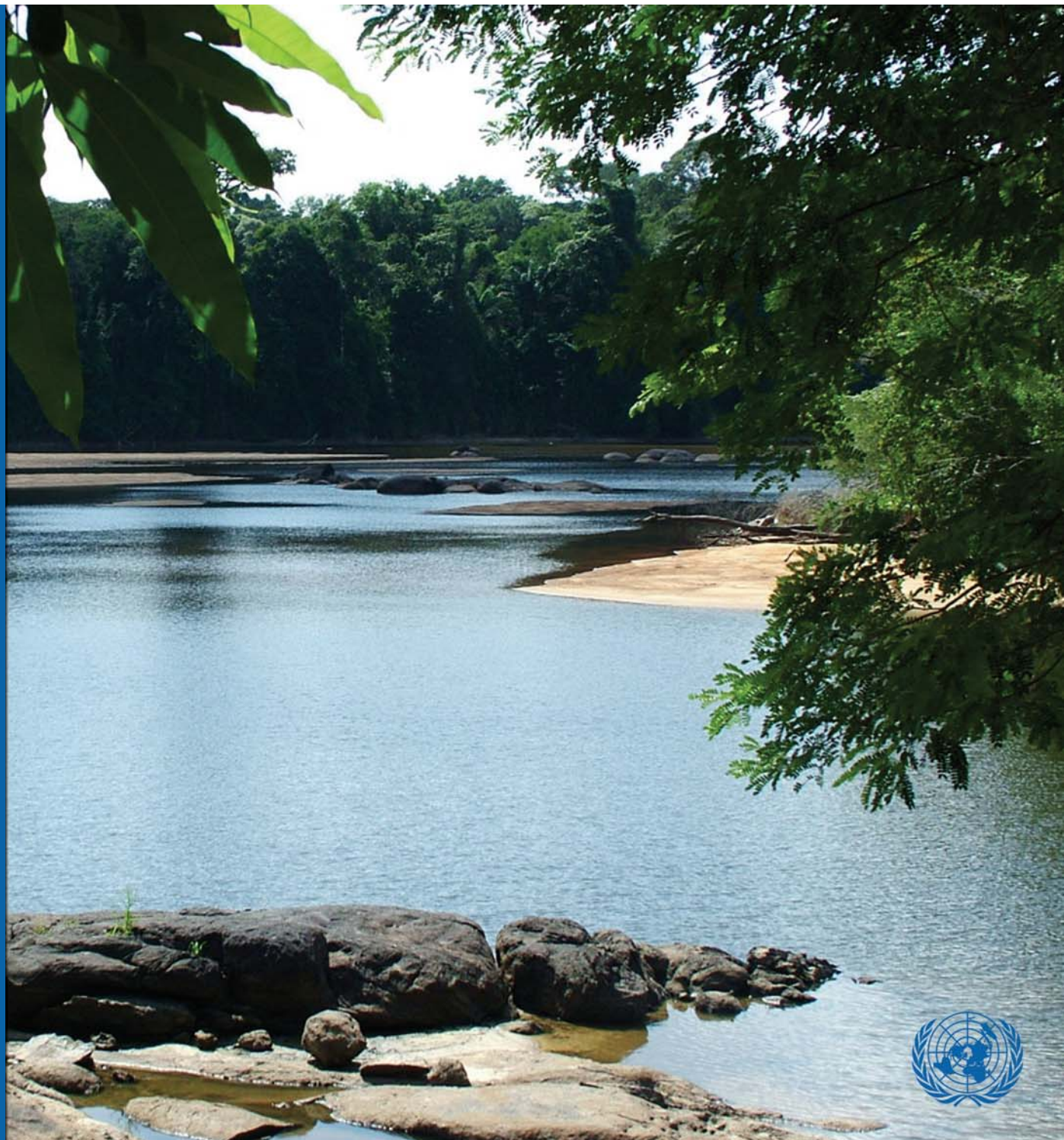




# SURINAME MDG BASELINE REPORT



*This is a publication of the Government of Suriname, supported by the United Nations Country Team in Suriname. Quotes are permitted with due acknowledgment of the source.*

# CONTENTS

ACKNOWLEDGEMENTS	3
PREFACE	4
LIST OF ABBREVIATIONS	5
1. Introduction	6
2. Social Indicators Millennium Development Goals in Suriname - Structure and Mode of Operation	8
3. An Economic and Social Profile of Suriname	10
4. Government of Suriname Policy Commitments	11
5. Millennium Development Goals	12
Objective 1: Eradicate Extreme Poverty and Hunger	13
Objective 2: Achieve Universal Primary Education	16
Objective 3: Promote Gender Equality and Empower Women	19
Objective 4: Reduce Child Mortality	22
Objective 5: Improve Maternal Health	25
Objective 6: Combat HIV/AIDS, Malaria and Other Diseases	27
Objective 7: Ensure Environmental Sustainability	32
Objective 8: Develop a Global Partnership for Development	34
Policy Matrix MDGs	36
6. Next steps	42
MDGs AT A GLANCE	46



## ACKNOWLEDGEMENTS

We believe that the Millennium Development Goals are not only a universal commitment but we are convinced that it is most important to set goals and targets and to measure economic and social development. Build on this believe all efforts have been made to produce this first MDG Baseline Report for Suriname.

The General Bureau of Statistics of Suriname coordinated the data reporting whereas several national institutions have given their invaluable contribution in the gathering and analyses of data.

The national MDG Steering Committee in Suriname consisting of representatives of the Ministry of Foreign Affairs, the Ministry of Planning and Development Cooperation, the General Bureau of Statistics, the Private Sector, the NGOs and UNDP guided the process to produce this report. During the whole process extensive support was received especially from UNDP and other international institutions.

We are aware that the work needs to be continued and that additional work is necessary in the area of data collection and analyses. Still we are convinced that if we proceed with these joint efforts Suriname will be able to report in the coming years on the contribution of Suriname to eradicate world poverty.



## PREFACE

With the adoption of the Millennium Declaration, including the Millennium Development Goals (MDGs), Suriname, along with the rest of the international community, made a commitment to improve the lives of its people and to ensure a humane existence for each individual. The main priority in Suriname's national policy is development, focusing first and foremost on the well-being of its people. The need to keep development high on the international agenda is therefore emphasized again and again at international conferences and in multilateral organisations.

This first MDG Report of Suriname is a baseline report, incorporating the available data on Suriname's progress with regard to achieving the MDGs. One of the main challenges in the process of national reporting is the collection and processing of statistics by relevant national institutions that are involved in the reporting on the MDGs. The statistics available up to now show that Suriname has made progress in some areas, in particular education and the environment. When integrating the MDGs into our national development program, the targets and indicators will, in some cases, have to be adapted to national circumstances.

The MDGs National Steering Committee was installed in September 2004. The Steering Committee is mainly responsible for monitoring the process of drafting and final editing of Suriname's MDGs reports. The Steering Committee also provides the necessary assistance and

encouragement to design a system of long term national monitoring and reporting on the MDGs. In this regard, a national network of governmental and non-state actors will be set up in 2005 to monitor the integrated and coordinated implementation of the international commitments, including the MDGs, made by Suriname.

We are very much aware that achieving the MDGs also depends on various crucial developments in the world, such as international peace and security, sufficient development assistance, debt relief and fair trade. Achieving the MDGs thus requires a collective approach, and Suriname will therefore continue to work at the national, regional and international level towards achieving these important goals that are of utmost importance to mankind.



