

International Consulting

**REVIEW OF REGULATORY FRAMEWORK
FOR IMPLEMENTATION OF
SOCIAL POLICY**

SURINAME

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REVIEW OF REGULATORY FRAMEWORK

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1 INTRODUCTION

The objective of this review of the regulatory framework is to assess current laws and regulations in place for social policy implementation in Suriname and make recommendations for legislative and regulatory reforms to enhance policy implementation. The review is based on information and documents provided by the staff of the Ministry of Social Affairs and Housing, on the discussions held during a two week mission of the consulting team in Paramaribo, and on independent research realized by the consulting group. The focus of the analysis is on the hierarchy of regulations to detect gaps and needs for stronger or additional regulations that enable a more consistent execution of social policies in the long run. It also calls the attention on the coherence and relevance of regulations to empower the Ministry as the policy authority to implement and execute social protection policies.

2 Regulatory Review Framework

As a general understanding Regulations are the set of rules established to govern and control the behaviors of a group of individuals. In a broader sense they reflect the principles and ethics of a society that should apply to every member to promote the best interests of the people.

More specifically as far as the public sector, regulations are the rules, procedures, and administrative codes etc. set by authorities or governmental agencies to achieve its objective. A regulation (as a legal term) is a rule created by an administrative agency or body that interprets the statute(s) setting out the agency's purpose and powers, or the circumstances of applying the statute. It includes acts, decrees, resolutions, manuals, objective rules to reduce discretionarily of public officials in performing their duties.

To be legitimate regulations should be generally accepted, explicitly written, widely disseminated and strictly enforced usually by a regulatory authority or agency endowed with the coercive power of law to ensure forcedly compliance .

Regulations are established to provide security and trust in the defense and exertion of rights, or in the case of social services they should provide security in the stability of the promised benefits.

For the purposes of this *Assessment we will review the regulatory framework and institutional arrangements in place to create a more enabling legal environment for implementation of social policies*. It will focus on the hierarchy, consistency, coherence, relevance and sufficiency of laws and regulations that should endow the Ministry of SoZaVo and other stakeholders with adequate power to implement social policies, and should provide clear and fair rules for access of social services to potential beneficiaries.

To examine how the regulatory framework creates an enabling environment for policy implementation we will specifically look for evidence on central requirements such as:

- An adequate hierarchy of regulations.
- An updated legal and regulatory framework in line with the current policy implementation strategy.
- Clarity of regulations to ensure conditions for equitable application of policies, fair access to benefits and pro-poor focus of social services.
- Participatory provisions to ensure multi-stakeholder participation, particularly of beneficiaries, in policy design and implementation of social policy.
- Policies and Policy Plans are vested with the force of law to become governing mandates.
- Integration of a results oriented management approach on budget and implementation within regulations pertaining to executing agencies.
- Monitoring, evaluation and reporting make part of the legal institutional mandates of implementing government agencies.
- The regulatory environment clearly establishes social, financial and political accountability mechanisms; and distributes the power to demand and sanction actions among social, political and jurisdictional authorities or instances.

Particularly in dealing with social policies we would like to establish whether regulations have:

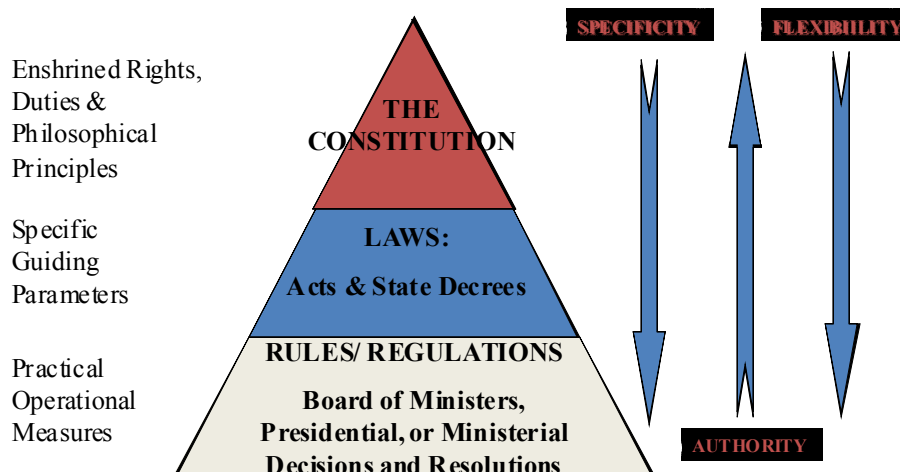
- Adopted the commitments set on International Treaties, Conventions or Conferences subscribed by the GOS regarding social development, poverty eradication and the rights of the most vulnerable (Children, Elderly, Persons with Disabilities, Women specially. Head of households, youth, etc).
- Clearly define concepts and variables relevant for poverty alleviation, and for targeting policies to support the rights of the poor and the vulnerable groups.
- Rationally allocate institutional responsibilities
- Undisputedly define beneficiary's rights, eligibility criteria, pre-requisites, standard procedures and levels of services.
- Establish accountability and control oversight mechanisms.

Because of the language barrier and the short time available to review regulations, the contents of this assessment is based on information provided by Sozavo officials and other stakeholders through interviews, statements gathered from participants in the workshops and through summaries of legislation pieces made available by Sozavo.

3 General Architecture of the regulatory Framework in Suriname

An adequate hierarchy of regulations gradually specifies the highest and strongest philosophical principles of the Constitution -containing the general values of society in regard to social development-, and develops them into more specific guiding parameters established by laws, and finally into the operational measures spelled out in regulations, rules, norms or procedures within executing agencies for coherent application of principles. It should be noted that the highest the hierarchy of a regulation the more general its contents, the less flexible or changeable, and the higher the authority that sets the rules. While at the lowest hierarchy of regulations they should be more specific, more flexible and can be modified by a lower level of authority.

ARCHITECTURE OF THE REGULATORY FRAMEWORK - SURINAM



The hierarchy of regulations in Surinam has the Constitution as the maximum governing reference for all members of society. It establishes in the Preamble that “the principles of freedom, equality and democracy as well as the fundamental rights and freedoms of man” will be guaranteed. These fundamental rights include having an equal claim for protection of person and property with no discrimination, and an equal treatment before the law.

The Constitution of the Republic of Suriname mentions a just distribution of national income as a means of extending well-being and prosperity over all segments of the population as one of the social goals of the state (Article 6). It instructs the state to create the necessary conditions to meet such basic needs as work, food, health, education, energy, clothing and communication (Article 24). The state is also obliged to protect workers, with special attention for women during and after pregnancy, minors, the less able, and people working in straining, unhealthy or dangerous circumstances (Article 29). It recognizes work as the most important means for human development (Article 25), while instructing the state to define social security policies for widows, orphans, the elderly, people living with a disability and people who cannot work

anymore (Article 50). It particularly enshrines the economic, social and cultural rights that Young people shall enjoy with special protection, among which are: Access to education, culture and work; Vocational schooling; Physical training, sports and recreation (Article 37). The latest constitute the only and best approximation of the Constitution of Surinam to the recognition of universal rights to social services such as health, education, housing, safe environment including water and sanitation, social inclusion and participation, cultural diversity, etc. now included in modern constitutions.

