of adequate and timely statistical information concerning the characteristics and extent of poverty in Suriname, and the actual beneficiaries of social policies. Consequently lack of a common understanding and practical definition of the target population of social policies or the progress made towards poverty alleviation. There is the opportunity of the next national census to draw important information with help of the General Bureau of statistics and to establish a comprehensive baseline for social policy objectives. Likewise SoZaVo must put its Social Information System – SIS – up to date, and make it fully operational and capable to regularly producing updated information about its beneficiaries.

Therefore the **Objectives** of this document are:

- To provide policy scenarios for the definitions of a Social Policy for the period 2010-2015 under the leadership of the Ministry of Social Affairs and Housing.
- To provide a conceptual framework and structure for the final construction of the Social Policy 2010-2015 with examples of indicators on goals that facilitate monitoring and evaluation of social policies.
- To provide and immediate action plan for SoZaVo to finalize the formulation of the Social Policy and begin implementation with the aim to overcome the reported weaknesses in the conduction of social policies in the past.

In the near future SoZaVo should also overcome the shortcomings on the conduction, implementation and monitoring of social policies

2 Conceptual Theoretical Framework:

The notion of *social security* adopted by the International Labor Organization – ILO - covers all measures providing benefits, whether in cash or in kind, to secure *protection*, inter alia, from (a) lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member (the “breadwinner”); (b) lack of access or unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependants; (d) general poverty and social exclusion”²

The term *social protection* is used in institutions across the world with a wider variety of meanings than *social security*. It is often interpreted as having a broader character than social security (including, in particular, protection provided between members of the family or members of a local community), but it is also used in

¹ Such as the donation of “ready-made” houses offered by the government of China – an strategy that wouldn’t contribute to create local employment or improve local capacities, unless it actively involve beneficiaries and community participation in the formulation and execution of projects as a way to secure maintenance and sustainability of these new settlements.

² World Social Security Report 2010-2011- Providing coverage in times of crisis and beyond – ILO, Geneva, 2010, page 13

some contexts with a narrower meaning (understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society).

Social security used here has two main (functional) dimensions, namely “income security” and “availability of medical care”.

Access to social security is, in its essential nature, a public responsibility, and is typically provided through public institutions, financed either from *contributions* or *taxes*. However, the delivery of social security can be and often is mandated to private entities. Entitlements to social security are conditional either on the payment of social security contributions for prescribed periods (i.e. *contributory schemes*, most often structured as *social insurance* arrangements) or on a requirement, sometimes described as “residency plus”, under which benefits are provided to all residents of the country who also meet certain other criteria (i.e. *non-contributory schemes*).

Non-contributory schemes include a broad range of schemes including universal schemes for all residents and some categorical or means-tested schemes. Non-contributory schemes are usually financed through tax or other state revenues.

Categorical schemes target specific groups (categories) of the population. The most frequent forms of categorical schemes are those that transfer income to the elderly above a certain age or children below a certain age. Some categorical schemes also target households with specific structures (one-parent households, for example). Categorical schemes may also be grouped as universal if they cover all residents belonging to a certain category, or include resource conditions (as in social assistance schemes). They may also include other types of conditions such as performing or accomplishing certain tasks. Most categorical schemes are tax-financed.

Means-tested schemes target people whose means (usually their assets and income) fall below a certain threshold. Such targeted schemes are very diverse in their design and features. This diversity may manifest itself through the methods of targeting that are employed, the supplementary conditions required for beneficiaries to access benefits and the inclusion of other interventions that are delivered on top of the actual income transfer itself.

Non-contributory income transfer schemes have been recently gaining importance, only on a requirement, sometimes described as “residency plus”, under which benefits are provided to all residents of the country who also meet certain other criteria. Particularly in countries with large informal economies and where only a minority are covered by social insurance schemes, non-contributory social security provides an opportunity not only to alleviate poverty but also – at least in some cases – to fill a large part of the sizeable existing coverage gaps. The most promising innovations that can help to cover the global coverage gap are conditional or unconditional cash transfer schemes in a number of developing countries, i.e. tax-financed social assistance schemes. Conditional Cash Transfers are preferred because of their potential to induce developmental impacts on the poor population.

Conditional Cash Transfers (CCTs) are social assistance schemes that provide cash to families subject to the condition that they fulfill specific “behavioral” requirements. This may mean they must ensure their children attend school regularly (typically 85–90 per cent attendance) or that they utilize basic preventative nutrition and health-care services; CCTs are usually means-tested. Employment guarantee schemes are sometimes embodied in the CCT design as a way to ensure access to a certain number of workdays a year to poor households, generally providing wages at a relatively low level (typically at the minimum wage level if this is adequately defined). Such programs generally take the form of “public works” activity.

The term “social protection floor” corresponds in many ways to the existing notion of “core obligations”, to ensure the realization of, at the very least, minimum essential levels of rights embodied in human rights treaties. The United Nations (2009a) suggests that a social protection floor could consist of two main elements that help to realize respective human rights:

- Services: geographical and financial access to essential services such as water and sanitation, health, and education;
- Transfers: a basic set of essential social transfers, in cash and in kind, as aid to the poor and vulnerable to provide minimum income security and access to essential services, including health care.

ILO is promoting the social transfer component of the social protection floor, that is, the social security floor, a basic and modest set of essential social guarantees realized through transfers in cash and in kind that could ensure a minimum level of income security and access to health care for all in need. The goal of such a basic set of guarantees is a situation in which, in all countries:

- All residents have the necessary financial protection in order to be able to afford and have access to a nationally defined set of essential health-care services, whereby the State accepts the general responsibility for ensuring the adequacy of the (usually) pluralistic financing and delivery systems;
- All children have income security, at least at the nationally defined poverty level, through family or child benefits aimed at facilitating access to nutrition, education and care;
- All those in active age groups who are unable to earn sufficient income in the labor market should enjoy a minimum level of income security through social assistance or other social transfer schemes (such as transfer income schemes for women during the last weeks of pregnancy and the first weeks after delivery), combined with employment guarantees or other labor market policies;
- All residents in old age or with disabilities have income security, at least at the nationally defined poverty level, through pensions for old age and disability.

The level of benefits and scope of population covered (for example, age eligibility for old-age pensions) for each guarantee should be defined according to national conditions (potential fiscal space, demographic structure and trends, income distribution, poverty spread and gap, and so on), political choices, characteristics of groups to be covered and expected outcomes. In no circumstance should the level of benefit be below a minimum that ensures access to a basic basket of food and other essential goods and services.

3 Priorities of the new government in social policies:

The new government has expressed its priorities in regard to social policies through the Government Policy Declaration of the “Kruispunt” presented before the General Assembly on October 2010 and through the 21 points of the Coalition Agreement. Hence the government has spelled out the following guiding principles and criteria to be considered in designing social policies:

- The family and the household as the focal point of social policies, which shall be supported in its functions. “Strong families are important for the society. Parents and care takers have the responsibility to teach their children values and norms to increase fraternity.”

- The developmental and empowerment approach to social policies. “Citizens should not be seen as receivers of charity, yet these provisions should make citizens see themselves as equipped with qualities to develop their talents”.
- The goal to increase participation of the economically active population in the formal sector through:
 - a) The creation of sustainable employment opportunities. “sustainable employment is essential for the economical development, whereby not only the growth of the economy but also the participation of all is central”.
 - b) Investments in education and training of the low educated to develop skills needed to participate in the formal economy. “A central objective is to invest in the skills of the low educated and increase their participation in the labor process. Cooperation with the business sector and the labor unions is relevant”.
- A housing policy strategy that considers:
 - a) The priority of housing as a social security component. “Housing for families is an important condition to create stable and strong families”
 - b) The potential of housing as an employment generation sector and a dynamic driving force of the economy. “Realization of a well thought housing program, that is implemented in connection with the economic development program”
 - c) The potential of the housing sector to also contribute to the spatial planning and development particularly in urban areas. “Realization of a well thought housing program, that is implemented ... according to systematic spatial structuring”.
 - d) The construction of housing to dramatically reduce the existing quantitative housing deficit in Suriname and the shortage of adequate plots for construction. “[...]build in the coming 5 years 8 flats of 250 living units within Paramaribo district.” “Then there is the aim to build 18.000 houses nationwide”
- In regard to the social security system some priorities outlined by the government are:
 - a) Preparation and implementation in the medium term of a General Health Insurance reform financially viable and beginning with a revision of the current public health care insurance to make it more efficient and targeted to the poor. (“Realization of the general health insurance is another priority, of which the implementation is financially sustainable” and “issues such as the public insurance health care”),
 - b) Revision of the Old Age Pension system, beginning with an increase in the benefit amount in 2010. (“An adequate policy for elderly should be developed. Increasing the Old Age Pension is a policy priority starting from 2010. Also the system of Old Age Pension should be revised”).
 - c) “Support for the most vulnerable groups such as elderly, people with disabilities, children and female headed households will be prioritized”.

- d) Processing and implementing comprehensive categorical policies addressed to the most vulnerable groups (“implementing all policy points, attention will be paid to special groups such as youth, elderly and gender”)

For implementation of these policy priorities the government calls the attention on some strategic approaches that should be part of the overall implementing strategy:

- Community development and participation, as a way to foster empowerment and sustainable development. “Community development provides opportunities for the communities to participate directly in the development process and having availability of education, day care, boarding schools, as well as the care for the poor and the needy and keeping a proper living environment.”
- A public –private partnerships approach to implementation of social policies. “Cooperation among government and NGO’s will be strengthened so that basic needs can be provided for. Support must be efficient and functional”.
- A foreign policy particularly in regard to international cooperation that will be directed towards national development priorities such as health care and combating poverty. “The foreign policy supports the national development for the sectors: health care; combating poverty. Foreign cooperations to be formed with Cuba regarding health care. “

4 Understanding the problem

4.1 The Social Security System in Suriname

4.1.1 Social Health Protection Coverage:

As of now **Social Health protection coverage** in Surinam is not a universal statutory right enshrined by legislation. There are three main types of health care financing:

- 1) The State Health Insurance Fund (SZF) with a comprehensive package of health benefits for civil servants and their dependents, approximately 35 % of the population;
- 2) SoZaVo with the Medical Health Card that covers primary and secondary health care services for the poor and near-poor reaching to approximately between 38,6%³ to 42% of the population, financed by tax-resources; and,
- 3) Private firm insurance plans and private health insurance plans covering approximately 20% of the population ⁴

Three quarters of the population (76,1%) has some type of health insurance, with the Ministry of SoZaVo and SZF providing the broadest coverage. Lack of coverage (23,9%) is more common among the poor than the non-poor, even though SoZaVo is targeted towards the poor. In the interior, the health insurance under the category “other” is the Medical Mission Primary Health Care, a universal health subsidy that covers almost 85% of the

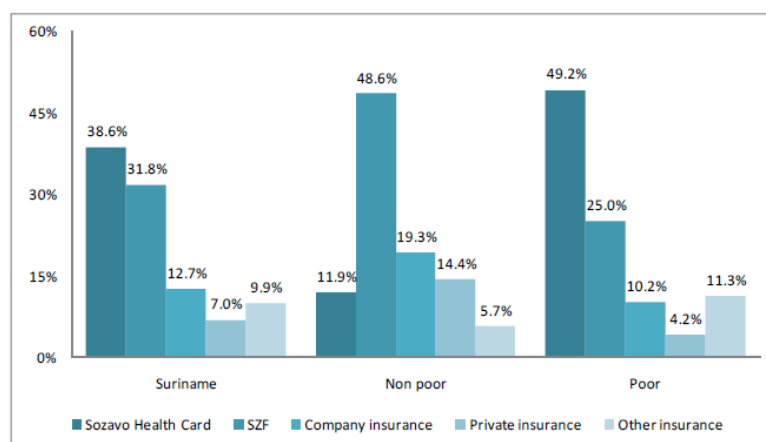
³ The first figure is a result of the analysis of the PMT household survey presented in the **Living Conditions and Social Assistance in Suriname - final report**, Feb 2009, by Britan&Associates; while the second is reported by the PAHO country health profile in 2010.