## LIST OF ABBREVIATIONS

<b>ABS</b>	General Bureau for Statistics
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMC</b>	Anti-Malaria Campaign
<b>ASP</b>	Agricultural Sector Plan
<b>BOG</b>	Bureau of Public Health
<b>CBB</b>	Central Civil Registration Office
<b>CEDAW</b>	Convention on the Elimination of all forms of Discrimination Against Women
<b>DOTS</b>	Directly Observed Treatment Short Course
<b>DPT</b>	Diphtheria, Pertussis and Tetanus
<b>EPI</b>	Expanded Program Immunization
<b>GDP</b>	Gross Domestic Product
<b>GOS</b>	Government of Suriname
<b>HIV</b>	Human Immunodeficiency Virus
<b>LDC</b>	Least Developed Countries
<b>LISP</b>	Low Income Shelter Project
<b>LVV</b>	Agriculture, Animal Husbandry and Fisheries
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MMR</b>	Maternal Mortality Ratio
<b>MOH</b>	Ministry of Health
<b>MPH</b>	Multi Annual Program for Housing
<b>NHIS</b>	National Health Information System
<b>ODA</b>	Official Development Assistance
<b>OPV</b>	Oral Polio Vaccination
<b>PAHO</b>	Pan American Health Organization
<b>PLOS</b>	Ministry of Planning and Development Cooperation
<b>SOZAVO</b>	Social Affairs and Housing
<b>SRD</b>	Surinamese Dollars
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund



## 1. Introduction

Since 1990, various international summits have been convened at which an extensive agenda for humanitarian development was adopted, inclusive of selected goals, a time span for the accomplishment of the goals and measurable indicators to achieve the agreed development. In September 2000, by way of Resolution 55 Paragraph 2, one hundred and eighty-nine (189) Member States of the United Nations accepted the "Millennium Declaration". The declaration comprises aspects of peace, safety and development, environment, protection of the vulnerable groups, human rights and good governance. In the declaration a number of interrelated development goals were summarized in a global agenda. These development goals were designated "The Millennium Development Goals" (MDGs).

The MDGs consist of eight main goals, 18 targets and 48 indicators. The first seven main goals are closely linked to one another, because these goals are aimed at sustainable poverty alleviation, while the last goal is aimed at partnership at a global level. The issue in this respect is that countries in the world bear a joint responsibility to be able to realize the MDGs incorporated in a global agenda. In short this boils down to world leaders having committed themselves to ensure that in the period 1990 to 2015, the following achievements, in the form of eight concrete goals and eighteen specific targets, are reached:

### **1. Eradicate extreme poverty and hunger**

- Reducing by half the number of people that live in poverty and have a daily income of less than \$1

- Reducing by half the number of people that suffer from hunger

**2. Achieve universal primary education**

- Ensuring that all boys and girls complete primary education

**3. Promote gender equality and empower women**

- Eliminating gender inequality in primary education and secondary education, preferably in 2005, and certainly at all levels in 2015

**4. Reduce child mortality**

- Reducing the mortality rate of children younger than 5 years by two-thirds, between 1990 and 2015

**5. Improve maternal health**

- Reducing the maternal mortality ratio by three-quarters between 1990 and 2015

**6. Combat HIV/AIDS, malaria and other diseases**

- Halt and begin to reverse the spread of HIV/AIDS
- Prior to 2015 halt and begin to reverse the incidence of malaria and other diseases

**7. Ensure environmental sustainability**

- Integrating the principles of sustainable development into country policies and programs; and reverse the loss of environmental resources
- Reduce by half the proportion of people without sustainable access to safe drinking water

- Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020

**8. Develop a global partnership for development**

- Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction-nationally and internationally
- Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction
- Address the special needs of landlocked and small island developing States
- Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term
- In cooperation with the developing countries, develop decent and productive work for youth
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available the benefits of new technologies-especially information and communications technologies



## 2. Social Indicators Millennium Development Goals in Suriname - Structure and Mode of Operation

The Republic of Suriname is determined to contribute to the achievement of the Millennium Development Goals (MDGs) at the national level. This is in line with the policy statements of the Government of Suriname with respect to the MDGs and their indicators, where necessary adjusted to national development priorities, and voiced at a global level by Suriname at the Millennium Summit in September 2000. Monitoring of national development goals and the MDG reporting process require Suriname to report annually on its performance in reaching the intended targets.

This report describes the process that resulted in the production of the first MDG Baseline Report for Suriname in 2004. At this stage, the dearth of data related to many of the goals has resulted in a Baseline Report rather than a full MDG Report. The available data are used to discuss the situation, strategy for collecting data and reporting on each of the goals. At the same time the intention of this report is to indicate where and how data collection, analysis and administrative systems in Suriname have to be strengthened to reliably produce indicators and measurements of poverty and other development goals. Success in this objective over the short to medium term should help shape a long-range program to strengthen the national capacity to consistently monitor poverty and other development goals in Suriname.

The development goals for Suriname were presented in the 2001-2005 Surinamese Multi-Annual Development Plan (*Meerjaren Ontwikkelingsplan, MOP*). The following policy areas were identified:

1. Democratic governance
2. Macro-economic stability
3. Restructuring of the public sector
4. Sustainable poverty alleviation
5. Basic social benefits
6. Restructuring of social policy, in particular social security, education and health
7. Creating an atmosphere conducive to private investment
8. Infrastructure
9. Sustainable development and environmental protection.

The process of MDG measuring in Suriname started on July 4, 2003, with a one-day workshop "Social Indicators and Millennium Development Goals" (SIMDGs) for the purpose of training participants in compiling Social-/Gender and Environmental Statistics. On July 28, 2003, the SIMDGs Committee, in which the General Bureau of Statistics (ABS) played a coordinating role, was installed.

The terms of reference of the SIMDG Committee are :

1. Standardize definitions and methodology
2. Collect relevant data
3. Design indicators for the various sectors
4. Publish an MDGs report for Suriname in 2004
5. Develop a long-range program to strengthen national capacity, to result in sustainable systems of data collection, analysis and administration, to monitor the national development goals and the MDGs.

On August 5, 2003 a fire destroyed the building of the ABS. As a result, the SIMDGs committee did not meet again until April 1, 2004. In order to manage work and monitor progress, the members of the various agencies were divided into three clusters on the basis of immediately related objectives and indicators. The clusters meet once a month, and all clusters meet in plenary session each 4th Thursday of each quarter. Broadly speaking, the procedure for reporting on the MDGs is based on the following:

- Inventory of definitions used, data sources and the methodology applied to be able to measure and monitor the SIMDGs indicators;
- Establishing unequivocal procedures/guidelines and the format to collect and compile the various data for the MDGs indicators;

- Determining necessary surveys and examining which funding sources are available;
- Data collection and writing the MDGs report.

At present the clusters are still busy streamlining the differences between the applied definitions and mapping the indicators that are relevant to Suriname. Although at various levels and with various participating agencies a diversity of statistical material is available, the data are often not available in the desired form or concern once-only surveys without follow-up, so that there are no time series against which to measure progress over time. Various stakeholders within the SIMDGs recently received institutional strengthening and recent data will become available after 2005. In short, the problem outlined here indicates why Suriname is not ready yet for a full MDG report but has instead opted for what is termed a "Baseline Report". This Baseline Report only presents the current state of affairs with supporting tables on behalf of the MDGs. The SIMDGs committee intends to issue a full MDG Report in 2006; this also taking into consideration the fact that the 2004 census results should then be fully available to serve as an input for further investigation as regards the MDGs indicators. The Ministry of Agriculture, Animal Husbandry and Fisheries (LVV) also intends to conduct a census for the agricultural sector in 2005 or 2006. The results of that census should be available no earlier than 2006 or 2007.

This Baseline Report contains the data with regard to the Millennium Development Goals available from 1990 up to the present, an overview of the table formats used and finally the summary and conclusion. As far as possible, the time span of the targets is geared to the 2001- 2005 Multi-Annual Development Plan.