Below the Constitution, in hierarchical order, we find:

ACTS OR LAWS - approved by Parliament after previously approved by the State Advisory Board and the Board of Ministers

STATE REGULATION – approved by the Board of Ministers under approval of State Advisory Board.

DECISIONS ENDORSED BY BOARD OF MINISTERS- which apparently don't have a particular format, and are disseminated only among high officials of government. They are not normally made public. In all cases a Ministerial Decision requires previous approval by the Board of Ministers.

PRESIDENT RESOLUTIONS approved by the President based on proposals of Ministries

MINISTERIAL DECISIONS – Approved by each Minister in matters concerning operation and services of the corresponding sector and mandates. In all cases the Ministerial Decision should be previously approved by the Board of Ministers.

We will now map and examine the body of existing regulations regarding each of the main aspects of social policies concerned with SoZaVo and the main recommendations for adjustment.

4 Review of Current regulations

4.1 Regulations regarding general social welfare services to the poor

The principles set out in the Constitution are translated primarily through the policies of the Ministry for Social Affairs and Housing (SoZaVo). As part of the Government's Social Safety Net the ministry is responsible for the Social Provisions, targeted at groups considered unable to work for a living, such as the elderly, children (aged 0 to 18), and people living with a disability, as well as (poor) female-headed households and other households living in poverty or under vulnerable conditions.

The material assistance offered through the Ministry of SoZaVo includes services specifically aimed at households living in poverty, such as financial assistance, the Medical Health Card the child food program and the school supplies program. There are also general services provided to any household meeting the obvious criteria (households with minor children, persons aged 60 and over or living with a disability),

regardless of income, such as child support allowance (AKB), old age pension (AOV), and financial assistance for the disabled. However in the case of children with a disability the poverty status of the family is also taken into account.

4.1.1 Financial Assistance Transfers (FB & Alivio)

Table 1: Hierarchy of Regulations on Financial Transfers (FB & Alivio)

REGULATIONS	POOR HOUSEHOLDS	
	CURRENT	NEEDED
ACTS (Parliament)		
STATE REGULATION		
DECISION ENDORSED BOARD OF MINISTERS	Financial Assistance (FB) & Alivio endorsed	National Conditional Cash Transfers Program adopted
PRESIDENT RESOLUTION		
MINISTERIAL DECISIONS	Financial Assistance (FB) & Alivio. Financial Aid for poor households receive between SRD33-SRD40 or 50 depending on the number of members; and people with a disability (SRD 150) - 1999, revised in 2010.	

One of the main material assistance services provided to the poor, namely the Financial Assistance composed by the FB and the *Alivio* cash transfers, are implemented based only on Ministerial Decisions of SoZaVo, counting on the Board of Ministers previous approval. This level of hierarchy may not provide enough security on the benefits promised and when faced with fiscal restrictions the Government could lower the amounts effectively transferred, or beneficiaries might be discouraged through further requirements and procedures. Furthermore, beneficiaries have expressed that the level of benefit is not worth sometimes the effort as in the case of FB & Alivio.

It should be noted that regulations on the Financial Assistance are not widely disseminated neither are the beneficiaries adequately informed of their rights and on the objective eligibility criteria and prerequisites, which opens the risk for discretionarily of the implementing officials, for instance at Field Offices Indeed cases are included in the system which do not fit the eligibility criteria of a household income below SRD80. Additionally there is not adequate system in place to receive and process complaints from beneficiaries and SoZaVo is not compelled by regulation to report or be accountable to the public on the performance of these social services.

Financial Assistance (FB) began as an income-support program back in the 1970's, originally providing in-kind support to poor households. Later on it was converted into a cash transfer. Inflation at the end of 1990s led to the creation of an additional program called *Alivio*, which compensated the loss of earning capacity of the FB allowance, starting in 2000. The two programs operate in the same fashion and are directed towards the same population, so there is no actual difference between the two. In 2006, 14,095 beneficiaries from 7,652 families were enrolled in the programs and SoZaVo spent just under 3.4 US\$ million dollars on FB and *Alivio* together (This amount also includes payment for the disabled (UPH). None of the programs has the status of an Act of Parliament framework, although SoZaVo has submitted a draft Law to provide for a separate allowance for Persons with Disabilities that will be submitted to the Board of Ministers and ultimately to Parliament.

Proposed new Legislation:

A comprehensive feasibility analysis for a separate and stronger piece of legislation that gives support to financial allowances should be developed not just for people with disabilities. Moreover as the discussion on a **National Program for Conditional Cash Transfers** makes progress the goal will be to integrate all cash transfers into a single one and provide and approve a regulatory framework at the level of an Act with implementing regulations for the operations at the level of Ministerial Decisions to provide enough security on these cash transfers. The more flexible and operational aspects of the financial assistance can be dealt at a lower level in charge for example of adjustments in the amounts of the benefit to ensure maintaining its real value in the presence of inflation.

The government of Suriname has expressed in several occasions its interest in implementing a Conditional Cash Transfer Program after the "Programa Puente" and the "Bolsa Familia" programs of Chile and Brasil. A complete design for implementation of a National Conditional Cash Transfer Programs was already developed by Francisco Ayala to gradually implement such transfers in Suriname. An agreement was reached to implement a National Cash Transfer Program by merging the existing small and, relatively, inefficient programs. This would include the implementation of a national, unified targeting system that would be applied to all social provisions and programs. At the same time, the formation and implementation of the Social Safety Net reform will have the effect of improving the existing administration systems of the AOV (Pension program) and the Health Card (already under reform). Finally, the SSN reform will serve to strengthen the institutional capacity of SoZaVo to carry out monitoring and evaluation of the programs within the Ministry. The main purpose is to include more developmental incentives within the system by way of conditionalities on the recipients such as children's attendance to school, periodic check-ups in health centers and even some evidence of efforts towards making an income or getting a job. These conditionalities will force the system to a better follow up of evolution of beneficiaries until exiting the system and out of poverty.

4.1.2 Medical Health Card

Table 2: Hierarchy of Regulations regarding Health Care insurance

REGULATIONS	FREE MEDICAL AID - HEALTH CARD INSURANCE	
	CURRENT	NEEDED
ACTS (Parliament)		Universal General Health Insurance Reform
STATE REGULATION (Board of Ministers advised by Council of State)		
DECISION ENDORSED BOARD OF MINISTERS (not formally written, disseminated)		
PRESIDENT RESOLUTION (by President)		
MINISTERIAL DECISIONS	Free Medical Health Card for Poor and Near Poor: Last Definition of Income Categories-2000 (A: up to SRD40, B: SRD 40-80) Based on a Board of Ministers December Of 1999 decision. Payment of tickets for patients who have to seek treatment abroad and are not able to pay for them themselves i.c.w. Ministry of Health (2003/ MD of the Ministry of Health) - ARMULOV.	Inclusion of a Special Categories for Elderly & People with Disabilities already pensioned or permanently impaired to generate income. People with temporary disabilities will have access to treatment of chronic or catastrophic diseases through the General Health Insurance

Another important piece of social assistance services to the poor is the Medical Health Card that awards free medical aid to Poor and near Poor Households. The program is implemented based only on Ministerial Decisions of SoZaVo and in some aspects also by the Ministry of Health that approves coverage of air tickets for people seeking treatment abroad. This level of hierarchy doesn't provide enough security on the benefits promised and in the absence of a firm commitment from government when faced with fiscal restrictions potential beneficiaries might be discouraged from renewal of application through further requirements and procedures. Furthermore In the case of the Medical Health Card procedures beneficiaries are forced to make out of pocket expenses when dealing with health emergencies.