⁴ PAHO Country Health Profile, Suriname, accessed at http://www.paho.org/English/DD/AIS/cp_740.htm

population in the interior.⁵ Effective coverage of secondary care in the interior is hindered by the lack of health facilities and the high distances and costs of transportation to the specialized health centers in the coastal and urban areas. Arriving in the city, although health costs are covered by the Ministry of Social Affairs and Housing, it can be a cumbersome process that cause significant impact on the time it takes to ensure transfers, and usually requires up front out of pocket expenses that poor people not always can afford.

The Ministry of Social Affairs and Housing is the responsible institution for certifying people living in poverty and near poverty, and ensuring that the economically disadvantaged population has access to the state subsidized health care. The Ministry provides access to state subsidized health care at the government hospitals and clinics. The costs of health care are shared by the Ministry of Health covering the payrolls of health personnel, and SoZaVo which pays for the drugs, hospitalizations, diagnosis tests and treatments as well as some transportation costs when needed.

Figure 15 Type of health insurance by poverty status (%)



Source: PMT household survey

When the insured population is examined by poverty status only half (49,2%) of the poor are covered by the Medical Health Card of SoZaVo while at the same time some 11,9% of the Non poor are also covered by this social system, showing both problems of under coverage (percentage of eligible population that is not receiving the Medical Health Card benefit), and of leakage (percentage of Medical Health Cards beneficiaries who are not eligible) of the current social system.⁶ Under coverage has been explained as caused by the self selection character of the current targeting mechanism of SoZaVo since many poor households have never applied for a Medical Health Card. The leakage problems are explained partially because of the weaknesses of the current targeting mechanism and also because of the asymmetry of coverage particularly between the private and the social systems. The limited packages of benefits and low levels of coverage in the private systems, that exclude for instance catastrophic and chronic diseases, permanent disabilities or high cost treatments, lead to the use of the Medical Health Card system as the ultimate resort for all Surinamese regardless of their income status, but mainly among the poor who are otherwise insured under a private system. As it is now the system allows this to happen.

⁵ Living Conditions and Social Assistance in Suriname - final report, Feb 2009, by Britan&Associates, page 38.

⁶ Ibidem.

The targeting accuracy of beneficiaries will be greatly improved by the introduction of the Proxy Means Test applied to the entire population, allowing all poor to be eligible and using the national poverty line established by the General Bureau of Statistics per month⁷. Results from a simulation of the PMT with a significant sample show that under coverage will be reduced from 59,4% in the current system to 9,2% with the PMT. Leakage problems may continue at 13,1% because the PMT system is blind to the presence of other health insurances in the household. Still the PMT will perform better than the current mechanism which would produce a 28,4% leakage. In this case the PMT would have to be combined with a verification of the health insurance situation of applicants.

Classification accuracy (percentage of applicants whose eligibility status is correctly determined) and global accuracy (percentage of total population correctly included or excluded from the program) are also better with the PMT. This happens because the PMT is better at discriminating the poor and non poor. In contrast, the current targeting mechanism is not good at discriminating, and relies mostly on self selection. Consequently, it would fail if it were extended to the rest of the population. This conclusion is particularly relevant since the main source of current under coverage is the large percentage of poor individuals that never apply. Thus, SoZaVo should strive to expand its coverage by actively searching for potentially vulnerable households.

Table 20 Targeting accuracy indicators of PMT versus current targeting mechanism, using national poverty line (scenario where all poor are eligible)

Targeting accuracy indicator	Screening of current applicants		Screening of entire population	
	Current mechanism	PMT	Current mechanism	PMT
Undercoverage	59.4%	57.6%	32.5%	9.2%
Leakage	8.6%	6.8%	28.4%	13.1%
Classification accuracy	85.2%	90.4%	57.0%	83.3%
Global accuracy	54.1%	55.9%	57.0%	83.3%

Source: PMT Household Survey.

4.1.2 Coverage by Social Security Pensions – Income support for the Old Age

Social security pensions are income transfers designed to cover lack of work related income or insufficient income due to some permanent situation such as permanent disability, old age, or death of the family bread winner (for the surviving orphans and widows); or to cover some temporary contingencies such as maternity, unemployment, sickness or employment injury. Suriname only counts with the Old Age Pension as a universal statutory right. Some social assistance programs provide income allowances in the case of a disability or in case of unemployment to protect children from poverty (AKB). No income compensations for maternity or sicknesses

⁷ Last Data available from 2007 reported a level of poverty line at SRD353. This figure should be updated according to the results of the MICs 2010, the last Consumption Household Survey and the National Census.

leave have been introduced in legislation as universal rights⁸. It is only introduced by private companies at ad hoc basis.

The public pension in Suriname - the Old Age Pension - is an Unfunded Defined Benefit (DB) plan with a universal PAYG⁹ system covering all the citizens meeting the following conditions: 1. Surinamese citizens who are 60 years and older; 2. Non-Suriname citizens over 60 who have lived in the country for 10 years continuously and have contributed for at least 10 years. Both, employees in the formal sector and the government, provide the financing. The contribution is a flat rate of 4% of earnings/wages, which every employee in Suriname has to contribute monthly. Benefits are in the form of monthly payments. The public pension provides a relatively modest retirement income of today (SRD 350) for insureds who reach the age of 60. The payment is not indexed, but at times, the government raises the amount¹⁰. This system is compulsory.

Employees (approximately 40,000) in the public sector are covered by a separate, mandatory, PAYG pension system, called Pension Fund Suriname (PFS). The contribution rate is 15% of earnings (employees 10% government 5% - with some dignitaries subject to exclusion from this arrangement). Some institutions that are government owned, also have their pension commitments within this fund. The expected benefit is 70% of the average salary over the last 24 months. The benefits are not indexed, but the government raises (financed by the budget) the benefits at times through allowances. Benefits are generally available from age 60, but also at the age 55 if the employee has served at least 35 years.¹¹

Private sector pensions are provided under an agreement (laid down in the charter and pension scheme rules and regulations) between employer and employees. Only a small percentage (approximately 6,200) of the private sector workforce is covered (and a large informal sector exists in the country). Contribution rates are laid down in pension scheme rules and vary, with both employees and employers contributing in most cases. Most funds have expected benefits of 70% the salary (some basing benefits on the average of last year salary and others on the salary in the last 24 or more months).

⁸ Suriname has not ratified the following ILO Conventions: C102: Social Security (Minimum Standards) Convention, 1952; C121: Employment Injury Benefits Convention, 1964; C128: Invalidity, Old-Age and Survivors' Benefits Convention, 1967; C130: Medical Care and Sickness Benefits Convention, 1969; C157: Maintenance of Social Security Rights Convention, 1982; C168: Employment Promotion and Protection against Unemployment Convention, 1988. Neither has Suriname ratified the latest C183: Maternity Protection Convention, 2000 with the intention to provide protection for pregnancy, which are the shared responsibility of government and society, and derived from the provisions of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (1979), the United Nations Convention on the Rights of the Child (1989), the Beijing Declaration and Platform for Action (1995), the International Labour Organization's Declaration on Equality of Opportunity and Treatment for Women Workers (1975), the International Labour Organization's Declaration on Fundamental Principles and Rights at Work and its Follow-up (1998), as well as the international labour Conventions and Recommendations aimed at ensuring equality of opportunity and treatment for men and women workers, in particular the Convention concerning Workers with Family Responsibilities, 1981.

⁹ A traditional defined benefit (DB) plan is a plan in which the benefit on retirement is determined by a set formula or fixed amount, rather than depending on investment returns. In an *unfunded* defined benefit pension, no assets are set aside and the benefits are paid for by the employer or other pension sponsor as and when they are paid. Unfunded pension plans are said to be paid on a current disbursement method (also known as the pay as you go, PAYG, method). Most OECD countries do not allow unfunded private pension plans.

¹⁰ Last increase was in December 2010 when the Old Age Pension was raised from SRD275 to SRD 350 (US\$88,7 to US\$112,9).

¹¹ International Organization of Pension Supervisors - IOPS - Country Profiles – Suriname, December 2009. <http://www.iopsweb.org/dataoecd/7/3/41155722.pdf>

Pension commitments may also be insured with life insurance companies.

The Old Age Pension is a general provision paid by government to the elderly, and thus it benefits both the poor and the non poor. As shown in table 67 from the analysis of the PMT household survey, the Old Age Pension is covering 9,6% of total population which in fact corresponds to 98% of persons over 65 years old indicating a complete coverage of intended beneficiaries. Some 35.020 individuals -6,8% of total population in Suriname- are 65 years or older. Yet higher income individuals receive a disproportionate share of Old Age Pension benefits, which many times is not their only pension support. The percentage of individuals that receive Old Age Pension is lower among poor people (8,8%) than rich people (11,3%), which creates a situation of vulnerability for the low-income elderly population. However, the poorer the beneficiary, the more important the benefit for the person, as it represents a larger proportion of total income.

Table 67 Social assistance beneficiaries by location and poverty status (%)

Type of social assistance	Suriname	Location			Poverty status	
		Urban	Rural	Interior	Non poor	Poor
SoZaVo Health Card	29.6%	29.9%	41.8%	2.2%	9.8%	36.7%
AOV Pension	9.6%	9.7%	9.2%	10.1%	11.3%	8.8%
SoZaVo Financial Support (FB)	1.5%	0.4%	1.3%	10.8%	0.5%	1.8%
SoZaVo Financial Support for the Handicapped (UPH)	0.8%	0.8%	0.4%	1.0%	0.4%	0.9%
SoZaVo Child Allowance	2.2%	1.2%	1.5%	12.2%	0.3%	2.9%
Civil Servant Child Allowance	3.2%	3.1%	3.8%	3.6%	5.0%	2.7%
Child Allowance From Private Employer	1.2%	1.4%	0.9%	0.4%	2.1%	0.9%
Other Type of Economic Assistance	1.1%	1.0%	1.4%	1.0%	1.4%	1.0%

Source: PMT household survey

In his 'Assessment of Suriname Pension System' (2004) Lo Fo Wong reported that only about 17,5% of the active population is covered by a pension plan other than the Old Age Pension. Consequently the pension system is covering the Old Age pension but does not provide for social security in case of disability and disease for about 82,5% of the active population. According to the IDB Surinam's current pension system is a combination of an under-funded public pension system, a largely unsupervised private system, and a non-targeted subsidy for citizens over 60 years old. As such, the system does not effectively meet the financial needs of retired persons, yet it still implies a large fiscal subsidy.¹²

¹² <http://iadb.org/fr/projets/project-information-page,1303.html?id=SU-T1010>

4.2 The Social Protection¹³ System in Suriname

The social protection system that corresponds to the social security floor or Social Safety Net is made of unconditional cash transfers programs or in-kind services to the vulnerable population. There are 7 cash or in-kind transfers programs, most of them administered by SoZaVo, namely: the Financial Assistance (FB), The Alivio complement, The (UPH) Allowance for persons with disabilities, the Child Allowance (AKB), the Food for Kids in-kind provision, the School Supplies allowance, and the School Fees allowance run by the Ministry of Education.