### 3. An Economic and Social Profile of Suriname

#### Economic Profile

Mining, the agricultural sector and manufacturing are the most important sectors in the Surinamese economy. Although a resurgence in gold mining has been apparent since 2001, bauxite mining and oil extraction continue to account for some 98.7 percent of total foreign exchange earnings. Agriculture, forestry and fisheries accounted for 7.5% of GDP in 2002.

The Government is the largest employer, accounting for some 60% of formal employment. The 2001-2005 Multi-Annual Development Plan states that the government will dedicate itself to fostering economic growth and stabilization, poverty alleviation, the promotion of production, a tight budgetary policy, trade liberalization and public sector reforms. This policy indication is in harmony with the objectives of the MDGs.

The *informal* sector in Suriname is relatively large. The term informal refers to economic activities that take place beyond the official rules or the exercise of economic activities by companies that do not comply with the (legally) established requirements. As concluded from estimates produced by the General Bureau for Statistics (*Algemeen Bureau voor de Statistiek*, ABS), the contribution of the informal sector to real GDP was around 20.5% in 2002.

Real growth in GDP has been variable over the past three to five years. After negative growth in 1999 and zero percent growth in 2000, the year 2001 showed real GDP growth of 4.8 %, followed by real GDP growth of 1.4% in 2002. The decline in real GDP growth in 2002 was mainly due to negative growth in the agricultural sector (rice and banana export) and less favorable world market prices for aluminum.

In 1999 and 2000 the economy experienced high inflation and devaluation as a result of excess liquidity caused by monetary financing of deficits. This also led to the decreased public investments in, among other things, the health sector. Despite decreased investments, some of the health indicators show that Suriname has a reasonable health profile: the infant mortality rate fell from 27 per thousand in 1998 to 25 per thousand in 2002 and life expectancy remained stable at an average 70.3 years over the period 1999-2002 .

#### Social Profile

The social profile of Suriname will be developed over the next chapters of this report.

Basically, environmental characteristics have split society into coastal dwellers and inhabitants of the interior, with uneven provisioning for the latter group, mainly because of their remoteness. The Government has been seeking ways of reducing the effects of isolation but recognizes that the challenge is great.

#### Tracking Economic and Social Goals

Strong measurement tools must be put in place in order to assess progress along the development path indicated by the Government. This will place the ABS at the center of data collection and should enable it to set data collection and reporting standards for the rest of data-producing ministries and agencies.

Table 1 Key MDG Indicators

Indicator	Value	Year
Area (sq. km)	163,820	-----
Population Mid-Year	482,769	2003
Average population growth	1.3 %	2003
Fertility figure	2.4	1995
Life expectancy at birth (in years)	70.3	2002
Real GDP in SRD <sup>1</sup>	4,756	2003
Literacy in %( adults)	93.2 %	2002
Infant mortality rate (per 1000 life births)	25.0	2002

Source: ABS

1.USD 1 = SRD 2.7

## 4. Government of Suriname Policy Commitments

The 2001 - 2005 Multi-Annual Development Plan incorporates the following:

- Principles of sustainable development that cover citizens' participation in development opportunities
- The primacy of people in the development process
- The establishment of an enabling environment for private sector development
- Development of and rewards to human capital
- Public/private partnerships as a basis for good governance, financial, economic and social development
- Industrial development utilizing natural resources in a strategic manner
- Access for women and youth to credit, training and capability of production
- The participation of women in the mainstream of development
- The strengthening of institutions to further Government's planning objectives
- The control of crime
- Aggressive action against corruption

The above constitute broad statements of intent that are in line with the MDGs adopted by Suriname and one hundred and eighty-eight other countries. The target groups identified in the Multi-Annual Plan coincide with those of the MDGs and include :

- Youth, especially the unemployed
- Underprivileged women
- Female entrepreneurs or aspirants to entrepreneurship

- Persons who are unable to independently earn sufficient income to provide for themselves, especially senior citizens and persons with a disability
- Workers with incomes below the official poverty level
- Inhabitants of and migrants from the interior and other underdeveloped areas.

The programs implied by the objectives stated above will be accomplished through financing of the national budget and support of the International Community. In order to maximize the effectiveness of the programs, a measure of Public Sector Reform will be implemented.

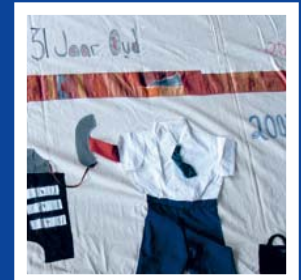
Reforms of the Education System will be undertaken and related activities must partner initiatives in Health, in Poverty Reduction, in Crime and Decision-Making and in any other sphere of activity where behaviours are in need of change.

Economic and social trajectories have been plotted for 2001-2006 and to 2005; these are presented in Appendix 1 and 2 respectively.

There is a clear convergence between the policies of the Government of Suriname and the MDGs.



# 5. Millennium Development Goals







**OBJECTIVE 1:  
Eradicate  
Extreme Poverty  
and Hunger**

Table 2  
Percentage of poor households  
and percentage of poor persons with an income  
as welfare indicator

Period	Poor Households	Poor Persons	Poverty Gap
1999/2000	60.24	65.95	28.2
4 <sup>th</sup> Qr. 2000	64.86	69.24	31.4

Source: *Armoedegrenzen en Armoede in Suriname mei 2001*, ABS  
(Poverty lines and Poverty in Suriname, May 2001) pg. 1

Whereas elements of a social safety net are in place to prevent the unfortunate situation of large numbers of the population of Suriname living on less than US\$1 per day, the committee considering the objective of eliminating extreme poverty and hunger modified the target to a consideration of a **national** poverty line. The definition of poverty and poverty lines applied by the ABS reads as follows:

**A unit, person or household is considered poor if he/she/it does not have available sufficient means to provide for his/her/its basic needs, with a prominent role being played by the need for food. The amounts that (given the size and composition of the unit) indicate the distinction between poor and non-poor units are called poverty lines<sup>2</sup>.** It is worth mentioning that in Suriname the point of departure in calculating poverty lines is a basic food package (BVP) based on nutrient composition and 2400 calories for an adult. Furthermore, the calculations are based on the budget surveys of 1968/1969 and 1999/2000. This definition of poverty lines differs from what has been laid down in the MDGs. The United Nations state that when monitoring country poverty trends, indicators based on national poverty lines should be used, where available. The use of the Surinamese definition is therefore justified.

The data in Table 2 below are based on Suriname's definition of its poverty lines.

The table reveals that in 1999/2000 the poverty gap (i.e. how far below the poverty line are the poor on

average) was about 28%. The poverty severity index (how serious is the poverty situation of the poor) in 1999/2000 was in the order of 16.7%.

Despite different estimates for poverty, one thing is certain: poverty exists in Suriname. Estimates from the ABS with consumption as welfare indicator, show that in 1999/2000 some 59.2 % of the people in Paramaribo and Wanica lived below the poverty line. For the district of Nickerie the percentage was 62.5 %. Considering that 76% of the population of Suriname lives in Paramaribo, Wanica and Nickerie, the gravity of the situation in Suriname strikes home.

More recent figures are unfortunately not available. The poverty situation in the country has changed significantly since 2000, thanks to a stabilization of the economy, strengthening of consumers' purchasing power, improvement of social services, reduction of crime and other measures.

## Challenges

Suriname is faced with a number of challenges to improve the poverty situation affecting the country and society. An integrated package of measures should lead to economic growth, re-distribution of income and transformation of the economy. The Government budget should therefore reflect a policy of re-distribution. Emphasis should be placed on:

- Effective coordination of planning activities at the sectoral level as well as the fostering of a favourable



investment climate based on transparency and good governance should contribute to the reduction of poverty to less un-acceptable proportions.