It should be noted that regulations regarding the Medical Health Card are not widely disseminated neither are the beneficiaries adequately informed of their rights and on the objective eligibility criteria and prerequisites, which opens the risk for discretionarily of implementing officials. Indeed cases are included in the system which do not fit the eligibility criteria of a household income below SRD80. Additionally there is not adequate system in place to receive and process complaints from beneficiaries and Sozavo is not

compelled by regulation to report or be accountable to the public on the performance of these social services.

The **Medical Health Card (GH)** is the oldest and currently, the largest Social provision program in Suriname. The Health Card System is currently and totally managed by SoZaVo. There is no legislation written on the Health Card program and SoZaVo is the only agency currently responsible for its implementation, administration, and application process. On the other hand, however, the Ministry of Health (MoH) pays for the Regional Health Services (RGD) payroll and overhead. Although the MOH, namely the Regional Health Services (RGD), provides health care facilities for the health cardholders, the procedures and the decision to provide a card is the sole responsibility of SoZaVo. SoZaVo is in charge of paying for the drugs dispensed at RGD clinics and for secondary care. Likewise, policy development, like changes in program eligibility criteria is the full responsibility of SoZaVo.¹

The provision of Free Medical care cards (GH) helps to illustrate some of the social security system's current shortcomings. Persons who are eligible for GH are divided into households with a monthly income up to USD 13 (SRD 40 so-called Poor) and the slightly better off with a monthly income between USD13 and USD 26 (SRD 80 - Near Poor). These criteria have not been linked to inflation over the last years, despite significant rates of inflation.

In his report on health sector reform, Hindori² maintains that health care cards (GH) should only be available to 5% of the population, but they have in fact been issued to 30%. It was calculated that 36% of households receiving this card could not be considered poor, while 23% of the households that were considered poor, did not receive it, nor any other form of health insurance.

The number of health card users rose from 111,814 in 2002 to 166.349 in 2009, which demonstrates that an increasing number of households continue to be issued this card, while in fact no one in Suriname could be expected to still be breathing on an income below USD 30 a month. The introduction of the SIS (SoZaVo Information System) information of beneficiaries though has allowed Sozavo to perform some cleaning of the database and screening of beneficiaries thus diminishing the number of total beneficiaries when compared to the figures in 2008.

Still when compared to the total population – 517.052³– we find that one third of all Surinamese people are using a Medical Health Card meant for the poorest of the poor! The figures seem to prove what everybody already knew from experience: people who are not covered by the State Health Insurance Fund (SZF) and are not willing or able to pay for private insurance opt instead to buy or 'lie' themselves a health card.

¹ "DESIGN PROPOSAL: Social Protection Reform in Suriname", Francisco Ayala, January 2009

² Hindori, M. (2003). *Health Sector Reform in Suriname*. Paramaribo: Ministry of Health -Inter-American Development Bank. 2003, p. 10

³ General Bureau of Statistics, Statistics Yearbook 2008

As also reported by Hindori “the overwhelming majority of beneficiaries covered by the State Health Insurance Fund (SZF) consists of civil servants. Being insured is the reason for many people to stay with the civil service, even if they are engaged in much more profitable entrepreneurial activities outside. The tradition of political parties ‘rewarding’ supporters after elections with a civil service job puts extra strain on the already small financial base of the SZF. As a result, poor availability of drugs, poor service, forced extra charges, long waiting times and inconvenient clinic operating hours are frequent complaints of Health Card clients. Such complaints are even more common among Medical Health Card holders” (Hindori, 2003, p. 7-8).

A particular issue must be made in regard to the regulations on private health insurance companies and the minimum package of medical services they cover. Insurance companies don’t want to pay for chronic diseases and the insurance coverage is very limited and the clients come to the Ministry of SoZaVo.

Proposed new Legislation:

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 state subsidized healthcare. The Ministry provides access to state subsidized health care to approximately 30 % of the population (2009 estimate) of which most access care at the government hospitals and clinics.

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 free primary and secondary health care services for the poor and near-poor covering approximately 42% of the population; and
- 3) private firm insurance plans and private health insurance plans covering approximately 20% of the population.⁴

Everyone, wherever they live in the country, who is disadvantaged can apply for social security and a Medical Health Card although as noted above the criteria for inclusion is unclear.

A **General Health Insurance System** which will be compulsory to everyone has been designed by the Ministry of Health with a minimum package of services included, although not yet passed by law. All insurance companies will incorporate it in their package; and all people working in the informal sector who have an informal income, will then be covered.

General Health Insurance has been regarded as a priority for the new Government indicating that the discussion will be resumed in the next years by the government.

⁴ PAHO Country Health Profile, Suriname, accessed on December 24, 2010 at http://www.paho.org/English/DD/AIS/cp_740.htm

4.2 Regulations regarding general social welfare services to the vulnerable

4.2.1 Social Security for the Elderly – Old Age Pension AOV

Table 3: Hierarchy of Regulations regarding Social Protection for the Elderly

REGULATIONS	ELDERLY	
	CURRENT	NEEDED
ACTS (Parliament)	<p>AOV- Pension - (Law of March 20, 1981 and adaptations later made by S.B. 1981 no.190, S.B. 1982 no. 74, S.B. 1983 no. 115, S.B. no. 12, S.B. 1995 no. 13) Every >60 yr is entitled to a monthly allowance to citizens or to residents who have paid taxes and contributed to the Pension fund more than 10 years. Every formal worker pays 4% of payment check to the Fund. The allowance is divided equally to every beneficiary. Usually government funds have to supplement.</p>	<p>Universal Pension Reform</p>
		<p>The Care Act also known as “Wet Opvanginstellingen” is a package of key legislation that provides a framework for care in institutions and is supported by a number of state regulations that regulate the care and protection of children, youth, elderly, and people with disabilities. The draft has been finalized and approved by the board of ministers and the State Advisory Board, and was submitted to Parliament for final approval in November 2009. The new government is prioritizing the review and approval of this essential piece of legislation</p>
STATE REGULATION		
DECISION ENDORSED BOARD OF MINISTERS	<p>Last annual raise of AOV in December 2010 from SRD275 to SRD350 (US\$88,7 to US\$112,9)</p>	<p>POLICY DOCUMENT FOR ELDERLY 2010-2015 (IN PREPARATION by SoZaVo (Ashiana Director, deputy Director of categorical services, Research and Planning & members of NARB-NGOs)- Plan is to submit to Minister and then to Board of Ministers.</p>
PRESIDENT RESOLUTION		
MINISTERIAL DECISIONS	<p>Exploitation for Centers for the Elderly (Ashiana) & the Esther Foundation (Statutes accorded by the Minister of Sozavo)</p>	

The Ministry of social Affairs and Housing is responsible for the general welfare and social care of the elderly as one of the vulnerable populations. As such is also responsible for formulating policies addressed to provide this group with adequate conditions for survival, integration, protection and realization.