4.2.1 Existing social assistance cash transfers programs

Type of social assistance	Suriname	Location			Poverty status	
		Urban	Rural	Interior	Non poor	Poor
SoZaVo Health Card	29.6%	29.9%	41.8%	2.2%	9.8%	36.7%
ACV Pension	9.6%	9.7%	9.2%	10.1%	11.3%	8.8%
SoZaVo Financial Support (FB)	1.5%	0.4%	1.3%	10.8%	0.5%	1.8%
SoZaVo Financial Support for the Handicapped (UPH)	0.8%	0.8%	0.4%	1.0%	0.4%	0.9%
SoZaVo Child Allowance	2.2%	1.2%	1.5%	12.2%	0.3%	2.9%
Civil Servant Child Allowance	3.2%	3.1%	3.8%	3.6%	5.0%	2.7%
Child Allowance From Private Employer	1.2%	1.4%	0.9%	0.4%	2.1%	0.9%
Other Type of Economic Assistance	1.1%	1.0%	1.4%	1.0%	1.4%	1.0%

Source: PMT household survey

According to statistics obtained from the most recent and available household survey (the PMT household survey, 2007), 43% of all Surinamese nationally, receive some type of social assistance, with the majority receiving the SoZaVo Medical Health Card (29,6%) and the Old Age Pension (9,6%). The remaining Social assistance programs run by SoZaVo only cover 4,5% of total population while the civil servants child allowance, other private or alternative economic assistance programs provide an additional coverage of 5,5% . Examining social assistance by poverty status, the SoZaVo Medical Health Card is received mainly by the poor, unlike the Old Age Pension. The Financial assistance (FB) and the Child allowance are also covering mostly the poor while there is no significant difference in UPH poor and non-poor beneficiaries. This is mainly explained because in the case of the Medical Health Card, the Financial Assistance and the Child Allowance the system works on self selection of the households that demand the assistance, who usually are the poorest.

¹³ We are using here the same language used by the ILO definitions. In Suriname these Social protection policies may be regarded as "Social Provisions" meaning government aid or assistance; as opposed to a more rights-based entitlement for "protection" to the poor and vulnerable that proposes ILO.

Table 68 Type of social assistance received by gender and age group (%)

Type of social assistance	Suriname	Gender		Age Group		
		Male	Female	Children 0 -14	Workers 15 - 64	Old age 65+
SoZaVo health card only	23.8%	21.2%	26.2%	33.3%	21.9%	0.3%
A/OV pension only	5.9%	5.7%	6.1%	0.0%	3.0%	59.5%
SoZaVo child allowance only	1.1%	1.2%	1.0%	3.5%	0.1%	0.0%
SoZaVo financial support only	1.1%	0.5%	1.7%	0.1%	1.6%	0.0%
Other cash or in-kind subsidies (SoZaVo or other)	4.7%	4.8%	4.7%	11.6%	2.0%	0.3%
Multiple types of subsidies including SoZaVo health	5.9%	4.7%	7.0%	5.1%	3.6%	30.9%
Multiple types of subsidies excluding SoZaVo health	0.9%	1.0%	0.7%	0.2%	0.5%	7.2%
No social assistance	56.7%	61.0%	52.6%	46.3%	67.3%	1.9%

Source: PMT household survey

Analyzing coverage by age groups, 98.1% of the elderly (adults age 65 years and above) receive some type of social assistance (Old Age Pension and SoZaVo Medical Health Card), followed by children at 53.7% (mainly SoZaVo Health Card). Only 32.7% of working age members receives some type of social assistance. By gender, women receive more social assistance than men. This difference can be attributed more to different levels of poverty than to gender discrimination.

Comprehensive assessments of the existing cash transfers programs have repeatedly reported that:

Programs show different and sometimes conflicting approaches, to defining the target population of their services. This difficulty in defining the overall target population of the social policy in turn limits and prevents the possibility of measuring or even accomplishing overall developmental impacts. Resources are scattered among different groups of beneficiaries, there are not economies of scale in the targeting process since each program has and performs its own procedures for selection of beneficiaries and do not execute any cross reference; and there is no way to track leakage of resources from identification errors in the selection of beneficiaries because of very loose, unrealistic or unverifiable eligibility criteria.

Also that “ the existing system is an elaborate array of overlapping services confusing to beneficiaries and many persons who might be eligible are not aware of the existence of programs. Moreover, the benefits provided by current cash transfer programs are so low that the costs of applying for service (including the costs of obtaining all relevant documentation and the costs of transportation to field offices) often outweigh the benefits received. Finally, currently the SSN programs are plagued by weak mechanisms of monitoring and control, are prone to fraud, and lacking in transparency and accountability mechanisms.¹⁴ In general, we found that current safety net programs are insufficiently linked to behaviors that promote human capital development. Therefore, part of the reform strategy must be to examine feasibility of a conditional cash transfer program in Suriname and opportunities for conditioning the behavior of beneficiaries aimed at human capital development.”

SoZaVo has a proposal design for the National Conditional Cash Transfer Program which could be implemented with a loan from the IDB. The decision depends on the political will of government to at last back up this proposal

¹⁴ *Suriname Social Safety Net Reform Strategy*, The Ministry of Social Affairs and Public Housing with the assistance of: Lorraine Blank, Ph.D. and Julia Terborg, Ph.D. and with support from the Inter-American Development Bank ATN/SF-9087-SU, March 2007

and begin serious and detailed design, provide the necessary legal foundations and start a gradual but time bound implementation of the Program. The reform should have 5 components that aim to strengthen the Ministry, join various inefficient transfer programs to form a single national transfers program, improve and strengthen the Medical Health Card program, establish a national system of beneficiary selection, and place in motion a system of sector-wide monitoring and assessment. The preliminary design of the national transfer program propose the combination of 4 smaller, inefficient transfer programs (the Financial Assistance (FB), The Alivio complement, the Food for Kids provision, and the School Supplies allowance), the partial institutional restructuring of the Ministry, the definition of design parameters, and the proposal of a new cycle of projects.

4.2.2 Social protection programs towards categorical vulnerable groups

SoZaVo has taken the lead in the design of policy plans intended for vulnerable groups with participation of various stakeholders in each case. Policy plans for the Elderly, Persons With Disabilities and Children/Youth have addressed several issues affecting the wellbeing of these groups. Common priority areas of action in these plans include: Sensitization and awareness campaigns; information and research; Optimizing legal protection; health, care, housing & living arrangements, , income security, education and training, supervision of institutional care quality standards; and particular issues in each group such as: nutrition, Early Childhood Development and prevention of abuse and violence for children, accessibility and transport for PWD and senior citizens, occupational and recreational activities for the elderly, etc.

At present, new Policy Plans for each vulnerable group have been formulated for the next years. They should be resumed, integrated and formalized as integral parts of the general social policy of the government period: Children/Youth Policy Action Plan 2009-2013; and Policy Documents concerning Senior Citizens and the Policy Document for Persons with Disabilities will be drafted for 2010-2015.

SoZaVo offers social services to these vulnerable groups in the form of Institutional Residence and Care Centers of the Elderly and PWD such as Ashiana and the Esther Foundation, Boarding Centers and care institutions for boys with behavioral problems such as KOELA, and day care centers for children under the SBEC Foundations. Also provides some so called immaterial services such as Community development, family counseling, training of care givers, etc with very limited impact and unclear selection criteria.

4.2.3 Social Housing

Suriname considers adequate housing to be a basic human right and in this sense SoZaVo and the Directorate of Housing exist to promote the housing sector and facilitate everyone in Suriname to have access to adequate housing regardless of their income, economic situation or geographic location. On the other hand, the overall mandate of SoZaVo states that its main goal and objectives are to particular care for providing access to housing to the least affluent and most needy sectors of society throughout the country. In accordance, the ministry identifies the following sub-groups within the poor and vulnerable as its chief target population to whom it will provide housing:

- Elderly (senior citizens);
- People with disabilities;
- Families with disabled members;
- Single head of household families: (single mother / single father)
- Low income groups (socially disadvantaged)
- Young families (the so-called "starters families")
- Middle and senior management¹⁵

Evidence has proved the difficulties of current targeting mechanisms employed by SoZaVo to effectively reach and identify these target groups; that there is a disconnection between targeting and distribution of services. There is a lack of enforcement of the eligibility criteria for the participation in the social housing services that SoZaVo offers. While many of the housing programs facilitated by SoZaVo are intended and aiming for the least affluent, different problems exist within each program that make this goal elusive.¹⁶ A consensus exist that the majority of the programs that help to provide housing, whether national or foreign, have overwhelmingly benefited the middle or lower middle classes and missed SoZaVo's target population of the lowest income groups and needy. In general terms, these weaknesses must be addressed through better targeting and design of programs. The first issue that must be addressed is the quality of the different systems employed to identify the target groups for the different programs intended to improve access to housing. A good start would be to develop an agreed upon definition of the poverty line in Suriname that is based on either a more realistic income level than 40 SRD or preferably on a survey (Proxy Means Test for example) that can gauge a potential beneficiary's need on his or her real purchasing power regardless of where their income may come from (formal or informal employment). Only then the poorest and neediest target groups can be reliably identified as well as other aggravating situations such as single-parent household, disability, age, etc., will be considered

It is important to remember that the quality and relevance of social policies depends greatly on availability of background information and analysis. Yet in the case of social housing, the lack of reliable and updated data and statistics, for example of a baseline measure of deficits, makes any policy goal such as the 4,4% annual decrease in the housing shortage established in the past MDP and the Policy Notes of 2006-2011, all but meaningless. Furthermore, regarding the specific housing needs and difficulties of the vulnerable and poor target populations the absence of reliable, relevant and up to date data to adequately design and target housing programs

¹⁵ Social Policy Note 2006-2011- referring to government officials in the middle and senior management

¹⁶ Partnership in Social Housing? Marlon Powell, 2010

represents a problem in Suriname. Data must be gathered that is specific to the housing sector as well as on the income, the particular living conditions and the housing needs of the low-income and needy population.

In general terms the lack of adequate housing supply in the country has been explained as the result of four main structural issues: lack of suitable land for construction, lack of access to financing, an unequal or poor quality of housing and the inefficiency and un-sustainability of the housing policies or programs employed..