- The decline in, among other things, the rice sector, the banana sector and the poultry sector, should be halted and the declining production trends reversed in order to protect and enhance the livelihoods of farming communities. An agricultural census is required to establish the development potential of the agricultural sector, so that the necessary investments can ensue.

The various NGOs operating in Suriname have an important task with regard to Grassroots Action Planning in, among others, Maroon and Indigenous communities in the hinterland.

### Supportive Environment

Improved governance structures that ensure crosstalk among government ministries and agencies should be put in place as a matter of urgency. A centralized unit (such as the Ministry of Planning and Development Cooperation, PLOS) should ensure the implementation of Government policy in a seamless manner across all ministries and agencies. It must be vigilant for inconsistencies in the effects of policy in programs and projects that may affect other targets of development. The implementation of policy in one area should not have an adverse effect on another. The central agency should also enable the data collection and general sta-

tistical system. Additionally, the current SIMDG Committees should continue to operate, tracking the goals and ensuring the supply of measurable indicators of success.

2. ABS publication: *Armoedegrenzen en Armoede in Suriname mei 2001* (Poverty lines and Poverty in Suriname, May 2001) pg. 1



**OBJECTIVE 2:**  
**Achieve Universal**  
**Primary Education**



### The Present Situation in Education

The enrollment percentage of 90% for pre-primary and primary education is high. The fact that in Suriname compulsory education is legally set at 7 to 12 years, contributes to the high enrollment observed. In addition, at 93% the adult literacy rate in Suriname is high, exceeding the average of 88% for Latin America and the Caribbean. Education is coordinated, managed, regulated and financed by the Ministry of Education (MINOV).

Over the period 1996 to 2000, the share of primary education in the total education budget averaged 37%. This compares well with the allocation of 40 percent in most developing countries. In the Caribbean, expenditure on education as a percentage of Gross National Product amounted to an average of 4% over the years 1999 and 2000. In Suriname, the share of the Ministry of Education in the GNP in Suriname was 6% in 1990, falling to 5.5% in 2000.

The share of education in the state budget increased over the period 1998-2002 from 10.7% to 12.6%. Despite this increase the Government has not been able to fully finance education lately because of decreased revenues. In the period under review, a decline in the maintenance of school buildings and furniture could be observed as well. For some years now pupils/students have

had to pay a bigger financial contribution. School buildings and school materials are being renovated as a result of the efforts of teachers, principals, local organizations and NGO's, through fund-raising and donor support. The educational process<sup>4</sup> is nevertheless obstructed by a shortage of educational tools and human resources and budgetary constraints.

Education in the hinterland, where enrollement is estimated to be lower, faces serious problems: the accessibility of education in the interior is generally hampered by a lack of transport facilities, adequate school buildings, educational tools and material, qualified teachers and teachers' accommodation. According to the MICS report (1999/-2000) the number of pupils in primary education may be categorized as follows: Urban 81.6% boys, while this is respectively 80.75 and 57.8% for Rural and Interior. The number of girls is respectively 81.7%, 83.3% and 64.9%. The total number of children in primary school in Urban, Rural and Interior areas is respectively 81.6%, 81.9% and 61.2%.

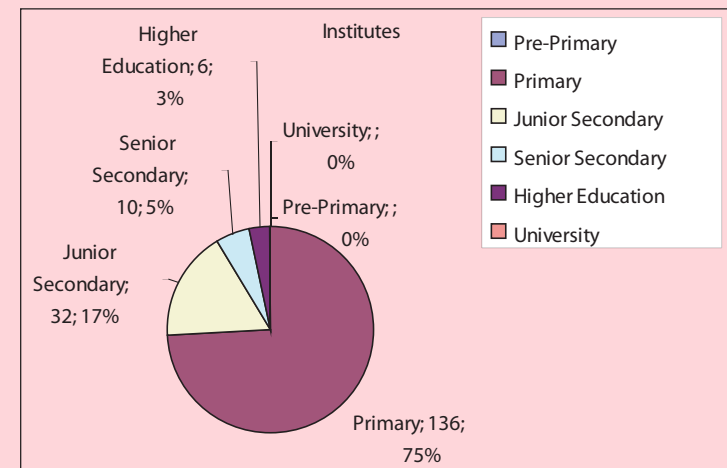
In the school year 2002/2003 the total number of enrollments for pre-primary and primary education was 79,350. For junior secondary and senior secondary, the number of enrollments was respectively 28,000 and 12,442 students. The number of students enrolled at Higher Vocational Education (HBO) and University level was 3,000.

Table 3  
Indicators and goals of Education

Indicator	2000-2003	2015
Net enrollment rate in pre-primary + primary education	90 %	100%
Proportion of pupils starting grade 1 who reach grade 5	84 %	100 %

Source: Ministry of Education

Table 4  
Total number of schools 2002/2003 and school enrollment



Institutes	Public	Private	Total	Schoolenrollment
Pre-Primary				79,350
Primary	136	164	300	
Junior Secondary	32	92	124	28,000
Senior Secondary	10	-	22	12,442
Higher Education	6	-	6	3,000
University			1	

Source: Ministry of Education

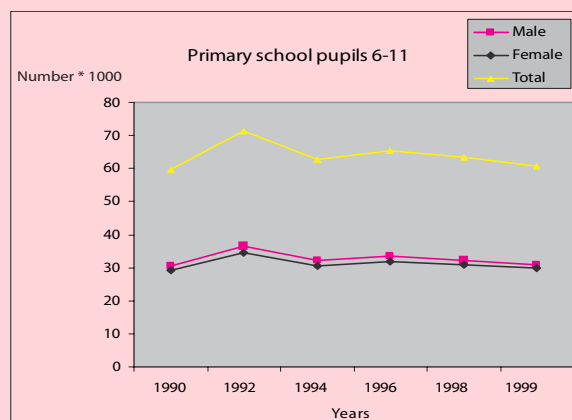


**Table 5**  
Primary school pupils for selected Years since 1990

Year	Pupils Age: 6-11			Teachers			
	Male	Female	Total	Male	Female	Total	Female %
1990	30,603	29,296	59,899	428	2258	2686	84.1
1992	36,561	34,685	71,246	465	2614	3079	84.9
1994	32,067	30,546	62,613	370	3077	3447	89.3
1996	33,514	32,000	65,514	349	2656	3005	88.4
1998	32,268	30,970	63,238	374	2631	3005	87.6
1999	30,958	29,727	60,685	365	2654	3019	87.9

Source: Government expenditure on Social Sectors and Basic Social Services 1996-2000, March 2002

**Graph 1**  
Primary school pupils for selected years from 1990 to 1999



Source: Ministry of Education

**Table 6**  
Primary school enrollment by grade and year (2000-2003)  
Number of students entering

Year	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Total
2000/2001	12290	11459	11613	10697	9974	9101	65134
2001/2002	12651	10737	11078	10750	9724	9083	64023
2002/2003	11931	10538	10581	10547	9812	8758	62167

Source Ministry of Education

### The Problems Within Primary Education

Despite the relatively high accessibility of primary education in Suriname, the ultimate result is unsatisfactory. Inefficiency of the educational system is expressed in an insufficient percentage of pupils moving up and high numbers of dropouts and re-sits. The percentage of dropouts and re-sits implies a waste and inefficient use of school resources. At least 90 % of all children start with primary education, but only a third of this number follows primary education without repeating a year. Only 50% of all pupils attain the primary school diploma. The number of repeaters varies between 25% in the first year to 18% in the sixth school year. The number of dropouts varies between 7% and 8% per year.