Although no Convention expressly dealing with the rights of the elderly has been adopted - as in the case of women and children - a number of steps towards the improvement of the lives of older persons have been taken under the auspices of the UN. In the Inter-American system, Article 17 Protocol San Salvador stipulates that everyone has the right to special protection in old age and calls upon states to progressively provide suitable facilities, food and medical care for elderly persons who lack them; to undertake work programs to enable the elderly to take part in productive activity; and to foster establishment of social organizations aimed at improving the quality of life of the elderly.

The Ministry of SoZaVo has engaged in the preparation of a new POLICY DOCUMENT FOR ELDERLY 2010-2015 with participation of distinguished members of the National Advisory Board for the Elderly (NARB), representatives of NGOs concerned with care for the elderly, the Director of the Ashiana care center for the Elderly, and representatives of the Deputy Director of categorical services of SoZaVo and Research and Planning of SoZaVo. The plan points at priority areas of action such as: health, care and nutrition; Living conditions and housing; Socio-economic situation/financial position; Information and education for, by and to seniors and the total community; Laws and regulations; Services delivered; Education and Training; Labor, Transport, Recreation and Sports; Public Buildings and Sites. To be fully adopted and disseminated the Plan is due for submission to the Minister of Social Affairs and Housing and then to the Board of Minister to ensure participation and commitment from other Ministries in its implementation.

The most important material services provided to the Elderly are: The AOV pension Program, and the Support and supervision of care centers for the Elderly namely the Ashiana care center.

The AOV Pension Program

The AOV program is a universal cash transfer for the Suriname nationals 60 years old and older, with nearly 37,700 registered beneficiaries that is 100% of the demographic group in 2007⁵. After 15 years of existence, in January 2006, the monthly payment of the AOV program, was increased to USD \$ 81 per beneficiary. More recently in December 2010 it was raised to the equivalent to US\$113 per month and beneficiary. Presumably the amount of the Monthly AOV pension is established through a Ministerial decision of SoZaVo after consulting on the availability of funds with the Ministry of Finance, and provided that a previous approval of the Board of Ministers Decision has been granted. Since legislation on AOV was formulated in 1981, no changes have been made in the structure of the AOV. The 1981 Law created the General Old Age Pension Foundation in charge of running the program, which is led by a director and a 3-members supervisory board. The foundation is an independent public agency linked to SoZaVo that employs 60 officers. The program is partially funded by the AOV payroll tax of 4% (from 2% until 2002), although most of

⁵ As reported by Ayala in 2009.

the expenditures are funded by the government budget⁶. Contributions are not traced down per worker but as a whole, so that no beneficiary can distinguish between contributions and subsidies. No funds accrual takes place.

The AOV Act doesn't establish any limits on the amount or percentage of current expenditure that can be charged for the administration of the Fund thus risking the sustainability of the Fund. There are no provisions either regarding the temporary and best use of the Pension Funds under administration, thus also missing the opportunity to translate them into developmental investments. As the United Nations Research Institute for Social Development -UNRISD argues "Pension funds combine the protective and productive functions of social policy since they provide old-age security and can be used to finance investment in social infrastructure." domestic financing instruments such as taxation and social insurance are best suited to creating synergies between economic and social development"⁷. Nonetheless, as it is now, the case for development investment of AOV resources is weak because most obligations of the Fund are in fact covered by current government budgets on a yearly basis, and the amounts contributed by individuals through their monthly discharges only make up a very small part of the Fund that goes into the Government general accounts no one is in fact keeping track of. In other words, although small money, it is also free destination money since the neither the Government nor the Fund are accountable to any one for the use of these individual contributions.

AOV was originally intended to complement pensions received from former employment, but in fact, many senior citizens depend on it for survival. This can be explained, first of all, by the large segment of senior citizens who were not formally employed and so did not build a pension, and also by the fact that pensions are neither index linked (with inflation) nor welfare linked (with actual salaries). Employment-based pensions therefore do not guarantee social security for the majority of senior citizens. Jubithana (2007) suggests that social justice should be served better by creating a ceiling for senior citizens with a good pension. It is indeed ironic that the beneficiaries of AOV in the current system include former government directors, parliamentarians and ministers⁸.

Care Centers for the Elderly:

At present SoZaVo only administers the Ashiana Care Center for the Elderly but there are other private institutions that provide some sort of care. They may receive subsidies from SoZaVo and are also monitored by the Ministry. The main priorities addressed in the Policy Plan for the Elderly of 2010-2015 call the attention on the additional need for:

- Day Care Facilities: where the seniors can have social contact without being estranged from their own families that continue caring for seniors at home.

⁶ The amounts of subsidies and taxes were not available for this report.

⁷ COMBATING POVERTY AND INEQUALITY -Structural Change, Social Policy and Politics, UNRISD 2010. P20

⁸ Jubithana-Fernald, A. (2007). "Insights in Old Age Pension in Suriname PartIII". De Ware Tijd, 17 June 2007, p.B8

- Optimizing the control of the care-offer institutions: through the standards for care institutions. There should be regulations for care-offer institutions. The audit will be conducted from inspection services within the Ministry of Social Affairs and Housing and the Ministry of health.

At present, the Commission "home care" of Ministry of Health offered a draft legislation to relevant bodies for consideration.

Proposed New Legislation:

The General Pension Reform:

The government hired a consultant to carry out an 'Assessment of Suriname Pension System' (Lo Fo Wong, 2004). This report describes the AOV service in detail as well as making conclusions and recommendations to reform the AOV and pension system by establishing a well balanced and defined benefit pension plan. "A pension system should provide for social security: at old age, in case of disability and disease. In Suriname, the pension system consists of the AOV (the I Old Age Pension), pension plans in the private sector, and the pension plan for civil servants. According to Lo Fo Wong only about 17,5% of the active population is covered by a pension plan other than the AOV. Consequently the pension system does not provide for social security in case of disability and disease for about 82,5% of the active population".

Several times in past years the government has expressed the intention to change the AOV regulations in the near future. With support from the IDB the reforms that are being undertaken in the Pensions, Education and Health sector, have created positive expectations and allow changes in the Government's SSN to be considered within an integral concept of social protection. According to the IDB Suriname'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. The current government considers pension reform a priority, but it has not developed a reform strategy. The proposed program would develop a strategy to discuss with the new government. If pension reform remains a priority of this new government, the analysis could be used to develop a potential pension reform operation

Starting in 2007 the government through the Ministry of Finance has been working in the design of a Pension Reform with a technical cooperation from the IDB which should be ending in 2010. The project includes: (i) the preparation of a diagnostic, including a legal and institutional analysis of the current pensions system and financial analysis of the pension systems, and (ii) the identification, analysis of options for pension reform, and a recommendation for a strategy for the development and implementation of a reformed pension system that is economically and financially viable and that meets the social needs of the country. If the bank and the country agree on a viable strategy, a second stage of the technical cooperation (TC) would finance the development of a detailed implementation plan, the implementation of which could subsequently be financed by a Bank loan or reimbursable TC operation.⁹ Even though the results of this cooperation were not

⁹ <http://iadb.org/fr/projets/project-information-page,1303.html?id=SU-T1010>



made available yet they will certainly provide adequate guidance as to the steps to follow in terms of legislation and other aspects of the General Pension Reform

The “Wet Opvanginstellingen”

A package of key legislation that provides a framework for care in institutions and is supported by a number of state regulations that regulate the care and protection of children, youth, elderly, and people with disabilities. The draft has been finalized and approved by the Board I of ministers and the State Advisory Board, and was submitted to Parliament for final approval in November 2009. The new government is prioritizing the review and approval of this essential piece of legislation for care centers for the elderly.