The lack of suitable land is understood as available land with adequate infrastructure and accessibility to jobs and services. Previously, the bulk of housing programs have centered in or around the capital and coastal regions. In the urban regions the majority of prepared or suitable land is in the hands of the private sector and not the government while in the interior the government owns much of the land but there is a near total lack of services and infrastructure available. To address this first issue of adequate urban plots, a Land Development Company was established albeit without the sufficient financial independence necessary to function properly. In regard to the second problem - adequate land with infrastructure of services in the rural areas-, the rural residents have been largely left with the responsibility to develop them, since these areas have been unaddressed by earlier SoZaVo policies and programs. On the other hand while the existing government programs provide materials, guidance and capacity building for self construction, the problems of land ownership rights on the squatter settlements in the country are largely ignored.

To provide financing for housing SoZaVo adopted in the past a sector-wide approach whereby different Ministries, the Central Bank, the private sector and international organizations and donors all play key roles. International funding was obtained for the construction of housing, where beneficiaries are given subsidies and favorable loans through private banks or the government, such as in the LISP program. The Central Bank coordinated and offered low interest rate mortgages through a financing plan to selected clients that usually have land to build upon or to self building projects. SoZaVo through the Social Housing Foundation provided public rental housing to the least affluent at affordable rents. Each of these approaches had varying degrees of success but a common drawback which is the failure to reaching the lowest income groups. Problems with targeting, poorly designed programs that do not take into account the needs or abilities of potential beneficiaries, weak enforcement of eligibility criteria and lack of participation of beneficiaries in the design of programs, have lead to serious leakage and to deviation of the benefits of subsidized financing to housing programs to other unintended populations.

The unequal or poor quality of housing in the country, according to the “Eindrapport”¹⁷ is explained because “available building regulations and building standards are partly outdated and that the monitoring of compliance and application are insufficient.” In this regard, efforts underway to clearly establish across the board building regulations, quality controls on building materials, identify alternative building materials and methods, and a system of enforcement must continue to be pursued. Furthermore, vast numbers of the poor are building their own housing, without sufficient oversight or training, on the lots that they own or on public or private lands in squatter communities.

While Suriname has implemented various programs aimed at addressing the inadequate housing situation in the country, there are some overriding key issues, besides the recognition of deficient targeting, that lead to the lack of success and sustainability of many of them. Other areas of key importance that need to be addressed in the

¹⁷ “Meerjarenprogramma voor de Sector Huisvesting in Suriname –Eindrapport”. ECORYS. Rotterdam, 2010.

coming years are: Lack of coordination among the different government agencies and ministries with concurrent or clashing mandates regarding promotion of aspects of affordable housing, including the directorate of SoZaVo; weak reporting, monitoring and oversight of housing programs ultimately to SoZaVo as housing policy authority; and almost non-existent participation of the intended beneficiaries in the design and implementation of programs .

Today the Ministries dealing with some housing issues exhibit an all too often competitive as opposed to collaborative relationship with poorly understood or ignored division of roles, responsibilities and areas of action. Efforts to bring this under control through establishing inter-ministerial coordinating entities have appeared to fail and the clear need for one coordinating ministry has been the agreed upon solution.

Secondly, in comparing the different social housing programs implemented in the country one can observe incoherent and unequal monitoring and evaluation systems, and the absence of a strong enough reporting system that allows SoZaVo to monitor the many programs implemented. The Ministry is hindered to evaluate success of policies and make adjustments in its housing programs due to a lack of comparable information on the implemented housing projects. Today each program has different reporting formats and different criteria and benchmarks used to rate success, which are not necessarily, aligned to the policy priorities.

Finally, success and sustainability of the programs are greatly hampered due to the near complete lack of participation of the beneficiaries in the policy making, implementing and monitoring phases. The very people on the ground or their chosen CBO representatives need be included to guarantee the success and sustainability of programs, to prevent poor design problems as well as promote empowerment and ownership of the housing projects by the beneficiary communities once they are implemented. Besides, participation and capacity building activities can help beneficiaries to become participatory communities, to provide and organize social services by themselves; to empower them to promote income generating activities and employment; and ultimately to stimulate a small local economy that helps in breaking out of the poverty cycle and in propelling them upward in the social system.

5 National Social Security and Social Protection Policies for the poor and the vulnerable in Suriname

The national Social Security Policy is addressed to the total population of Suriname affected by the lack of work-related income caused by old age or a permanent sickness or disability, or lack of access or unaffordable access to health care or decent shelter. The first affected target group are senior citizens 60 years or older or persons with totally impairing disabilities; while the second group are mainly the poor and near poor groups of population.

The Social Protection policies are intended mainly for the poor, and the most vulnerable groups affected by poverty and social exclusion such as: Children/youth, persons with disabilities, the elderly, and women head of households. Social protection policies include income security schemes, affordable medical care and other protection services either delivered by family members, members of a local community, specialized private institutions or the government.

5.1 Challenges in the implementation of social security and social protection policies.

- Marked geographical differences between the coastal region and the interior Sipaliwini District in terms of: population density, availability of infrastructures, accessibility, and long distances.
- An ethnically and culturally diverse society with strong cohesive values and beliefs within each ethnic group but very different views from one to the other. Ethnic or cultural settlements are focalized in different geographical areas and have a political expression through political parties which are ethnically divided.
- A generalized and high incidence of poverty throughout the whole population (74% below the GBS poverty line of SRD353¹⁸ according to statistics of the PMT household survey).
- An acknowledged ample, yet unknown or unmeasured, level of participation of the informal sector in the total employment.
- The inherited social assistance culture which has prevented more developmental and sustainable impacts of social policies to alleviate poverty.
- The need to create remunerative employment opportunities for a growing working age population because of the demographic transition in Suriname.
- The lack of adequate information and statistics on poverty and coverage of social services. Correlated with the lack of a shared definition of the poverty line in Suriname and hence the target population of social policies.

5.2 Guiding principles in the implementation of social security and social protection policies:

- Community participation in the delivery of social protection benefits to raise awareness and to empower the development potentials of a community.
- Search for developmental impacts in the design of social programs going beyond poverty alleviation to actively seeking to extract households from the poverty cycle.
- Sector-wide approach: shared and joint efforts and synergies between social programs in the housing, health and education sectors combined with the social protection programs of SoZaVo..
- Public resources should only be used to subsidize the neediest population namely the poor and near poor according to the predefined poverty line.
- Social policies proposed to the best possible will be those under control of SoZaVo or that the Ministry can more likely influence.

¹⁸¹⁸ Data from 2007

- Participation of beneficiaries in the decision-making at different moments of the formulation, design and implementation of policy programs or projects intended for them.
- Public-private partnerships to increase the potential for coverage and impact of social policies
- Decentralized/Deconcentrated service delivery of SoZaVo to deliver services where they are needed and closer to the actual population needs.

6 Objectives and target populations of Social Policies for 2010 – 2015

The general objective of the Social Policy for 2010- 2015 is:

“To provide basic coverage benefits to secure protection from lack of work-related income or lack or unaffordable access to basic services such as health care, education, shelter, adequate feeding, or physical and emotional safety, among the poorest, and the most vulnerable population groups in Suriname and engage them on a sustainable human development process”.

This objective is broken down in the Social Security Policy and the Social Protection specific policies, according to the benefits offered and the targeted population groups as follows:

1. Specific Objectives of the Social Security Policy:

- 1.1. In line with a General Pension Reform, improve the Old Age Pension Program to secure financially sustainable basic real income coverage for every Surinamese, particularly to the poor in the old age and poor Persons With permanent Disabilities.

Target Population:

- Individuals (Surinamese citizens or residents who have lived and contributed for at least 10 years to the Old Age Pension Fund)
- with no other pension coverage,
- with means-tested personal income below the poverty line as defined by the ABS
- who are 60 years old or more, OR
- Have been certified with a permanent - impairing to work for an income – disability.

- 1.2. Within the context of the Universal Health Insurance Reform, improve the efficiency of the Medical Health Card Program to provide public subsidized medical care insurance only to the poor and secure them protection against a package of basic health contingencies and chronic diseases and disabilities.

Target Population:

- a. Members of the same household¹⁹ (living under the same shelter and sharing a common budget and resources), with a means-tested household income below the poverty line as defined by the GBS, AND
- b. Beneficiaries of the Old Age Pension fund.

2. Specific Objectives of the Social Protection Policies:

Conditional Cash Transfers Program

- 2.1. To secure the most needy and vulnerable population of Suriname with access - through a Social Safety Net - to income security and better living conditions and opportunities to be able to engage on a sustainable human development process.
 - 2.1.1. Provide Poor Households with temporary income support through a Conditional Cash Transfers Program (a relevant amount of Financial assistance) to enable them to engage in human development and become self supported.
 - 2.1.2. Promote capital development behaviors (keeping children healthy and more time in school) through a series of conditionalities to poor HH beneficiaries of CCT.
 - 2.1.3. Promote income generating activities and employment among poor HH Beneficiaries of CCT as part of an exit and self empowering strategy.

Target Population of CCT program:

- a. Poor Households with a means-tested income below the poverty line as defined by the GBS.
- b. With children, pregnant women, elderly, or disabled persons under its charge, AND/OR
- c. With women or single-headed households.

Social Protection - Children/Youth

- 2.2. To promote among children, families, schools, institutions and the society at large introduction of protective/preventive factors and mitigating measures to protect children at risk and ensure their engagement in a human development process. Specifically:
 - 2.2.1. Provide income support through the CCT to poor families with children as a way to secure adequate feeding, health, and schooling of children.

Target Population: unborn children and children 0-18 years old.

- 2.2.2. Provide Early Childhood stimulation activities through expanded coverage of the pre-skoro program in day care centers and through program family counseling and training of parents

Target Population: unborn children and children 0-5 years old.

¹⁹ Use the same criteria definitions of a Household contained in the PMT Household Survey.

2.2.3. Increase & maintain school attendance of children in primary and secondary education through conditionalities of the CCT program.

Target Population: Children 6-18 years old.

2.2.4. Increase quality of Child Care within families, communities and institutions particularly for orphans, vulnerable, or disable children.

Target Population:

- Child Care Institutions
- Mothers and families

Social Protection Policies for the Elderly

2.3. Promote adequate social care and integration in society for the elderly as one of the most vulnerable groups, to achieve dignified and fulfilling living conditions.

2.3.1. Provide affordable and adequate health care to senior citizens particularly to the elderly poor

Target Population: Persons with 60 years or more, without any other health insurance

2.3.2. Provide income support through the CCT to poor families, elderly headed or with elderly dependants, as a way to secure adequate feeding, health, and care for the elderly and their families.

Target Population: households with members 60 years or more, with a means-tested income below the poverty line as defined by the GBS

2.3.3. Increase quality of Care for the Elderly within families, communities and institutions particularly for the poorest and disabled.

Target Population:

- Elderly Care institutions or community volunteer groups.
- Families with Elderly members

2.3.4. Promote independent living arrangements for the poor and/or neglected elderly to provide them with decent shelter and protect them against crime and exploitation.