### The Challenges within Education

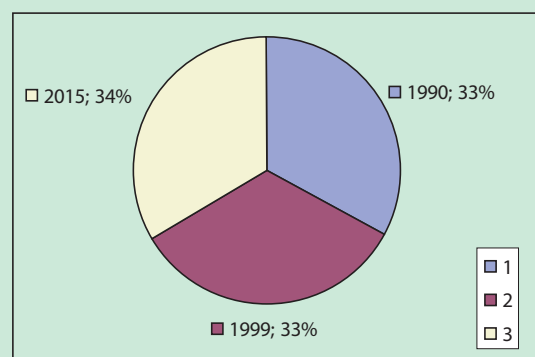
- Employing the right numbers and professionally educated teachers at all levels within education;
- Ensuring adequate infrastructure, furniture, educational tools etc, at the various schools;
- Increasing the budget for primary education to guarantee or improve the quality of primary education;
- Taking measures to be able to trace the number of repeaters, dropouts, to create an effective system to be able to take care of these children and to bring them back in the educational process;
- The use of modern technology within the educational system and functional elimination of illiteracy to reach the most vulnerable groups and to reduce illiteracy among women.

3. CEDAW report final draft 1999-2002 table 10.1

4. CEDAW report final draft 1999-2002



**OBJECTIVE 3:  
Promote Gender  
Equality and  
Empower Women**



**Table 7**  
Gross enrollment ratios for selected education levels

Source: Government expenditure on Social Sectors and Basic Social Services 1996-2000, March 2002

Indicator	1990	1999	2015
Primary	111	118	118
Junior Secondary	78	75	100
Senior Secondary	24	31	100

**Table 8**  
Gross enrolment ratios for selected education levels 1990 and 1999

Source: Government expenditure on Social Sectors and Basic Social Services 1996-2000, March 2002

Education \ Sex	1990			1999		
	Males	Females	Total	Males	Females	Total
Primary	113	110	111	116	120	118
Junior Secondary	73	83	78	69	81	75
Senior Secondary	18	30	24	22	39	31

**Table 9**  
Girls in technical education

Source: Inspection Primary Education and Inspection Secondary Education of the Ministry of Education and Community Development

Education	1998/1999			1999/2000		
	M	F	Tot.	M	F	Tot.
LTO	2765	132 (5%)	2897	2029	107 (5%)	2136
NATIN	789	203 (20%)	992	784	235 (23%)	1019
Total	3554	335 (9%)	3889	2813	342 (11%)	3155

**Table 10**  
The unemployment percentage according to sex (The districts of Paramaribo and Wanica, 1996-1999)

Source: General Bureau of Statistics

Year	Male	Female	Total
1996	7.9	16.4	10.9
1997	7.4	16.0	10.5
1998	7.0	17.0	11.0
1 <sup>st</sup> half 1999	10.4	20.0	14.0

Table 8 shows that contrary to the situation in primary education, boys lag behind girls as far as secondary education is concerned. In Suriname the number of female pupils/students generally exceeds the number of male pupils/students. This especially applies to Lower Vocational Training (LBGO), Advanced Secondary Education (MULO), Domestic Science and Technical Education, Pre-university Education and Teachers' Training Colleges (VWMKO), the University and the Advanced Teachers' Training Institute (IOL). On the other hand the number of males exceeds the number of females in the technical courses and primary education. Although all forms of education and all school types are equally accessible to boys and girls, the LBGO and Domestic Science and Technical Education can still be considered schools where training is conducted for the so-called female vocations, while lower technical education trains for the so-called traditionally male vocations (mechanic, electrician, etc.).

As regards the position of women in executive positions, the data for the civil service clearly show that women are under-represented in top-ranking positions and are over-represented in lower positions. However, a positive trend can be observed, namely that women in the higher vocational training and university studies increasingly choose to study non-traditional studies (except for the purely technical professions) in the productive and commercial scope, which in the future will have consequences for the choice of profession among women in these areas.

## Employment

In table 10, the unemployment percentage has been processed according to sex.

The figures show that in the period under review the percentage of unemployed women in the districts of Paramaribo and Wanica is consistently over 100% higher than that of men.

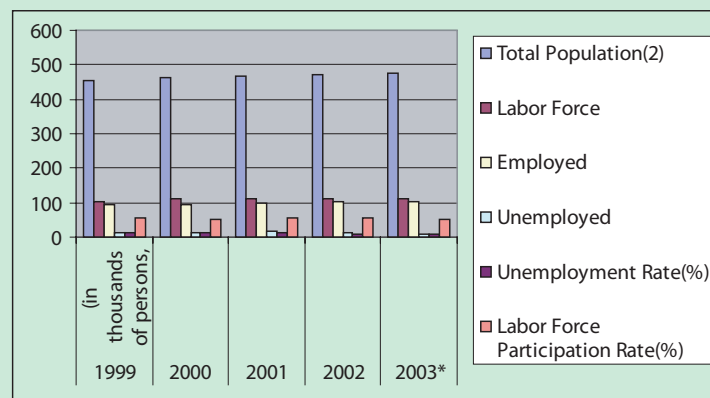
In order to enhance employment among women, both on the part of the government (via the Foundation for Labor Mobilization and Development, SAO) and on the part of NGOs (the National Women's Movement, NVB), employment projects for women are set up to teach skills that are required in the formal sector (e.g. in traditional male professions such as furniture maker and bricklayer). In addition to a lack of jobs, the lack of specific skills and expertise aimed at the labor market is the cause of the relatively high unemployment rate among women<sup>5</sup>.

## Women and decision-making

Although women are still under-represented in decision-making and executive positions, there has been a slight improvement in the number of women in, among other things, parliamentary positions.

In 1991, a woman was elected Deputy Speaker of Parliament for the first time in Surinamese history. In 1996, the first woman Speaker of Parliament was elected.

5. CEDAW report Final draft 1999-2002



**Table 11**  
Labor Force and Employment (1)

(1) Labor force statistics reflect annual averages for the urban districts of Paramaribo and Wanica, where the GBS conducts the labor force survey  
(2) End of year population.  
Source: General Bureau of Statistics, provisional figures for 2003

	1999	2000	2001	2002	2003*
	(in thousands of persons, unless otherwise indicated)				
Total Population <sup>(2)</sup>	455	461	467	473	477
Labor Force	105	111	113	111	111
Employed	93	95	97	101	104
Unemployed	13	15	16	11	7
Unemployment Rate (%)	12	14	14	10	7
Labor Force Participation Rate (%)	54	53	54	56	52

Period	Designation Parliament	M	F	Total	% F
1973-1977	Parliament of Suriname	38	1	39	3
1977-1980*	Parliament of Suriname	38	1	39	3
1985-1987	The National Assembly	26	5	31	16
1987-1991	The National Assembly	47	4	51	8
1991-1996	The National Assembly	48	3	51	6
1996-2000	The National Assembly	43	8	51	16
2000-2005	The National Assembly	41	10	51	20

**Table 12**  
Members of Parliament according to term and gender

Source CEDAW report final draft 1999-2002



**OBJECTIVE 4:**  
**Reduce Child**  
**Mortality**





The under-five mortality rate for children indicates the probability that a child will die before reaching the age of five (Under 5 Mortality, <5MR). The infant mortality rate indicates the chance that a child will die before even reaching the age of one (Infant Mortality Rate, IMR).

The above table indicates by and large a downward trend in the vaccination coverage for children up to the age of 1 year. The MMR vaccination coverage, reintroduced in 1994, experienced fluctuations in coverage and revealed coverage in 2002 of 73 percent, slightly up from 72.2 percent in 1994.

The vaccination coverage of 0-12 months' old children (not explicitly shown in the table) was consistently more than 70% during the period under review, in particular over the period 1990-2002. Health care in Suriname was characterized by insufficiently guaranteed basic provisions in 2002. The level and size of the existing provisions has declined or has not been adjusted to the current needs due to various reasons. The 2001-2005 MOP therefore includes as an objective the recovery of good basic health care and the curbing of epidemics, resulting in optimal health care for everyone. Special attention is paid to children, women and senior citizens.