4.2.2 Regulations regarding Persons with Disabilities

Table 4 Hierarchy of Regulations on People with Disabilities (PWD)

REGULATIONS	PEOPLE W/ DISABILITIES	
	CURRENT	NEEDED
ACTS (Parliament)		PWD ALLOWANCE FUND ACT " <i>Wet Voorziening Mensen met een Beperking</i> " (Draft submitted to Minister, then will go to Board of Ministers and then to State Advisory Board and then Parliament for approval)- Pursues a financial allowance from a fund made up of contributions from formal workers and supplement subsidies from the Ministry of SoZaVo, legates, donations and grants. The Care Act is also applicable here for the institutional care of people with disabilities.
STATE REGULATION		
DECISION ENDORSED BOARD OF MINISTERS		POLICY DOCUMENT FOR PWD 2011-2015)5 (IN PREPARATION by SoZaVo & members of NARG-NGOs)
PRESIDENT RESOLUTION		
MINISTERIAL DECISIONS	PWD are entitled to receive the Medical Health Card and an additional financial allowance from the FB when there is a PWD in the household, provided that they show proof of need. The cash transfer included as part of the FB is funded out of Sozavo's budget.	

The Convention on the Rights of Persons with Disabilities has been signed by Suriname (30 March 2007) but not ratified. Its Optional Protocol has been neither signed nor ratified. Suriname does not have legislation concerning children or adults with disabilities.

At the moment there are no specific regulations regarding social services for Persons with Disabilities. However they are in practice beneficiaries of both the Medical Health Card and the Financial Assistance (FB) & Alivio provided that they show a proof of need yet not necessarily meeting the income criteria of monthly income below SRD80.

People with a disability are eligible for FB & Alivio if they submit a doctor's statement that they are disabled. It includes drug addiction and AIDS. The eligibility criteria are set by a Ministerial decision of SoZaVo but the limits as to who is eligible are not clearly set and/or disseminated. The basic benefit is SRD 20,00. The Alivio-Benefit is SRD 30,00 since October 2000. In October 2005 the government awarded compensation again of 50,00 SRD thus making the total amount SRD 100,00.

The fact that there isn't a piece of legislation purposely designed considering the situation of PWD is evident in the difficulties and impracticalities of the application of the FB and the Medical Health Card for this group. In fact as the beneficiaries of the Medical Health Card must renew their benefits every 6 months to a year, however disabled and chronically ill beneficiaries receive Medical Health Cards, which need only be renewed once a year. Yet these permanent beneficiaries (e.g. the chronically ill or disabled) are required to present a letter from the doctor each year that states that they are indeed chronically ill or permanently disabled and therefore deserve the extended Medical Health Card benefit. Therefore, the beneficiary is often required to make a difficult, painful, and/or inconvenient trip to the doctor to receive the letter that affirms their status as permanently sick or disabled. In other words, despite the doctor's diagnosis that the beneficiary will never recover from his/her illness, they still must renew their benefits on a yearly basis, whereas a more sensible solution would be to implement a system that facilitated lifetime enrolment for said individuals¹⁰.

A particular concern was also expressed by participants in the assessment workshops regarding the extent of the definition and eligibility of Persons with Disabilities. As it is now it allows for the inclusion of drug addicts which should be more a matter of treatment than of financial support that keeps them in the addiction. Also problematic is that the definition of eligible People with Disabilities includes either temporary or permanent disabilities, and disabilities which may or may not impair their ability to work or generate income. Not any diminished function prevents the person from working.

The eligibility criteria and the extent of benefits should be limited by the type of disability, whether permanent or temporary, and whether impairing/disabling or not. In the temporary and impairing case the beneficiary will be eligible to the benefits under condition that he is engaged in recovery or rehabilitation programs, and the benefits should only be temporary for a fix period of time while the beneficiary recovers. Beyond that period eligibility should end. Besides, the intention of policies towards persons with disabilities is to integrate them productively within society. So the right incentives should be there to motivate them to actively become productive and independent members of society.

A particular concern has been raised regarding Children with disabilities -physical or mental – who face additional challenges in Suriname. According to the Situation assessment and Analysis of Children's Rights in Suriname 2010, "While some children are accepted and cared for by their families, others may be placed in a child care institution and denied their right to grow up within a loving and protective family. In both situations, these children may not be able to attend school and may not have the opportunities to play and develop friendships with other children that their peers have. Children with disabilities may be stigmatized, and their families may also feel stigmatized by having a child with a disability. Children with disabilities face an increased risk of violence or abuse – partly because they may be unable to protect themselves, or understand that they can or should in some situations refuse the advances of adults or other children who wish to abuse them. Parents of children who screen positive for disability were statistically more likely to

¹⁰ DESIGN PROPOSAL: Social Protection Reform in Suriname", Francisco Ayala, January 2009

report hitting them on their face, head or ears or repeatedly and as hard as one could.¹¹ Schools often may not accept children with disabilities, and very few have an environment that is adapted to meet the needs of children with disabilities. Teachers are not adequately trained to educate children with disabilities. Children with disabilities may not be accepted into schools because of this lack of capacity and sometimes accompanying fear rather. Children with disabilities who do manage to complete primary school may find that there are no appropriate facilities for secondary school. There are few special schools or other provisions for children with disabilities, generally, even fewer for older children, and none for children in the interior. Those that do exist may not be officially recognized as schools by the Ministry of Education”¹².

Proposed new legislation:

It is important to mention that Sozavo, with participation of the Advisory Board for People with Disabilities (NARG), has engaged in the preparation of legislation toward the establishment of a PWD **Allowance Fund Act** . Such a Fund is modeled very similarly after the AOV Fund since it is in fact a pension fund for PWD. The new Fund for PWD is a step forward towards the implementation of a pension for disability. As it is now conceived by SoZaVo it will be funded by contributions from formal workers through an additional levy to their salaries. It may also be supplemented with additional subsidies from Government and the possibility to receive legates from donors, or other sources.

Two warnings should be expressed in connection with this Draft legislation for a PWD Fund:

1. First there is need to limit eligibility to those Persons with a Permanent and Impairing Disability which will not allow them to work for an income. Otherwise the criteria become too open and the opportunities for leakage will be greater.
2. And secondly, once approved by Parliament, more specific regulations should follow at the ministerial level that clearly define pre-requisites to objectively determine the eligibility of beneficiaries for the PWD Allowance. Once a person is certified with a permanent and hampering disability the eligibility will be for life.

Other regulatory Pieces regarded as important within the context of the Policy Plan are:

- Building regulations on accessibility to public buildings and infrastructure for PWD.
- Quality standards for residential and daycare institutions.
- Legislation on quality homecare in cooperation Ministry of Health.

¹¹ MICS 2006; see http://www.childinfo.org/disability_progress.html, last updated November 2009 and accessed on 24 October 2010.

¹² Situation Assessment and Analysis of Children’s Rights in Suriname 2010 – Final Draft, Page 29.