Target Population: Poor households, elderly headed

Social Protection Policies for Persons with Disabilities

2.4. Promote adequate social care and integration in society for the vulnerable group of Persons with Disabilities to achieve productive and fulfilling living conditions.

Target Population:

- People with totally impairing disabilities to make an income on their own
- Persons with partially impairing disabilities

3. Specific Objectives of the Social Housing Policy:

3.1. Improve knowledge, governance and steering of the social housing sector in Suriname.

- 3.1.1. Promote research and investigation on the Housing market situation and specifically on the housing needs of the poor and vulnerable.
- 3.1.2. Improve coordination and synergies among public and private stakeholders in the social housing sector.
- 3.1.3. Introduce community participation of beneficiaries in the design and implementation of social housing programs
- 3.1.4. Improve targeting of social housing programs to reach the poorest and vulnerable groups
- 3.1.5. Improved and centralized monitoring and evaluation system of housing programs under SoZaVo – Directorate of Housing.

Target Population: The entire housing sector and its stakeholders including concerned ministries and public institutions, public foundations, NGOs, private companies, private banks, international donors, community grassroots organizations.

3.2. Provide adequate housing solutions to improve the living conditions of the poorest and most vulnerable targeted groups especially low income, elderly, disabled and single parent and starter families.

- 3.2.1. Improve the provision of adequately serviced land for social housing programs to meet the specific housing needs of the poor and vulnerable within each District.

Target Population:

- On the Coastal Districts:
 - Government or private land owners in areas of new social housing developments.
 - Households on squatter settlements
- On the Interior Districts: Individual land and home owners with inadequate services.

3.2.2. Improve access of the poor to housing homeownership programs

Target Population:

- The poorest households (as tested with the PMT), lacking their own housing and registered within the SoZaVo Information System – SIS housing module -, as requesting participation in social housing programs. Households must comply with the PMT criteria of poverty or prove to be Medical Health Card holders

- Vulnerable households not homeowners and registered as requesting participation in social housing programs. Includes: elderly and PWD headed households, single parent households, starter families with children.

3.2.3. Improve availability of public rental housing units for the poorest and vulnerable

Target Population:

- *Of temporary rentals with a maximum leasing period:* Poor Households (as tested with the PMT), registered within the SIS housing module requesting participation in the rental housing. They can also be beneficiaries of the Conditional Cash Transfer Program.
- *Indefinite rental period:* Poor households (as tested with the PMT), with elderly, PWD or single parent headed, as long as this condition remains.

3.3. Promote improvement of housing quality standards in Suriname

3.3.1. Passing of regulation on Minimum Housing Construction Quality Standards

Target Population: The entire housing sector and future homeowners

3.3.2. Promotion of improvements and progressive development through self help housing construction to the poor on their own plots.

Target Population:

- Poor households (as tested with the PMT), and land owners with deficient housing conditions (lacking services, adequate materials or insufficient dwelling space) registered to participate in the Housing improvement program.
- Poor households (as tested with the PMT), living on squatter settlements registered to participate in the Housing Improvement Program

7 Objectives and goals indicators of Social Policies for 2010 – 2015

7.1 Social Security Policies

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Security	To provide basic coverage benefits to secure protection from lack of work-related income	In line with a General Pension Reform, improve the efficiency of the Old Age Pension Program to secure financially sustainable basic real income coverage for every Surinamese, particularly to the poor in the old age and poor Persons With permanent Disabilities.	<ul style="list-style-type: none"> Transform the Old Age Pension Fund in a funded pension fund with own assets and resources 	Old Age Pension Fund is a PAYG system	Old Age Pension Fund is a Funded system	Independent Assessment by the IOPS or other
			<ul style="list-style-type: none"> Minimum Old Age Pension Allowance indexed to inflation and above the poverty line. 	Basic real coverage PA = SRD350 / SRD 353 (Poverty line) = 99,1%	Basic Real Cov of old Age PA(2015) = PA(2010) * inflation ⁽²⁰¹⁰⁻²⁰¹⁵⁾ /Poverty line 2015	Household Surveys and SoZaVo Information System -SIS
			<ul style="list-style-type: none"> Increase in the Old Age Pension coverage of poor senior citizens 	% coverage (2010) = # Old Age Pension poor beneficiaries/ Senior population that is poor	↑↑% coverage= # Old Age Pension poor beneficiaries(2015)/ Senior population that is poor(2015)	
			<ul style="list-style-type: none"> Increase in the Old Age Pension coverage of poor PWD 	% coverage (2010) = # Old Age Pension poor PWD beneficiaries/PWD population that is poor	↑↑% coverage= # Old Age Pension poor PWD beneficiaries(2015)/ PWD population that is poor(2015)	

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Security	To provide basic coverage benefits to secure protection from lack or unaffordable access to health care.	Within the context of the Universal Health Insurance Reform ,improve the efficiency of the Medical Health Card Program to provide public subsidized medical care insurance only to the poor and secure them protection against a package of basic health contingencies and chronic diseases and disabilities	<ul style="list-style-type: none"> • Passing of a regulatory package of legislation to establish the Basic Health Insurance, describe minimum benefits, financial and contributory requirements, and make it compulsory 	Ad-hoc non regulated/unsupervised multiple health insurance systems	Universal regulated Basic Health insurance system in place	Ministry of Health, SoZaVo & Official National Print
			<ul style="list-style-type: none"> • Reduce leakage in the public Medical Health Card system (GH card holders) 	% leakage= # Non poor GH card holders / # GH card holders == 11,9%*	↓↓% leakage= # Non poor GH card holders / # GH card holders	* PMT Household Survey
			<ul style="list-style-type: none"> • Increase coverage and incidence of the Public Medical Health Card system among the poor population 	%Undercoverage = # Poor HH rejected or never applied/ #poor HH = 28,3%*	↓↓%Undercoverage = # Poor HH rejected or never applied/ #poor HH	Household Surveys and SoZaVo
				% Coverage = # Poor GH Card Holders without other insurance/ # Poor population = 49,2%*	↑↑% Coverage = # Poor GH Card Holders/ # Poor population	Information System - SIS
		Review the current package of basic health contingencies and services covered by the Medical Health Card against particular needs of the vulnerable groups: Children, youth, pregnant women, Senior citizens, persons with disabilities or chronic diseases, etc.		# and Cost of the Health Contingencies Plan per group, defined and regulated thru a joint Ministerial Decision of SoZaVo and Ministry of Health		

7.2 Social Protection Policies for poor households

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - SSN	To secure the most needy and vulnerable population of Suriname with access - through a Social Safety Net - to income security and better living conditions and opportunities to be able to engage on a sustainable human development process	Provide Poor Households with temporary income support through a Conditional Cash Transfers Program (a relevant amount of Financial assistance) to enable them to engage in human development and become self supported	Merging of smaller SSN programs to Increase in the Financial Assistance amount to poor households.			
			Scenario 1: Proportional amount of cash transfer to every HH below poverty line, that varies depending on # of dependent children, PWD and elderly within household	Average Financial Assistance per households by number/category of dependants = \$Tot. Financial Assistance budget delivered to HHs with "N" category-dependants/ # of poor HH beneficiaries with "N" category-dependants	↑↑Average Financial Assistance per households by number/category of dependants = \$Tot. Financial Assistance budget delivered to HH with "N" category-dependants / # of poor HH beneficiaries with "N" category-dependants	SoZaVo: ASUV and AMZ (SIS) units
			Scenario 2: Equal amount of cash transfer to every household below the poverty line	Average Financial Assistance per poor household = \$Tot. Financial Assistance (FB, Alivio, UPH, School supplies, School fees , AKB) budget/ # of poor HH beneficiaries	↑↑Average Financial Assistance per poor household = \$Tot. Financial Assistance (FB, Alivio, UPH, School supplies, School fees , AKB) budget/ # of poor HH beneficiaries	
			Scenario 3: Differentiated financial assistance amount depending on decile of poverty. i.e. 100% of minimum income (say SRD353 Poverty line) to poorest 10%; 70% of minimum income to the second poorest decile of households; and 35% minimum income to the third poorest income decile of population.	Average Financial Assistance per poverty deciles households = \$Tot. Financial Assistance budget delivered to poorest "N" decile % HH/ # of poor HH beneficiaries in the poorest "N" decile%	↑↑Average Financial Assistance per poverty deciles households = \$Tot. Financial Assistance budget delivered to poorest "N" decile % HH/ # of poor HH beneficiaries in the poorest "N" decile %	
			Increase coverage of the Financial Assistance Cash Transfers among the poor	% of poor HH receiving Cash Transfers = # CT beneficiaries / # of poor population	% of poor HH receiving Cash Transfers = # CT beneficiaries / # of poor population	SoZaVo: Research& Planning and AMZ(SIS) units

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - SSN	To secure the most needy and vulnerable population of Suriname with access - through a Social Safety Net - to income security and better living conditions and opportunities to be able to engage on a sustainable human development process	Promote capital development behaviors (keeping children healthy and more time in school) through a series of conditionalities to poor HH beneficiaries of CCT	Increase in school attendance rate of children among beneficiaries of CCT	% attendance to school = Σ # days attended per children per year / (# total schooling days * # of children in beneficiary HHs)	% attendance to school = Σ # days attended per children per year / (# total schooling days * # of children in beneficiary HHs) = 100%	Ministry of Education - Quarter school reports & SIS system
			Increase Attendance to health clinics for prenatal control checks among pregnant women beneficiaries of CCT	% attendance of pregnant women = # total prenatal checks reported / # pregnant women within beneficiary HHs per year	↑↑% attendance = # total prenatal checks reported / # pregnant women within beneficiary HHs per year	Ministry of Health and SoZaVo SIS system
			Increase Attendance to health clinics for periodic control checks of children among HH beneficiaries of CCT	% attendance of children < 5years = # total children checks reported / #children < 5 within beneficiary HHs per year	↑↑% attendance of children < 5years = # total children checks reported / #children < 5 within beneficiary HHs per year	
		Promote income generating activities and employment among poor HH Beneficiaries of CCT as part of an exit and self empowering strategy	Participation of CCT beneficiaries in Cash for work (CxW) opportunities in public works and housing projects	% participation of CCT beneficiaries in CxW programs = # of beneficiaries in CxW programs / # of CCT beneficiaries of working age.	↑↑% participation of CCT beneficiaries in CxW programs = # of beneficiaries in CxW programs / # of CCT beneficiaries of working age.	SoZaVo Directorate of Housing & AMZ (SIS) unit
			Participation of CCT beneficiaries in skills training and apprenticeship programs by the Ministry of Labor	% participation of CCT beneficiaries in training programs = # of beneficiaries in training programs / # of CCT beneficiaries of working age.	↑↑% participation of CCT beneficiaries in training programs = # of beneficiaries in training programs / # of CCT beneficiaries of working age.	Ministry of Labor & SoZaVo AMZ(SIS) unit