Table 13

Indicator	1990	1995	2000	2015
Under-five mortality rate *	31	20	27	7
Infant mortality rate (0-12) * months	21.1	15.3	20.2	7
Proportion of 1 year old children immunized against measles**	65%	82.8%	70.1 %	100%

\* Source of data: Ministry of Health Mortality & morbidity data

\*\* Source of data: Epidemiology data 2000 May 2002 Epi BOG

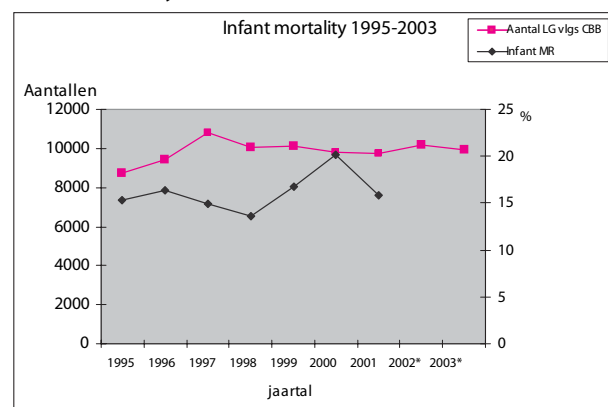
Table 14  
Infant mortality and under- 5 mortality 1990-2003

Years/ indicator	90	91	92	93	94	95	96	97	98	99	00	01	02*	03*
Number of life births according to CBB	9545	9104	9835	9398	9241	8717	9393	10794	10045	10144	9804	9717	10188	9899
Perinatal MR	18.6	19.1	38.6	31.0	29.8	26.8	30.0	32.0	32.5	32.0	35.8	29.2	29.5	30.7
Infant MR	21.1	22.5	19.5	21.4	22.8	15.3	16.4	14.9	13.6	16.8	20.2	15.9	-	-
< 5 MR	31	-	-	-	-	19.8	20.7	19.5	19.7	21.8	27.2	21.7	-	-
% C-forms	-	88%	70%	66%	59%	58%	63%	76%	80%	80%	86%	85%	96%	90%

Source: Ministry of Public Health , 2004

Note: \*: 2002 and 2003 provisional figures

Graph 2  
Infant Mortality 1995-2003



Source: Ministry of Health

Table 15  
Vaccination coverage among 0-1 year old children 1990-2002 (Percentage)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
DPT3	83	75	74	76	73.6	84	85.1	81.3	89.7	85	71.1	68	73
OPV3	81	77	71	75	70.9	81.3	83.7	81.2	90.1	84	70.4	65	74
Measles	65	84*	61	61	-	-	-	98.4*	-	-	-	-	-
MMR		-	-	-	72.2	82.8	87	78.5	82.3	85.3	70.1	82	73

Note: \* = Measles vaccination campaign

MMR vaccination was reintroduced in 1994 and the separate measles vaccination was cancelled

Source: Epidata 2000 and Epidata 2001 & 2002 BOG Epidemiology

Table 16  
Budget - Ministry of Public Health (X SF. 1 million) 1998-2004

	1998	1999	2000	2001	2002	2003	2004
Budget VG (in billions of Sur. Guilders)	5,633.7	2,500	13,900	15,268.4	26,354.7	25,800	36,700
% Nat. budget	1.7	1.2	5.2	2.82	3.56	2.17	2.37

Source: Ministry of Finance, financial reports

## The Supporting Environment

The following policy objectives will be applied with regard to health care:

- Ensuring coordination of health, education, safe drinking water and sanitary programs geared to the policy;
- The integration of preventive primary health care (e.g. vaccinations, mother and child care, breast feeding and child nourishment and family planning) should be emphasized even more;
- Pushing back absolute poverty should not only be a policy measure but steps should be taken to ensure that adequate food and food production remain accessible to the underprivileged;
- Ensuring affordable medical benefits for everyone by means of medical insurance;
- More investment in basic health care, particularly in the districts and in the hinterland;
- Ensuring sound and sufficient education about mother and child care;
- Improving the integration and coordination of programs that deal with syndromes among children in favor of a more efficient control.

## Challenges

Whereas the numbers in Table 16 show an increase in the budgetary allocations for Health in nominal terms, there is no figure to describe the real expenditure on health in terms of constant prices in any given year. The result could very well be that based on changing price levels, the budgeted figure of 2001 could purchase less than the figure for the year 2000. A reasonable indication of added budgetary support for the Ministry of Public Health is the percentage of the National budget that had been allocated to Health. This has fluctuated between 1.2 and 5.2 percent of the National Budget, registering 2.37 percent in 2004. The effectiveness and sufficiency of the budgetary allocation for Health must be carefully examined.

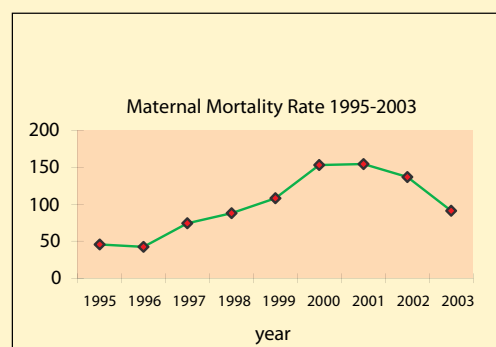
A major challenge would be to implement the policy as enunciated by the Government of Suriname with due priority being given to the health projects within time, cost and specifications. The evaluation of success will depend on the collection of data and other metrics of program and project success.



## **OBJECTIVE 5:**

### **Improve Maternal Health**

Chart 3  
Maternal mortality rates, MMR in Suriname 1990 - 2003



Source: Ministry of Health

Table 17  
General Health Care indicators Source: BOG Epidemiology

Indicator	1990	2000	2015
Maternal mortality ratio (per 100 000 live births)	226	153	75
The proportion of births attended by skilled health personnel	80%	85%	100%
Contraceptive prevalence rate	48%*	42.1%**	NA

/CEDAW report final draft 1999-2002

\* concerns research by the Lobi Foundation in 1992

\*\* concerns research MICS 1999/2000

Over the period 1991-1994, the official maternal mortality rate (MMR) fluctuated between 6.4 and 12.2 per 100,000. However, a confidential survey into maternal mortality over the years 1991 through 1993 revealed substantial underreporting. The same survey showed that out of every 120 women, 1 died of complications during pregnancy or delivery. The most important causes of maternal mortality are hemorrhages and hypertension disorders during pregnancy. The transportation of the woman from remote locations to a hospital and the unavailability of blood at the hospital was in a substantial number of cases the cause of maternal mortality<sup>6</sup>.

### Reproductive Health

In Suriname mother and child care has been traditionally considered an important duty within the Ministry of Public Health, reflected in the long established benefits for pregnant women, mothers and babies. The Bureau for Public Health Care (BOG) prepares the policy regarding prenatal care, health centers, day-care centers and school children.

Women can get prenatal guidance through the outpatients' departments of the Regional Health Department, and after the delivery it is possible to receive post-natal care guidance from the health centers. Most arrangements provided in the context of mother and childcare were virtually free in the past, but owing to an amended government policy that had become necessary in the face of the economic recession, a contribution is now required from the customers. The contribution is also required of those peo-

ple who are insured with the State Health Insurance Fund (SZF) and those who have a Medical Aid Card from the Ministry of Social Affairs. About 80% of the deliveries take place in hospital. Deliveries also take place in outpatients' departments and at home under the supervision of trained health workers.

Programs to promote breast-feeding are organized through the Ministry of Public Health. There are, however, no state programs that guarantee adequate food for pregnant women.