4.2.3 Regulations regarding protection of vulnerable children and youth

Table 5: Hierarchy of regulations regarding Children and Youth

REGULATIONS	CHILDREN/YOUTH	
	CURRENT	NEEDED
ACTS (Parliament)	(Resolution of June 27, 1973, N° 6245) SoZaVo General Child Allowance (AKB) SRD3 per child per month for a max of 4 children)	Evaluation of the program to consider inclusion it in the National Conditional Cash Transfers Program package in the medium term
		Establishing the National Health Insurance system
		The Care Act, known as the “Wet Opvanginstellingen” is a package of key legislation that provides a framework for care in institutions and is supported by a number of state rules that regulate the care and protection of children, youth, elderly, and people with disabilities. The draft has been finalised and approved by the council of ministers and the State Advisory Board, and was submitted to Parliament for final approval in November 2009. The new government is prioritising the review and approval of this essential piece of legislation for children
STATE REGULATION		
DECISION ENDORSED BOARD OF MINISTERS	POLICY PLAN FOR CHILDREN 2002-2006// evaluated	CHILDREN ACTION PLAN 2009-2013 (PENDING ENDORSEMENT) The National Action Plan for Children 2009-2013 was drafted in 2009 and lays out the roles and responsibilities for each Ministry in relation to child rights in Suriname. This important document, even though not approved by the BoM is being implemented.
PRESIDENT RESOLUTION		
MINISTERIAL DECISIONS	School Supplies Program: School clothing & other attributes for kindergarten, primary and secondary school. The interior gets the uniforms and remaining districts get an allowance (1999)	The Ministry of Social Affairs and Housing has plans to raise awareness on the draft standards for child care institutions in the run up to the law in cooperation with the Federation of Private Social Institutions (VPSI) and with the support of the ECD Commission, other public and private care and service providers, Parliament, district council members, and the police. The preparatory phase will include workshops, training and guidance. A committee to supervise and monitor child care institutions is also planned to be established to prevent and respond to risks and incidences of abuse, violence, neglect or exploitation
	Internal Foundations Child Help line, Foundation Training project for Youngsters with a disability. Exploitation for Day care Centers (SBEC _ Foundation for the Exploitation of Day Care Centers,	Comprehensive review of child protection systems (child help line, training of social workers, foster care, implementation of the social work system in communities)

The Government of Suriname and UN partners including UNICEF have declared their aim to realize children's and women's rights as outlined in the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Millennium Development Goals (MDGs), and the Millennium Declaration, amongst others. Within this framework a Situation Assessment and Analysis of children's rights (Sitan) in Suriname was conducted in 2010 to provide a broad, evidence-based assessment and analysis of the status of the realization of the rights of children in Suriname from a human rights perspective.

According to this study "the large majority of people in Suriname believe that child rights as contained in the Convention on the Rights of the Child and its two Optional Protocols are important, partly because they feel the situation of children in Suriname could be further improved". 78% of youth, 93% of adults and 98% of service providers think that child rights are important¹³, however only half of adults and one third of youth know about the Convention on the Rights of the Child.

The Sitan report states that while "There is much that is working for children and women in Suriname, there are also opportunities to significantly strengthen the fulfillment of children's and women's rights". Indeed Suriname has made an important effort especially toward the actual adoption of the UN Convention on the Rights of the Child.

Reported successes in improving children's rights in the past few years among others included¹⁴:

1. the development of a law to establish a child ombudsperson in Suriname;
2. the development of the legal framework for child care institutions;
3. capacity building and outreach among decision makers on implementation of the Convention on the Rights of the Child;
4. efforts to make schools more child friendly;
5. a storybook and audio CD for all school children across the country together with guidelines for parents and teachers on the implementation of child rights in Suriname;
6. seeking the views of children about guardianship on the divorce of parents;
7. and the efforts to establish a justice system that puts the best interests of the child first.

Regarding full adoption of the international commitments on the rights of children the SITAN report highlights two major shortcomings. Namely that Suriname has not yet ratified (signed but not yet ratified) either of the two optional protocols to the Convention on the Rights of the Child, on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography; or the

¹³ KABP Survey Report, SoZaVo and UNICEF, 2010

¹⁴ Situation Assessment and Analysis of Children's Rights in Suriname 2010 – Final Draft, Page 10

International Labour Organisation's Convention 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999) including child trafficking .

In examining conformity of national legislation with such international commitments on Children's rights the SITAN report found that the Labour Act sets the minimum age for employment at 14 years which is not in line with the Convention on the Rights of the Child.¹⁵ Under Article 18 of the Labour Act, children who have reached age 12 may work if it is necessary for training or is specifically designed for children, does not require much physical or mental exertion, and is not dangerous.¹⁶ Furthermore, Suriname has not yet ratified ILO convention No 138 concerning minimum age of work.

The Ministry of Social Affairs and Housing's Bureau for Child Rights is responsible for monitoring the implementing the UN Convention on the Rights of the Child.¹⁷ As such it has taken the lead in the formulation and oversight of implementation of the National Action Plans for Children. The last National Action Plan for Children 2009-2013 has not yet been approved by the BoM but lays out the roles and responsibilities for each Ministry in relation to child rights in Suriname. The implementation of this Plan however has already started.

The social protection system for children in Suriname is made of material assistance programs, financial or in-kind, and with the immaterial assistance programs and the different care centers for youth or children. Only one piece of these social protection programs towards children and youth has the support of a regulatory decision and the character of a mandate: The General Child Allowance (AKB). The School Supplies and the food for children programs, the Child Help Line Foundation, the Foundation for the training of youngsters with a disability and the SBEC Foundation of Day Care Centers are policy programs implemented under the sole authority of the Ministry of SoZaVo

The General Child Allowance (AKB) is the only SSN program in Suriname that is legislated by law. Legislation of the program is available since 1973 and since the design of the AKB legislation, no structural changes to or evaluation of the effectiveness of this program has been done. Only the amount has changed, although it is currently insignificant (3 SRD per child).¹⁸ This program is aimed at protecting children from poverty. Households with children younger than 18 years old and with unemployed parents are eligible for the AKB monthly allowance regardless of their income level. Additionally, parents of children not receiving protection from any firm-sponsored child allowance plans (i.e. employees from the informal sector) are also eligible.

¹⁵ U.S. Department of Labour Bureau of International Labour Affairs, Suriname page on child labour, accessed at http://www.dol.gov/ilab/media/reports/iclp/tda2004/suriname.htm#_ftnref3770 on 29 September 2010.

¹⁶ U.S. Department of Labour Bureau of International Labour Affairs, Suriname page on child labour, accessed at http://www.dol.gov/ilab/media/reports/iclp/tda2004/suriname.htm#_ftnref3770 on 29 September 2010.

¹⁷ U.S. Department of Labour Bureau of International Labour Affairs, Suriname page on child labour, accessed at http://www.dol.gov/ilab/media/reports/iclp/tda2004/suriname.htm#_ftnref3770 on 29 September 2010.