7.3 Social Protection policies towards Children & Youth

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - Children/Youth	To promote among children, families, schools, institutions and the society at large introduction of protective/pr eventive factors and mitigating measures to protect children at risk and ensure their engagement in a human development process	Provide income support through the CCT to poor families with children as a way to secure adequate feeding, health, and schooling of children	Proportional amount of cash transfer to every poor HH to meet the equivalent poverty line, depending on # of dependent children	Average Financial Assistance per households by number/children dependants = \$Tot. Financial Assistance budget delivered to HHs with "N" children dependants/ # of poor HH beneficiaries with "N" children-dependants.	↑↑Average Financial Assistance per households by number of children-dependants = \$Tot. Financial Assistance budget delivered to HH with "N" children-dependants / # of poor HH beneficiaries with "N" children-dependants	SoZaVo: ASUV and AMZ (SIS) units
		Provide Early childhood stimulation activities through expanded coverage of the pre-skoro program in day care centers and through program family counseling and training of parents	Geographic Coverage: # of pre-skoro programs in day care centers on each District	# of pre-skoro programs in day care centers on each District = 1 nationwide	# of pre-skoro programs in day care centers on each District = At least 1 per District & 15 nationwide	SoZaVo KMW and Ministry of Education
			% Coverage of Poor children attending day care centers (w/ pre-skoro programs)	% Coverage = # of poor children attending Day Care(pre-skoro) centers/ # of total poor children	↑↑% Coverage = # of poor children attending Day Care(pre-skoro) centers/ # of total poor children	
		% Coverage of Family counseling program in ECD:	% Coverage = # of CCT-HHs with children <5 years attending Family counseling & training programs on ECD at Day Care (with pre-skoro) centers/ # of poor CCT -HHs with children < 5 years	↑↑% Coverage = # of CCT-HHs with children <5 years attending Family counseling & training programs on ECD at Day Care (with pre-skoro) centers/ # of poor CCT -HHs with children < 5 years		
Increase & maintain school attendance of children in primary and secondary education through conditionalities of the CCT program	See indicator above of school attendance	% attendance to school = Σ # days attended per primary-secondary children per year / (# total schooling days * # of primary-secondary children in beneficiary HHs)	↑↑% attendance to school = Σ # days attended per primary-secondary children per year / (# total schooling days * # of primary-secondary children in beneficiary HHs)	Ministry of Education - Quarter school reports & SIS system		

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - Children/Youth	To promote among children, families, schools, institutions and the society at large introduction of protective/pr eventive factors and mitigating measures to protect children at risk and ensure their engagement in a human development process	Increase quality of Child Care within families, communities and institutions particularly for orphans, vulnerable, or disable children	Passing of the Minimum Standards regulation for Child Care Institutions		Minimum Standards Regulation on Child Care Institutions approved by relevant authority and in full enforcement by SoZaVo.	SoZaVo Research & Planning Unit
			% Coverage of family counseling on Child Care provided through social workers	% Coverage family counseling: # of poor families regularly attending (more than 3 times/year) Family Counseling events/ # of poor families in the CCT program.	↑↑% Coverage family counseling: # of poor families regularly attending (more than 3 times/year) Family Counseling events/ # of poor families in the CCT program.	SoZaVo KMW Sub-directorate and SIS unit
			Increased # and % of certified Child Care institutions (for orphans, the disabled & vulnerable) meeting Minimum Standards Regulation.	% certified Child care institutions = # Child Care Institutions meeting standards / # total inventory Child Care institutions.	↑↑% certified Child care institutions = # Child Care Institutions meeting standards / # total inventory Child Care institutions.	
			Increased capacities of women as care givers and income supporters through the "Community Mothers" program with particular emphasis in Brokopondo and Sipaliwini districts	% Coverage of training programs on Specialized Home Care = # of women receiving specialized training as home care givers/ # of women in CCT program.	↑↑% Coverage of training programs on Specialized Home Care = # of women receiving specialized training as home care givers/ # of women in CCT program.	SoZaVo KMW Sub-directorate, SIS unit & Research & Planning Unit
				% Coverage of Community Mothers Program = # of women registered in the Community mothers program per district /# of poor children population per District.	↑↑% Coverage of Community Mothers Program = # of women registered in the Community mothers program per district /# of poor children population per District.	

7.4 Social Protection policies for the Elderly:

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - Senior Citizens	Promote adequate social care and integration in society for the vulnerable groups (elderly) to achieve dignified and fulfilling living conditions	Provide affordable and adequate health care to senior citizens particularly to the elderly poor	Increase coverage and incidence of the Public Medical Health Card system among the elderly poor population	% Coverage = # Elderly Poor GH Card Holders without other insurance/ # Elderly Poor population =	↑↑% Coverage = # Elderly Poor GH Card Holders without other insurance/ # Elderly Poor population =	Household Surveys and SoZaVo Information System -SIS
		Provide income support through the CCT to poor families elderly headed or with elderly dependants as a way to secure adequate feeding, health, and care for the elderly and their families	Proportional amount of cash transfer to every poor HH to meet the equivalent poverty line, depending on # of dependant elderly within the HH	Average Financial Assistance per household by number/elderly dependants = \$Tot. Financial Assistance budget delivered to HHs with "N" elderly dependants/ # of poor HH beneficiaries with "N" elderly-dependants	↑↑Average Financial Assistance per household by number/elderly dependants = \$Tot. Financial Assistance budget delivered to HHs with "N" elderly dependants/ # of poor HH beneficiaries with "N" elderly-dependants	SoZaVo: ASUV and AMZ (SIS) units

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - Senior Citizens	Promote adequate social care and integration in society for the vulnerable groups (elderly) to achieve dignified and fulfilling living conditions	Increase quality of Care for the Elderly within families, communities and institutions particularly for the poorest and disabled	Passing of the Minimum Standards regulation for Elderly Care Institutions		Minimum Standards Regulation on Elderly Care Institutions approved by relevant authority and in full enforcement by SoZaVo	SoZaVo Research & Planning Unit
			Increased % Coverage of family counseling on Elderly Home Care provided through social workers and health care specialists	% Coverage family counseling on elderly care: # of poor families regularly attending (more than 3 times/year) Family Counseling events/ # of poor families in the CCT program = ??	↑↑% Coverage family counseling on elderly care: # of poor families regularly attending (more than 3 times/year) Family Counseling events/ # of poor families in the CCT program	SoZaVo KMW Sub-directorate and SIS unit
			Increased Geographic coverage of Day Care Centers for the elderly	# of day care centers available to the elderly on each District and nationwide = ??	# of day care centers available to the elderly on each District and nationwide = At least 1 per District	
			Increased # and % of certified Care Institutions for senior citizens meeting Minimum Standards Regulation	% certified Elderly Care Institutions = # Elderly Care Institutions meeting standards / # total inventory Elderly Care institutions	↑↑% certified Elderly Care Institutions = # Elderly Care Institutions meeting standards / # total inventory Elderly Care institutions	SoZaVo: Research & Planning and CPI Units

	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Protection - Senior Citizens	Promote adequate social care and integration in society for the vulnerable groups (elderly) to achieve dignified and fulfilling living conditions	Promote independent living arrangements for the poor and/or neglected elderly to provide them with decent shelter and protect them against crime and exploitation	Increase # counseling and advising services within day care institutions specialized for the Elderly living independently	# of certified counseling and advising services within day care institutions specialized for the Elderly = ???	↑↑# of certified counseling and advising services within day care institutions specialized for the Elderly	
			Increased coverage of Social Housing programs among the Elderly: % of Independent Elderly benefiting of Home Improvements or Social Housing Programs	# of Old Age Pension Elderly living by themselves benefiting from Home Improvements or Social Housing Programs/ # of total Old Age Pension beneficiaries elderly living by themselves	↑↑ # of Old Age Pension Elderly living by themselves benefiting from Home Improvements or Social Housing Programs/ # of total Old Age Pension beneficiaries elderly living by themselves	National Census & SIS information system on Old Age Pension beneficiaries and Housing beneficiaries

7.5 Social Housing Policies

	Main Objec.	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Housing Improve knowledge, governance and steering of the social housing sector in Suriname		Promote research and investigation on the Housing market situation and specifically on the housing needs of the poor and vulnerable	# of specialized studies on the social housing sector in the country and/or about the specific needs of the poor and vulnerable performed each year	NO specialized and updated studies exist on the housing sector in Suriname	At least one specialized study per year	
		Improve coordination and synergies among public and private stakeholders in the social housing sector	Evidence of functioning of a Housing Coordinating Body of stakeholders involved in the provision of housing solutions that is governing the social housing policies		An inclusive coordinating mechanism, is established, operating and jointly monitoring government housing programs	(i.e. Minutes of regular meetings; Policy Decisions approved and adopted; Evaluation reports conducted)
		Introduce community participation of beneficiaries in the design and implementation of social housing programs	Increase % of monitored government social housing programs that have implemented participatory mechanisms of beneficiaries	% # of Social Programs with participatory mechanisms/ #of total social housing programs implemented each year.	↑↑% # of Social Programs with participatory mechanisms/ #of total social housing programs implemented each year.	M&E system of social housing programs
		Improve targeting of social housing programs to reach the poorest and vulnerable groups	Increase % of social housing beneficiaries that fall within the official SoZaVo PMT criteria of poverty or vulnerable priority population	%: # of households beneficiaries that meet the priority criteria/ # total households beneficiaries of social housing programs.	↑↑%: # of households beneficiaries that meet the priority criteria/ # total households beneficiaries of social housing programs.	Social Information System of beneficiaries of SoZaVo 's programs including housing beneficiaries
		Improved and centralized monitoring and evaluation system of housing programs under SoZaVo	Evidence of the operation of the new M&E system of Social Housing programs devised, operating and producing reports under the consensus guidelines of the Coordinating Body.	% of total # of housing projects reporting under the unified M&E format; Annual Comprehensive Evaluation Reports on Housing programs submitted to the Coordinating Body	100 % of total # of housing projects reporting under the unified M&E format; Annual Comprehensive Evaluation Reports on Housing programs submitted on regular basis to the Coordinating Body	Evaluation reports on the Housing programs