Data from the Lobi Foundation show that "the pill" is most commonly used as a method of family planning (contraception). In 1998 the pill accounted for about 80% of all forms of contraceptives provided<sup>7</sup>. Contraceptive injections accounted for 14%, IUD 2%, while condoms accounted for 3% of the total in 1998. This picture hardly differs from the previous years.

The age distribution of women using contraceptives shows that the highest use occurs in the 20-29 year age group (50%). A national survey conducted by the Lobi Foundation in 1992 revealed that about 48% of women of childbearing age used contraceptives. According to the MICS survey that was carried out in 1999/2000, the use of contraceptives for women in the age group 12-49 was as follows: national figure 42.1%, with figures for urban, rural and hinterland regions respectively 51%, 45% and 17%.

6. Ashok Mungra, 1999

7. Lobi Foundation





**OBJECTIVE 6:  
Combat HIV/AIDS,  
Malaria and Other  
Diseases**



Table 18  
HIV Prevalence Indicators

Indicator target 7	1990	2001	2003	2015
HIV prevalence rate among adults 15- 49 years	NA	1.3	1.7	NA

Source: \* UNAIDS estimate 2001 and 2003

### Sexually Transmitted Diseases (Std) and Hiv/Aids

#### Sexually Transmitted Diseases (STDs) and HIV/AIDS

Up to 1996, the activities in the field of policy, research, education and control of HIV/AIDS were coordinated by the National AIDS Program (NAP) of the Ministry of Public Health.

In 1996 the activities were modified both as far as content and organization are concerned and within the framework of reorientation. The Institute was directly placed within the Dermatology Department of the Ministry of Public Health and partly as a result thereof activities with regard to sexually communicable diseases were included in the package of benefits.

The designation of the Program was then changed to "National STD/HIV/AIDS Program". Various activities within the framework of STD/HIV/AIDS prevention among women are financed from regular budget funds and funds from foreign donors. Activities include scientific research, workshops, group discussions, information meetings, radio and television programs, seminars, etc. at local and national level. The National AIDS Program has been foremost in the fight against HIV/AIDS and the implementation of policy in cooperation with the Governmental and Non-governmental Organizations (NGOs) and the Dermatology Department (which is the institute for STD/HIV/AIDS): clinical management, syndromal approach of STDs and information regarding these matters.

### AIDS Mortality

In 1996, 14 women and 15 men were reported to have died of AIDS<sup>8</sup>. In 1997, 28 AIDS patients were reported to have died. This figure is only an indication, as not all deaths are reported.

### HIV/AIDS Morbidity

In the period 1984-1996, the NAP registered 963 HIV-positives. In 1997, 2128 persons were tested for HIV, of which 182 were positive (9%); in 1998, 2405 were tested, of which 184 were positive (8%), and in the first quarter of 1999, 565 were tested, of which 48 were positive (8%). These figures are only indicative as not all cases were reported<sup>9</sup>.

Most of the HIV-positives are young people between 15-29 years of age. Information from the Dermatology Department shows that in the younger age groups more women than men are infected. Girls are infected at a younger age than boys, probably because of the traditional age difference in relationships between the sexes. Young women and female sex workers, particularly from socially marginalized groups, constitute risk groups that therefore are accorded high priority within the policy.

### Health Care and The Hinterland

The responsibility for health care in the hinterland, including policy on family planning and increasing knowledge about the transmission and prevention of STDs, was transferred by

Name of Country: Suriname		Reporting Period: <i>Year 2003 Quarter: 1 -4</i> 1 2 3 4		
Unit/Programme: Dermatology Division – MOH		Date of Report: November 30, 2004		
Total number of HIV cases reported during this period: 371		HIV Seroprevalence rate in study(ies) concluded during this period among targetted group(s): Blood donors:0.2% Pregnant women:MM→2% MSM: FCSW: 22% STI Patients: Others:		
Age (years)	Male	Female	Unknown	Total
Under 1 year	3	5		8
1-4	6	10		16
5-12	1	1		2
13-14	0	0		0
15-19	2	18		20
20-24	7	27		34
25-29	20	42		62
30-34	25	29		54
35-39	24	20		44
40-44	26	16		42
45-49	27	12		39
50 and >	34	16		50
Unknown				
<b>Total Cases</b>		<b>175</b>	<b>196</b>	<b>371</b>
Route of transmission †				
MSM*				
Heterosexual				
MTCT of HIV**				
IVDU***				
Blood and Blood Products				
Others				
Unknown				
<b>Total Cases</b>				
Important Sector of Employment*****				
1				
2				
3				
4				
5				
Unemployed				
Other				
Unknown				
<b>Total Cases</b>				

Table 19  
Caribbean Epidemiology Centre (CAREC)  
Quarterly HIV Reporting Form  
Year 2003

† Hierarchy of reporting is in the order listed:

\*: Men who have Sex with Men: homosexuals and bisexuals

\*\*.: Mother-to-Child Transmission of HIV

\*\*\*.: Intravenous Drug Use

\*\*\*\*.: Female Sex Workers

\*\*\*\*\* The legal minimum age for employment must be taken into consideration. Sector of Employment should reflect key national sectors of employment e.g. education, banking, insurance, agriculture, mining, tourism, including self-employment.

Table 20  
AIDS hospitalizations according to age and sex - 2001 - 2002

Age groups	2001			2002			
	Male	Female	Total	Male	Female	unknown	Total
0-4	3	7	10	5	5	1	11
5-9	0	1	1	3	2	0	5
10-14	1	1	2	0	1	0	1
15-19	1	3	4	0	1	0	1
20-24	4	7	11	4	7	0	11
25-29	6	6	12	9	6	0	15
30-34	12	7	19	21	12	1	34
35-39	13	4	17	21	7	0	28
40-44	8	9	17	14	12	0	26
45-49	6	1	7	7	2	0	9
> 50	14	11	25	17	10	0	27
Total	68	57	125	101	65	2	168

Source HIV/AIDS/SOA Surveillance Report 2004 and  
Ministry of Public Health

Table 21  
Number of malaria cases

Indicator target 8	1990	1995	2000*
Number of malaria cases per 50,000 people	NA	17,106	13,216

Note \* figures of 1999  
NA = Not available

the Ministry of Public Health to the Medical Mission, a non-governmental organization. The Medical Mission focuses on the delivery of primary health care and manages forty-six (46) health clinics and aid stations across the hinterland. As of December 2003, the total number of registered patients (mainly Maroons and Indigenous People) with the Medical Mission was 52,808.

According to the Medical Mission, the most prevailing health problems in the hinterland are malaria, anemia, pregnancy-related problems, sexually communicable diseases, problems regarding hygiene, restricted access to sanitary facilities (no latrines in most villages) and safe drinking water (villagers obtain their drinking water from creeks and rivers). There is hardly any preventive health care in the villages. Although children are generally vaccinated, there is a lack of information about health food, hygiene, chronic diseases, breast and cervical cancer. There are no special facilities for antenatal appointments and guidance.

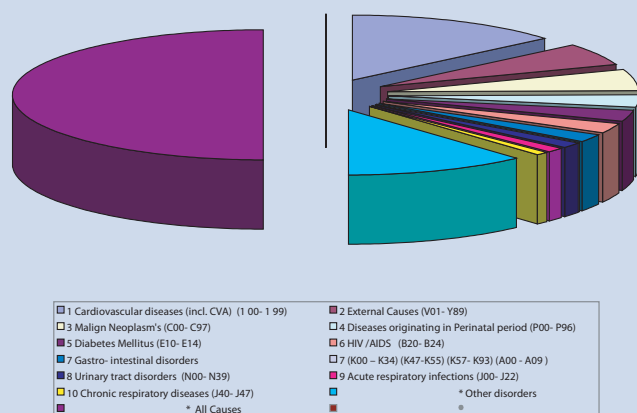
Vegetables are mostly lacking in the diet of the people from the hinterland. Meat and fish are not always available to poor communities because of seasonality or traditional ways of hunting and fishing.