¹⁸ DESIGN PROPOSAL: Social Protection Reform in Suriname, Francisco Ayala, January 2009

For historical reasons the application process does not take advantage of the Subdirectorate of General Social Care (Algemeen Maatschappelijke Zorg - AMZ) network of Field Offices but is run by the Administration of payments of Cash transfers (Administratie en Uitbelaging Sociale Voorzieningen -AUSV) Division with offices at Paramaribo and Nickerie only. Children in the interior and the rural areas - the more vulnerable and intensely hit by poverty – have in practice difficulties in accessing the benefits of this program. However, these are not actual issues since the program size is quite small, mostly because the monthly allowance is very small too (SRD 3 per child per quarter). Beneficiaries researched stated, “even the transport to SoZaVo’s field office is more expensive than what you will receive”.¹⁹ Statistics from 2007 show 23,660 children enrolled in AKB. In 2010 the total expenditure of the AKB disbursed from SoZaVo’s budget was of some US\$ 300.000 (SRD928.000), indicating a slight increase in its coverage reaching some 24.946 children. Yet no reliable information was available from Sozavo Information System of clients to confirm these figures.

The **School Supplies** program was created in 1992 as an in-kind support program to poor children who could not afford school uniforms. In 2000, SoZaVo converted it into a cash-transfer program in response to problems in the system of providing in-kind benefits. Today SoZaVo provides the uniforms in the interior while in the rest of Districts families receive an allowance. In 2010 SoZaVo spent some US\$113.000 (SRD 350.000) in this school clothing action program.

Food for Kids began in the 1950’s to provide warm meals for all primary school students, but food waste led to a self-selection mechanism (children that wanted to eat enroll in the program). In the 1970’s the program was gradually reduced, until it completely phased out during the revolution period (1980-1990’s). Currently, due to the maintenance problems, the program can only provide raw meals to day care centers three times a week. For 2010 Sozavo’s budget anticipated to spend around US\$ 220.000 (SRD 680.000) in the program.

The **School Supplies and Food for Kids** Programs are run in cooperation with the Ministry of Education (MOE). When the food for kids program was initiated, the MOE was closely involved in the development of policy and the delivery of this service. Teachers identified the children in need and also distributed the food. As for the school supplies program, the MOE is supportive since it provides the requesting parents with certificates that their children are enrolled in school. These two programs have not been evaluated but their design makes them vulnerable to mismanagement and to several fiduciary risks.

Day Care Centers Foundation (SBEC): This Foundation linked to SoZaVo was established in 1983 as a government instrument to institute public low-cost day care centers mainly for poor households in poor neighborhoods of the country. The program is universal and works by self-selection. Parents have to pay a fee based on the household income. Day care centers take children between 6 weeks and 6 years old; children older than 6 shall leave the program to attend school. SBEC currently coordinates 15 day-care

¹⁹ *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.

centers, 12 of them public and the remaining 3 associated private centers. Children 0-4 years old get day care; children 4-6 years old get after-school care. SBEC reported 643 beneficiaries in 2001.²⁰

Non-governmental Care Centers for Children: SoZaVo provides subsidies to non governmental institutions providing child care that request support from government through the Coordinatie Particulier Initiatief -CPI -Division . SoZaVo should also be responsible for ensuring adequate quality care standards within all care centers. The latest summary report (2006) of the Children in Need of Special Protection (CNSP) Data System of the Ministry of Social Affairs and Housing²¹ lists a total of 47 residential care institutions for children in Suriname looking after a total of 1,510 children, with no approved legislation, policies, standards, or monitoring mechanism in place. Data gathered through the CNSP Data System as per October 2010 indicates a total of 33 child care institutions providing data, and providing care for 1,276 children (597 boys and 679 girls). A further 14 remain open but do not complete the information requests as they find them too time consuming or complex. Considering these estimates, the total number of children in residential care facilities could be between 2,000 to 3,000. For a country with a total population of 436,000 people (of which 162,000 children), these numbers are high (1.2 to 1.9% of total number of children).²²

According to the SITAN report “children may be placed unnecessarily, and sometimes for too long, in institutions such as orphanages or boarding schools. These children come from a variety of backgrounds: they may have been orphaned, their family including single heads of households may feel unable to cope or care for all their children or specific children, such as those with a disability. While standards in different child care institutions vary, children in their care and responsibility, compared with children cared for by families, face a higher risk of discrimination, inadequate care, violence, abuse and exploitation. Standards in residential institutions in Suriname, and the well-being of the children who stay in them, are currently insufficiently monitored. Only institutions receiving subsidies from the Ministry of Social Affairs and Housing (SoZaVo) are monitored, in collaboration with the Bureau of Public Health. The standard of some residential institutions and the care provided to children fall below international standards and breach the rights of children in their care. Children in institutions receive less of the stimulation and individual attention needed to grow to their full potential than children in family care. Inadequate care environments can impair children’s emotional and social development and leave them even more vulnerable to exploitation, sexual abuse, and physical violence in later life”²³.

Proposed new legislation:

The Care Act, known as the “**Wet Opvanginstellingen**” is a package of key legislation that provides a framework for care in institutions and is supported by a number of state rules that regulate the care and protection of children, youth, elderly, and people with disabilities. The draft has been finalized and approved

²⁰ Pérez Calle, F. y Saavedra, J. (2005): *Suriname, Poverty and Social Safety Net Assessment*. Final Report. April. Conducted by the Inter-American Development Bank.

²¹ Children in Need of Special Protection (CNSP). September 2006.

²² **Situation Assessment and Analysis of Children’s Rights in Suriname 2010. FINAL DRAFT (4) 27.11.10**

²³ *Ibidem*, page 61

by the council of ministers and the State Advisory Board, and was submitted to Parliament for final approval in November 2009. The new government is prioritizing the review and approval of this essential piece of legislation for children. The Ministry believes that once the planned legislation is in place and such institutions are obliged to provide information, they will do so.

Furthermore the Ministry has plans to raise awareness on the draft standards for child care institutions in the run up to the law in cooperation with the Federation of Private Social Institutions (VPSI) and with the support of the ECD Commission, other public and private care and service providers, Parliament, district council members, and the police. The preparatory phase will include workshops, training and guidance. A committee to supervise and monitor child care institutions is also planned to be established to prevent and respond to risks and incidences of abuse, violence, neglect or exploitation

In summary, children's protection can be improved through the following regulatory actions:

- Implementing the National Action Plan for Children 2009-2013
- Approval and implementation of the Care Act, "*Wet Opvanginstellingen*", providing the framework for child care in Suriname, and a stated priority of the Government
- Passing the regulations with the standards for child care institutions including the ECD standards
- Ratifying the two Optional Protocols to the Convention on the Rights of the Child
- Acting on the law endorsing the installation of an ombudsperson/child's ombudsbureau under the Ministry of Justice and Police in coordination with SoZaVo
- Review and strengthen the systems for child protection to inform policy and planning.
- Raising the amount of AKB