	Main objec.	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Housing	Provide adequate housing solutions to improve the living conditions of the poorest and most vulnerable targeted groups especially low income, elderly, disabled and single parent and starter families	Improve the provision of adequately serviced land for social housing programs to meet the specific housing needs of the poor and vulnerable within each District.	On the coastal Districts: # of individual new urban plots made available for social housing programs to meet the goal of 18000 new houses and 2000 rental units	# of urban plots ready available through the Land Development Company, The Ministry of SoZaVo, the Ministry of Land and the Ministry of Works= ??	# of urban plots ready available through the Land Development Company, The Ministry of SoZaVo, the Ministry of Land and the Min. of Works= 20000	SoZaVo M&E system of housing programs
			On the coastal Districts: Improvement and regularization of Squatter housing settlements	Increase %: # of regularized (with land rights and adequate services) housing units within squatter housing settlements /# of existing housing units within squatter settlements	↑↑%: # of regularized (with land rights and adequate services) housing units within squatter housing settlements /# of existing housing units in squatters settlements	SoZaVo M&E system of housing programs & Data from the National Census and/or from a specialized study on squatter settlements
			In the interior Districts of Sipaliwini and Brokopondo: Improvement in the quality and provision of services and quality conditions of Housing units	# of households that have received subsidies to improve access to adequate sanitation services/# of deficient housing units lacking services according to the census per District = 0	↑↑%: # of households that have received subsidies to improve access to adequate sanitation services/# of deficient housing units lacking services according to the census per District	SIS- information System of Housing beneficiaries
		Improve access of the poor to housing homeownership programs	Increased % of the poorest and vulnerable targeted through the PMT that have access to home ownership	%: # of targeted households that became homeowners / # of targeted households eligible for housing	↑↑%: # of targeted households that became homeowners / # of targeted households eligible for housing	SIS- information System of Housing beneficiaries
		Improve availability of public rental housing units for the poorest and vulnerable	Increased # of public rental housing units	# of existing public rental housing	Addition of 2000 units to the # of existing public rental housing	SoZaVo M&E system of housing programs
			Increased percentage of the targeted and eligible	%: # targeted poor and vulnerable beneficiaries of	↑↑%: # targeted poor and vulnerable beneficiaries of	SIS- information System of Housing

			poorest and vulnerable that are beneficiaries of public rental housing	public rental housing units/ # of total beneficiaries of public rental housing units	public rental housing units/ # of total beneficiaries of public rental housing units	beneficiaries
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	Main objectives	Specific Objectives	Indicators/ measures	Baseline 2010	Goal 2015	Source for M&E
Social Housing	Promote improvement of housing quality standards in Suriname	Passing of regulation on Minimum Housing Construction Quality Standards	Improved regulatory framework to regulate housing construction standards	Absence of regulatory framework on housing quality standards	Minimum Standards Regulation on Housing Construction approved by relevant authority and in full enforcement by SoZaVo	SoZaVo Research and Planning Unit
		Promotion of improvements and progressive development through self help housing construction to the poor on their own plots	Increased percentage of poor-vulnerable targeted households that have received subsidies for housing improvements or progressive development	%: # of poor-vulnerable households that have received subsidies to improve or expand houses/# of poor-vulnerable households applying to participate in the social housing improvement programs	%: # of poor-vulnerable households that have received subsidies to improve or expand houses/# of poor-vulnerable households applying to participate in the social housing improvement programs	SIS- information System of Housing beneficiaries

8 Overall Policy Implementation strategy

8.1 Institutional pre-conditions

In order to enable implementation of the pro-poor focus of social policies for the period 2011-2015, the government must take the decision to support SoZaVo in strengthening its targeting and information systems. Introduction of the PMT method to screen beneficiaries of social programs and the decisive support to expand the capacities of the emerging Social Information System –SIS of SoZaVo, are key preconditions to ensure success in the attainment of policy objectives for this period.

8.1.1 Establishing a National Beneficiary Selection System

The Government of Suriname needs to establish a National System for selection of beneficiaries of those social services subsidized by the government as a way to ensure efficiency and impact of social policies addressed to poverty alleviation. Three very important decisions must be made in this regard:

- **Adopting the PMT formula** as the official methodology to measure income and screen beneficiaries of social programs. While this formula can be improved in time, it is nonetheless urgent to adopt it soon in order to improve the targeting efficiency of social programs, avoid waste and to obtain real impact within the most affected population. This is a critical and urgent decision and one of the main goals of SoZaVo will be to obtain authorization from government to finally apply the PMT as the method for screening beneficiaries of social programs, beginning with SoZaVo beneficiaries.
- **Official definition of a Poverty Line** which will be the responsibility of the General Bureau of Statistics. This reference value will serve as the basis to estimate the minimum income required by a household depending on the number of dependants. It will also guide the definition of the amount of SoZaVo Cash transfers per poor household or individual (in the case of individual allowances to the elderly and PWD). The value of the transfer amount to poor households not necessarily has to be equal to the poverty line but slightly below to encourage family members in the working age to search for other family income sources.
- **Undertaking a National Census or a nationally representative Household Survey** to establish the actual extent of poverty, the distribution of households by income percentiles and the numbers of the target population of social protection services. Since the government will perform the National Census in 2011 it brings the opportunity to create a sample of Households within the same Census, who would be interviewed in more detail to obtain all the information required in the Scorecard for the calculation of the PMT. This will provide all the information needed to establish both the Poverty Line and the number of target population of social services.
- **Capacity building of SoZaVo** to be able to apply the screening of potential beneficiaries on a regular and permanent basis. This includes developing a Screening Manual including procedures, criteria, intake forms, verification means, and following up. Also assigning responsibilities and developing all the training and capacity building to a specialized unit within SoZaVo connected to the SIS system which will be responsible at every moment for the screening, analysis and classification of beneficiaries of all SoZaVo programs based on the application of the PMT. This unit will be in contact with the General Bureau of

Statistics and will be in charge of making the necessary technical adjustments to the formula to make it more accurate and adapted to the conditions of poverty in Suriname.

The conditions are optimal at this point then to make these decisions. SoZaVo has already invested in the design of a Proxy Means Test formula capable of closely estimate approximate income of a household based on their assets and consumption habits. The formula was already tested and contrasted in the field, with a sample of potential beneficiaries of social programs, showing accurate results. And the coming National Census will be the opportunity to apply the formula either to its results or based on the last Household Survey performed in 2009.

8.1.2 Expand the functioning capacity of the SIS

The SIS should expand its functioning capacity to handle the national cash transfer program – which will be a combination of several existing cash transfer programs -, as well as the Medical Health Card, the Old Age Pension program and the other in-kind benefits. To improve its capacities, resume its implementation and institutionalize the SIS within SoZaVo, the following actions should be taken:

- Assess the current situation of the SIS Implementation versus the Plan originally designed, and adjust to a new Implementation Plan supported by SoZaVo highest authorities.
- Obtain adequate funding for the procurement of equipment, at least to ensure the minimum server capacity to run the SIS reports and to endow every District unit with adequate equipment to capture and send information of beneficiaries on a regular basis. Also to receive and operate the SIS as users.
- Link the SIS to the regular Monitoring and Evaluation activities of institutional performance and evaluation of social policy indicators that will be introduced also as part of the institutional capacity building of SoZaVo.

8.1.3 Decentralization of social services and community work at the District level.

Decentralization of SoZaVo Services is one of the most important and crosscutting implementation strategies for the coming policy period. The idea is to strengthen the operational capacities of SoZaVo District and filed offices to be able to actually deliver social services including cash transfers, categorical services and most importantly the community work. Social workers at the community level will be the forefront of SoZaVo to inform communities on Social services, to identify the main difficulties and problems both at the community and families level, and to deliver organizational strategies for self support of communities and families. Community workers and social workers will work together to guide and assist communities and families in improving their living conditions and empowering their potentials to provide mutual protection and promote local development.

8.2 Implementation of Social Security Policies

Main objective: To provide basic coverage benefits to secure protection from lack of work-related income or lack or unaffordable access to health care.

Specific Objectives:

- a. In line with a General Pension Reform, improve the efficiency of the Old Age Pension Program to secure financially sustainable basic real income coverage for every Surinamese, particularly to the poor in the old age and poor Persons With permanent Disabilities.
- b. Within the context of the Universal Health Insurance Reform ,improve the efficiency of the Medical Health Card Program to provide public subsidized medical care insurance only to the poor and secure them protection against a package of basic health contingencies and chronic diseases and disabilities

Priority Areas:

- a. *The Pensions Program:* To Securing basic real income coverage of a pension for the Old Age to every Surinamese, especially the poor and for the poor Persons with permanent Disabilities incapable of generating their own income.
- b. *The Medical Health Card Program:* Improve the efficiency of the Medical Health Card Program to provide public subsidized medical care insurance only to the poor and vulnerable

8.2.1 Priority Area: The Pensions Program

Specific Objective: Securing basic real income coverage of a pension for the Old Age to every Surinamese, especially to the poor and for PWD.

In fulfillment of several provisions of the ILO Conventions²⁰, the Surinamese government is convinced of the need to provide income coverage for those individuals unable to work and generate their own income, specifically the elderly and those persons with permanent disabilities. To do this, in the short term, the Government will seek an overhauling of the Old Age Pension Fund to make it financially sustainable, targeted to the poor, capable of providing and maintaining real basic income at least at the level of the officially defined poverty line²¹ and to include PWD as beneficiaries.

In the mid and long term, the government plans to seriously engage in the discussion of a General Pension Reform based on proposals already in preparation. In the case of the elderly, the reform should regulate both the private contributory systems and the publicly subsidized Old Age Pension Fund, the latter targeted mainly to the elderly poor. The design of the overall system should ensure that all Surinamese residents are covered by either system, and each system complements each other to guarantee full coverage. The level of expected benefits would be regulated to be proportional to the individual contributions in the case of the contributory systems, or in the case of the public system to at least ensure a basic income equivalent to the officially defined poverty line and maintaining real value to protect from inflation.

In the case of Persons with permanent Disabilities, a new legislation should be devised to cover those persons in the working age that for any reason became completely impaired and not capable of generating sufficient income to survive. When impairment was a result of a work related accident, the employer should provide a private

²⁰ C102: Social Security (Minimum Standards) Convention, 1952; C121: Employment Injury Benefits Convention, 1964; C128: Invalidity, Old-Age and Survivors' Benefits Convention, 1967

²¹ Since there is no Minimum Wage or Salary legally defined in Suriname.

insurance to cover for the permanent disability. Legislation may also provide that when such PWD resulting from labor accidents have contributed to a private or contributory system, they can claim an early retirement pension. When not covered by such kind of insurance or early retirement pension, because they should be considered both vulnerable and poor, the government will provide such pension out of publicly subsidized resources. It should be noted that a PWD pension will only provide individual income but not household income. Disabled persons in the old age will be covered by the Old Age Pension System.

8.2.1.1 Strategic Lines of Action:

8.2.1.1.1 Overhauling of the Old Age Pension Fund

Includes actions addressed to improve the targeting, management and sustainability of the Old Age Pension Fund, such as:

8.2.1.1.1.1 Improving the targeting and coverage of the Old Age Pension Fund

- Introduce the PMT to proactively seek poor beneficiaries;
- Review of the Administration Manual of the Old Age Pension, clearly establishing eligibility criteria, reporting requirements, benefits, and operating rules. Eventually it could also establish behavior conditionalities such as requiring beneficiaries to periodically attend health control visits or other developmental or integration activities of beneficiaries.
- Design or adapt the Scorecard to particularly identify living conditions of the elderly poor and PWD and to determine eligibility based on lack of sufficient income and lack of other pension source.
- Disseminating and recruiting campaign addressed to the community at large about the Old Age Pension entitlements, conditions and benefits; actively seeking to attract new Old Age Pension beneficiaries, particularly the poor and those living in remote areas.
- Application of the PMT Scorecard to all beneficiaries of the Old Age Pension, existing and potential.
- Updating of the SIS database to register Old Age Pension beneficiaries based on the new data collected through the Scorecard.
- Initiate classification and screening of those beneficiaries not complying with eligibility criteria in order to giving priority to the vulnerable and poor.