4.3 Regulations Regarding Social Housing

Table 6: Hierarchy of Regulations regarding Social Housing

REGULATIONS		HOUSING - Legislation and regulations regarding implementation of Programs	HOUSING - Legislation and regulations regarding overall housing sector coordination and organization.
ACTS (Parliament)	C.		
	N.		
STATE REGULATION	CURRENT	The Foundation for Social Housing was incorporated in the 1960s as the arm of SoZaVo that provides lots, builds and manages social public housing.	Legislation to increase available building land for social housing. Ministry of Public Works: Introduce of levies against undeveloped grounds Re-regularize ground purchase Tight monitoring of land use
	NEEDED	The Foundation is seeking to have its statutes changed in order to allow it to determine the rents it charges in order to fill the large financial gaps it now has and to use these funds to generate more funding for building of new social public housing	
DECISION ENDORSED BOARD OF MINISTERS	CURRENT	2006 Policy Note :The Land Corporation was set up to provide building lots to different groups and programs implemented for social housing and was approved by Board of Ministers	The inter-ministerial Task Force was set up to resolve conflicts between the different ministries that work in social housing and is headed by SoZaVo
	NEEDED		The legislation of some kind of Ministry wide agreement streamlining the adoption of regular policy issues by the board of Ministers need be formulated.
PRESIDENT RESOLUTION			
MINISTERIAL DECISIONS	CURRENT	SoZaVo creates Program Implementation Units composed of main stakeholders as authority responsible for all aspects of implementing, disbursement of funds, monitoring and evaluation of programs	Tenant and Landlord Legislation 2003 - 2005 SoZaVo + JUSTICE -To adapt, to make rent more attractive -Rights and duties of tenant and landlord Legislation rent observation
	NEEDED	Regulatory provisions ensure multi-stakeholder participation in policy design and implementation however regulations must be created to guarantee the active participation of the beneficiaries or their CBO representatives.	There need to for regulations that mandate the use and enforcement of the eligibility criteria established for entering social housing to reduce leakage empowered with sanctioning capability to assure enforcement.

REGULATIONS		HOUSING - Legislation and regulations regarding implementation of Programs	HOUSING - Legislation and regulations regarding overall housing sector coordination and organization.
MINISTERIAL DECISIONS	CURRENT	SoZaVo establishes a system to permit the autonomous and independent design, execution and monitoring and evaluation to promote more responsibility and ownership of program coordinators and stakeholders in general	Quality Control – Establish and monitor quality standards and guidelines for construction materials. – Guidelines established but enforcement still needs to be arranged and legislated
	NEEDED	Regulations are needed to require standard M&E reporting format to SoZaVo from all programs for evaluation / comparison purposes in addition to their own individual formats.	The overall mandate of SoZaVo to facilitate housing for the poor need be enforced through some sort of formal regulation binding these social housing programs and forcing the different autonomous programs executed in its name to find ways to target the poor

- **Legal or regulatory provisions ensure multi-stakeholder participation in policy design and implementation.**

SoZaVo employs a very collaborative policy design approach. Program Preparation Units (PPU) are often set up which hold extensive consultations with relevant stakeholders including financing institutions, construction sector, building material sector and NGOs. While these stakeholders ideas, concerns and knowledge are taken into account there is almost no participation of the beneficiaries in any of the programs that we have reviewed. Given the autonomous nature of the design and execution of the different programs SoZaVo oversees. Due to the across the board exclusion of the beneficiaries and the great importance of their on the ground knowledge of what can and cannot work, a Ministerial Regulation requiring some sort of participatory process including the beneficiaries or their CBO representatives appears necessary.

- **The regulatory environment creates conditions for equitable application of policies, fair access to benefits and pro-poor focus of actions.**

The regulatory environment that should exist to create the conditions for equitable application of policies, fair access to benefits and pro-poor policies in general is largely absent in regard to housing. Nowhere can we find any internal regulation or political legislation that exists to enforce that SoZaVo’s clear mandate to provide housing for the least affluent and most needy. The mandate exists, it is repeated in the MHP and the Policy Notes as well as in the objectives of the policies designed and the goals of the programs executed however, it does not occur. The large majority of housing programs in Suriname to date have benefited middle income earners with stable jobs and not the target population indicated over and over again. Another example of the lack of SoZaVo creating an environment conducive to equitable application and access to benefits is the main program that exists to house the poorest of the poor: the Social Foundation’s rental units. Participation in this program includes clear eligibility requirements and criteria and a formalized process for application for the state housing. The

process is followed, the applicants that meet the criteria are selected, a list is compiled of the selected participants and finally, this list is fragrantly ignored due to lax enforcement, faulty criteria design or most probably political favoritism that leads to so called “leakage”. Neither one of the aforementioned problems can be resolved without new legislation that includes the power to sanction those that do not follow it.

- **The legal and regulatory frameworks are updated and in line with the current policy implementation strategy.**

Various examples of regulations falling behind current policy and the actual situation of the country are identifiable and need to be addressed. The 2006 Policy Note for example at once states that SoZaVo is entirely responsible for the design and implementation of public housing policy while calling for a Task Force to coordinate public housing policy between the Ministries due to the lack of a clear power for coordination or oversight. It is clear that SoZaVo at once has the mandate to coordinate social housing policy and at the same time clear that it is incapable of doing so showing the chasm between reality and legislation. More strikingly, there are a number of proposed regulations, acts and laws that obtain agreement at the Ministerial level that simply do not get through the adoption or approval process in the Board of Ministers. Why so many actions or internal changes that receive such wide acclaim among the members of the Ministry being effected is rejected at this level has been explained as due to a stagnate bureaucracy or political power plays. This bottleneck need be addressed at the political level, the same level which appears to cause the problem and legislation of some kind of Ministry wide agreement streamlining the adoption of regular policy by the board of Ministers.

- **The regulatory environment clearly establishes social, financial and political accountability mechanisms; and distributes the power to demand and sanction actions among social, political and jurisdictional authorities or instances.**

Accountability is one of the chief weaknesses that SoZaVo has when exercising its activities. There are very few accountability mechanisms in place and those that exist are often not followed or enforced properly. At the political and social level there are informal forms of accountability such as through the need to report to other Ministries in order to advance the Ministry’s agenda or the production of informative publications, radio shows or television programs for the public. In regard to financial accountability the vast majority of the funds that pass through the Ministry are in the hands of the independent programs which follow their own accountability procedures. SoZaVo needs to implement standards and regulations that can guarantee reporting at all levels.

- **Monitoring, evaluation and reporting make part of the legal institutional mandates of implementing government agencies.**

While SoZaVo requires that all program implementing agencies report to them as to their success in achieving their goals, there is no standard minimum reporting format that is legally binding leaving each program to determine the monitoring and evaluation system it chooses and indicators to be applied. The

Ministry in this way is left with little information to evaluate the success of the programs as the indicators are determined by the program executors themselves. Furthermore the information that SoZaVo does receive comes in various formats making comparisons between program strategies and thus policy formulation more difficult. An internal regulation needs to be adopted and enforced by SoZaVo in order provide different programs with a minimum set of indicators and benchmarks applicable to different types of programs within a standard reporting format to improve its evaluation of the programs it supports and its policy making.

4.4 Regulations needed to improve Institutional performance:

- A regulation that describes the scope of responsibilities of the Ministry of SoZaVo and the approach of the state to service delivery: emphasizing the role of the Ministry in Policy formulation, oversight of implementation and monitoring; Approaching service delivery through partnerships with community groups and NGOs; through more decentralized schemes closer to the people where they are.
- Introduction of formal arrangements or regulation to demand participatory or consensus building processes with all stakeholders (other ministries, international org, beneficiaries, providers, etc.) in the construction of policies.
- Regulations or guidelines from Ministry of Finance to streamline the Results-Based Management approach in formulation and implementation of Institutional Plans including: Comprehensive (strategic) plan for all ministries; Operational Plans, Budgets and Monitoring and Evaluation Plans.
- Regulations or guidelines to collaboration among government institutions, and implementation of Policy Monitoring and Evaluation Systems within each sector and Ministry.

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