8.2.1.1.1.2 Inclusion of PWD as permanent beneficiaries of Old Age Pension

- Review of operating rules of the Old Age Pension to precisely determine eligibility criteria for persons with “permanent” disabilities to become permanent beneficiaries. Once a PWD has been medically certified with a permanent disability and of the impairing character of the particular disability to generate income, they should not be required to report periodically on their disability. Drug addicts should be completely excluded from the Old Age Pension benefit.

8.2.1.1.1.3 Transforming the Old Age Pension in a funded and sustainable pension Fund

- Actuarial studies and financial studies to determine the size of the initial equity and the financing conditions to make the Old Age Pension a funded and self-sustainable Fund.

- Within the context of the General Pension Reform develop a consensus building process inside government to determine the feasibility of specializing the role of the Old Age Pension to exclusively cover poor senior citizens with no other pension source.
- Consensus building with all stakeholders and beneficiaries to determine the operating conditions of the new Old Age Pension, including individual contributions, levels of subsidy from government, levels of benefits, eligibility of beneficiaries, etc.
- New Strategic and institutional capacity building Plan for the Old Age Pension Fund to undertake the new institutional mandates and in line with the perspectives of the General Pension Reform.

8.2.1.1.1.4 Passing of new legislation to reform the Old Age Pension Fund

- to make it an autonomous institution, self-funded with own resources and equity, and designed to maintain Pensions with real value (above inflation),
- and to include persons with permanent and impairing disabilities as eligible beneficiaries of the Old Age Pension Fund.

8.2.1.1.2 General Pension Reform

8.2.1.1.2.1 Establish an inter-ministerial steering committee of the Pension Reform

- The President will appoint an inter-ministerial committee at the highest level, with participation of the Ministers of Finance, Social Affairs, Labor, and the central Bank, to conduct the steps towards the Pension Reform.
- The Committee will organize a task force under its command, with the necessary expertise and administrative support to continue the technical work.

8.2.1.1.2.2 Preparation of technical and social inputs for the Pension Reform

- Based on the initial diagnosis and studies prepared with support from the IDB, the Pension Reform Task force will order or conduct by itself the necessary further in depth studies.
- Consensus building activities to promote debate and social ownership around the proposals towards the Pension Reform.
- Preparation of an Implementation Strategy and Plan
- Preparation of legislation drafts

8.2.1.1.2.3 Obtaining multilateral funding to assist in the transition towards the Pension Reform

- With support of the technical task force the government will seek international cooperation to assist with technical inputs and with financial resources to facilitate the transition towards the Pension reform in Suriname.

8.2.2 Priority Area: The Medical Health Card Program

Specific Objective: Improve the efficiency of the Medical Health Card Program to provide public subsidized medical care insurance only to the poor and vulnerable.

The country should undertake a serious discussion regarding the Universal Health Insurance reform under the leadership of the Ministry of Health, which may significantly affect the current operation of the Medical Health card and the corresponding responsibilities of SoZaVo. In the mean time SoZaVo will seek to improve the efficiency of the existing Medical Health Card program particularly to increase coverage among the poor population; and to reduce the leakage problems in the targeting of beneficiaries arising both, from the weaknesses of the current targeting system and from the ill defined criteria of awarding benefits for instance to eventual claimants who are not sufficiently covered by their private insurance plans.

8.2.2.1 Strategic Lines of Action:

8.2.2.1.1 Establishing an inter ministerial Committee with SoZaVo and Ministry of Health

Among others, the Committee will work in the short run in:

- To improve the efficiency and a rational use of the Medical Health Card SoZaVo with the Ministry of health should seek to establish basic packages of health services and contingencies designed to meet the particular needs of specific vulnerable groups, including children, youth, pregnant women, senior citizens and PWD. Beneficiaries of the Medical Card within these vulnerable groups will in turn be required to attend preventive health services to avoid higher costs in the future.
- Even though these packages will be addressed to the basic needs and to the preventive care, they should be specialized and suited to their specific needs of age and condition. Based on these packages of universal benefits, the two ministries should also work agreements on the costs of each protocol and service thereby regulating the payments between SoZaVo (as insurant) and the Ministry of Health (as provider).

In the long term the committee will engage in:

- The discussion about the integral Health Reform to assist government in the design parameters of such a reform. This joint committee will particularly analyze the institutional implications of introducing universal health insurance, not only to each of the Ministries but to the whole system of health services in the country. One of the main concerns should be to establish adequate guidelines and strategies to support the institutional development of the two ministries, the clinics and hospitals, the health services providers and all health centers, to introduce adequate management information and reporting systems which guarantee total coverage of Surinamese regardless of their income or insurance source.

8.2.2.1.2 Introduce the PMT to target new beneficiaries of the Medical Health Card only among the poor and vulnerable.

To overcome the second set of problems regarding leakage, the Medical Health Card program will greatly benefit from the introduction of the PMT as a permanent targeting mechanism. Application of the scorecards to every potential beneficiary will serve to apply the screening criteria to determine eligible beneficiaries. It will also help to establish the health profile and the potential health needs of the families in Suriname.

Given the relatively high coverage and the widespread use of the Medical Health Card, possession of the card has been taken as proof of poverty and vulnerability and has been used as reference for targeting population in need from other social programs not only those of SoZaVo. Therefore applying the PMT and screening the medical health card beneficiaries is crucial because it will also improve targeting efficiency of many other social programs of government.

8.2.2.1.3 Information & Dissemination Campaign

Increasing coverage of the Medical Health Card will go hand in hand with a dissemination campaign to recruit new beneficiaries among the poor and to give assurances of the Patient –Client confidentiality ethics. Fears in this regard may have discouraged some card holders from utilizing the state health services (particularly HIV patients). In order to better inform potential beneficiaries about the program and make assurances that Doctor-Patient confidentiality practices apply, a national information dispersion campaign will be required using TV, radio, and newspaper ads to disseminate the information.

8.2.2.1.4 Review and update of the Medical Health Card Operating Manual of Procedures, Benefits, and Eligibility Criteria:

In particular to:

- Facilitate lifetime eligibility for the elderly, the chronically ill, and disabled beneficiaries.
- Streamlining procedures for obtaining and renewing the Medical Health Card to prevent the delays in obtaining assistance when the Medical Health Card is not up to date.
- Delimiting the only situations when the Medical Health Card will cover other expenses such as transportation, and establish easy way of verifications. Also the system should improve the process of payments and reimbursements in cases when beneficiaries have incurred in out of pocket expenses for an emergency or when health facilities are not accessible and transportation is required
- Establish conditions to beneficiaries to perform preventive health activities such as vaccinations, prenatal visits, or other, depending on the particular target group, as a condition to retain or renew the Medical Health Card.

8.2.2.1.5 Develop a package of regulations in consultation with private companies:

The government should engage in a negotiation with the private insurance companies to agree on a minimum package of basic health contingencies that should be covered by every insurance. Problems of individuals asking for the Medical Health Card to cover those contingencies not otherwise covered by their private insurance will then be reduced. In the longer term the only way to completely eliminate this source of leakage will be to pass a regulatory package that makes it compulsory to every Surinamese to contribute and/or be covered by a Basic Health Insurance.

Also an agreement should be reached to realize some cross-reference on the list of beneficiaries within both systems in order to avoid free riders on the public system, when they can be covered by their private insurance companies or services.

8.3 Implementation of Social Protection Policies

The Common Objective of Social Protection Policies is: To secure the most needy and vulnerable population of Suriname with access to income security, social care and better living conditions and opportunities to be able to engage on a sustainable human development process.

This objective will be achieved through the following programs and policies:

The National Cash Transfers Program:

The Categorical Services towards most vulnerable groups:

- Children and Youth Promotion Program
- Policy Programs for the Elderly
- Programs for Persons with Disabilities

8.3.1 Priority area: The National Conditional Cash Transfers Program -NCTP

The National Cash Transfers Program is a comprehensive strategy made of several components addressed towards improvement of living conditions of the poor and vulnerable in Suriname while at the same empowering them by providing them with opportunities to engage in developmental activities to step out of poverty.

The National Program will be devised to accomplish the following three main specific objectives:

Specific Objectives

Provide Poor Households with temporary income support through a Conditional Cash Transfers (a relevant amount of Financial assistance) to enable them to engage in human development and become self supported.

Promote capital development behaviors (keeping children healthy and more time in school) through a series of conditionalities to poor HH beneficiaries of CCT.

Promote income generating activities and employment among poor HH Beneficiaries of CCT as part of an exit and self empowering strategy.

The main idea of this program is to replace the existing smaller and inefficient cash transfers - such as the Financial Assistance (FB) including the Alivio allowance and the disability payment (UPH), the Child Allowance (AKB) and the school supplies allowance -, and integrate them into one single type of cash transfer to poor household with dependant vulnerable persons. The unified program will alleviate current poverty by providing additional income in the form of a regular allowance. The program will support consumption activities and smooth income fluctuations by ensuring the ability to satisfy basic consumption needs during periods of shock.

The Design Proposal for the National Conditional Cash Transfers developed in 2009 established several merging options beginning with the more likely and relevant to poor households with dependant kids or PWD a shown in the illustration. The proposal suggested postponing the merging of those allowances that were originally legislated or out of the control of SoZaVo such as the School Fees. For instance one potential barrier to merging the aforementioned programs will be the fact that the Child Allowance (AKB) program is legislated. AKB is the only SSN program in Suriname to be regulated by law, while the other programs are mere policy decisions by the administration and individual ministries. Ultimately, the Child Allowance program will require a reform to the legislation and therefore its merger into the CCT may have to be postponed until the appropriate laws are passed

Illustration 1: Merger options for the CCT

CREATION OF A CASH TRANSFER PROGRAM IN SURINAME			
PROGRAM	MINISTRY	BENEFIT TYPE	RECOMMENDATION
<i>Financial Assistance (FB)</i>	So ZaVo	Grant according to Household Size and Composition	Merge into CCT Program
<i>Disability Payment (UPH)</i>	So ZaVo	Cash Transfer complement to FB	Merge into CCT Program
<i>Alivio</i>	So ZaVo	Cash Transfer complement to FB	Merge into CCT Program
<i>School Supplies</i>	So ZaVo	Grant adjusted for Education Level	Merge into CCT Program
<i>School Fees</i>	MINOV	Grant for Secondary Education and above	Possible Merge into CCT
<i>Child Allowance (AKB)</i>	So ZaVo	Grant for children not already covered by firm-sponsored program	Possible Merge into CCT **

Source 1: Ayala Francisco, Design Proposal - Social Protection Reform in Suriname, 2009

Secondly, the conditional nature of the cash transfers program will decrease the chronic nature of poverty by encouraging behaviors, which promote the development and accumulation of human capital. These conditionalities will be in the areas of attendance and performing of children in school, use of preventive health services particularly by the more vulnerable individuals (children, elderly, pregnant women, PWD, etc.), and the use of income generating or work opportunities provided by government programs and as an exit strategy.

The Ministry's first priority is to first institute the national cash transfer program. Once the program is fully instituted and operating in a sustainable, stable and effective manner, then the Ministry will explore other complementary services to better serve the beneficiaries so as to increase the likelihood they can graduate after 4 years. As such, during the program's second or third year of operation, studies should be completed which identify the options that exist for beneficiaries to graduate from the program

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