In Suriname, malaria and HIV/AIDS do not belong to the top 3 leading causes of death (see table 22, with data in respect of 2001).

8 Krisnadath D. 1998

9 Ministry of Public Health, Dermatology Department

Leading causes of death according to the internal certificate of death based on death certificates – 2001s



10 Leading causes of Death according to the ICD-10 based on death certificates	Absolute number of deaths	As % of total deaths	Mortality Rate per 100 000
1 Cardiovascular diseases (incl. CVA) (I 00- I 99)	731	28.0	161.6
2 External Causes (V01- Y89)	290	11.1	64.1
3 Malign Neoplasm's (C00- C97)	277	10.5	61.2
4 Diseases originating in Perinatal period (P00- P96)	154	5.8	34.0
5 Diabetes Mellitus (E10- E14)	141	5.4	31.2
6 HIV /AIDS (B20- B24)	132	5.0	29.2
7 Gastro- intestinal disorders (K00 – K34) (K47-K55) (K57- K93) (A00 - A09 )	104	4.0	23.0
8 Urinary tract disorders (N00- N39)	77	2.9	17.0
9 Acute respiratory infections (J00- J22)	58	2.2	12.8
10 Chronic respiratory diseases (J40- J47)	45	1.7	10.0
* Other disorders	609	23.3	134.6
All Causes	2618	100.0	578.7

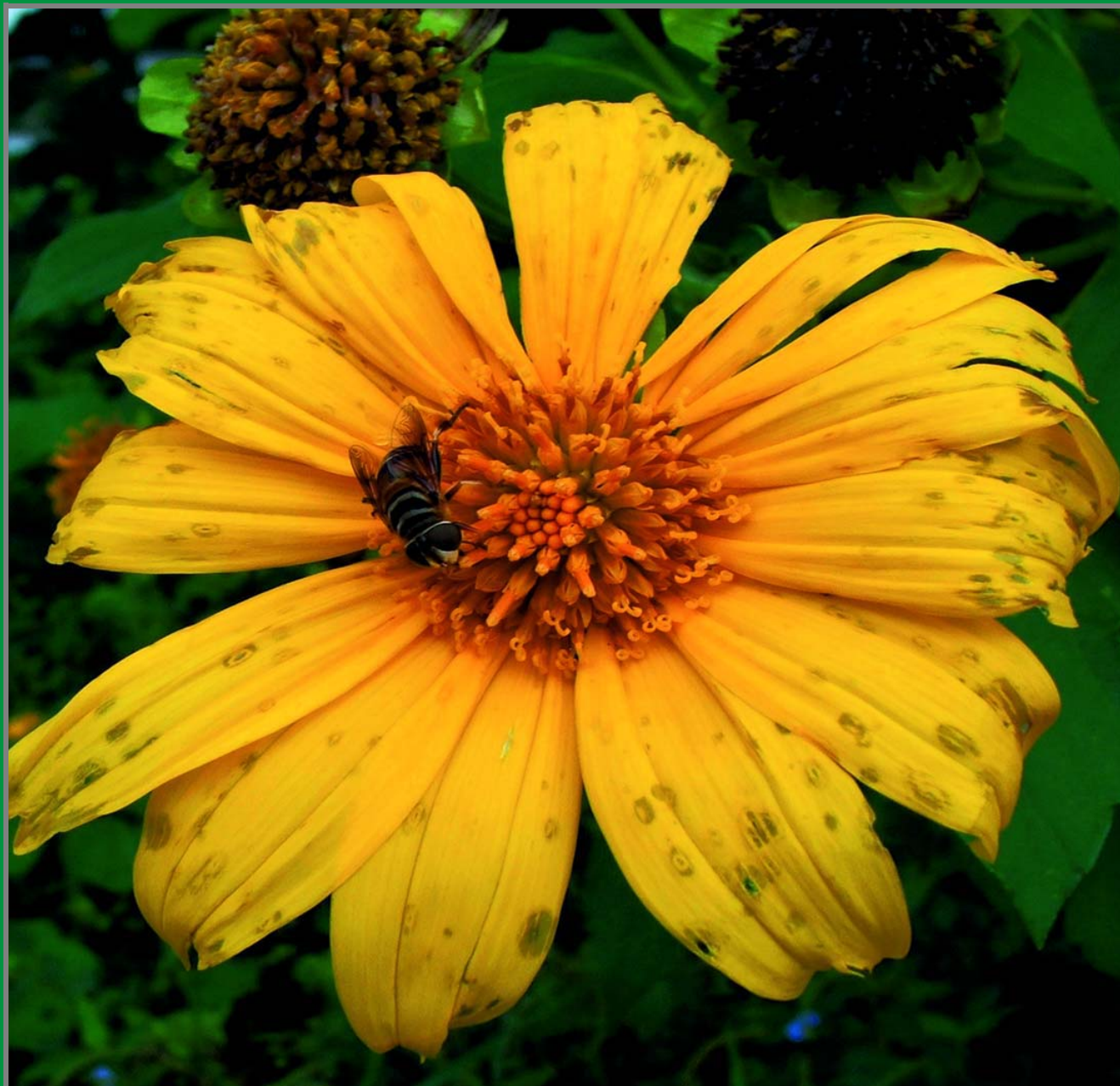
Table 22  
Leading causes of Death according to the Internal Certificate of Death Based on Death Certificates - 2001

Source:

NHIS- MOH uses the mortality rates from Causes of Death in Suriname 2001 of the Epidemiology Department, BOG, to calculate the mortality rates.  
(Midyear population in 2001 according to registration of CBB: 452370)



**OBJECTIVE 7:**  
**Ensure**  
**Environmental**  
**Sustainability**



Unit : km2			
Category	1990	1995	2000
1 FOREST AREA : Total	148,000	148,000	148,000
i. Predominantly coniferous	0	0	0
ii. Predominantly broadleaved	148,000	148,000	148,000
iii. Predominantly other	.	.	.
iv. Mixed	.	.	.
1.1 Of which : Forest available for wood supply: Total	46,000	46,000	46,000
i. Predominantly coniferous	0	0	0
ii. Predominantly broadleaved	46,000	46,000	46,000
iii. Predominantly other	.	.	.
iv. Mixed	.	.	.
1.2 Of which : Forest not available for wood supply: Total	102,000	102,000	102,000
1.3 Of which : protected forest (total area)	20,850	20,850	20,850
1.3.1 Protected area as a percentage of total forest area	14	14	14
2 OTHER WOODED LAND : TOTAL <sup>1</sup>			
FOREST AND OTHER WOODED LAND :	.	.	.
TOTAL AREA (1) + (2)	148,000	148,000	148,000
3 VOLUME OF STANDING TIMBER (in m3)	46.000.000	46.000.000	46.000.000

Table 23

#### Forest area by species

Source: Institute for Forest Management and Control (Stichting Bosexploitatie en Bostoezicht)

Table 23 below presents background data on forest areas.

The 2001-2005 Multi-Annual Development Plan (MOP) observes that the future of the economy is more than just a cost issue. The demand for sustainability that is currently attached to economic production, changes the concept of economic growth. By ratifying a number of global environmental treaties, the government has committed itself to national implementation of sustainable development. There are a number of serious environmental problems at the local level, such as pollution of soil and surface water as a result of, among other things, the use of chemical fertilizers and pesticides in agriculture and horticulture, as well as inadequate waste disposal. Current environmental laws and regulations and govern-

ment structures in charge of implementation, as well as poor monitoring mechanisms, hardly contribute to solving the problem. With regard to the environmental policy to be pursued, the following is emphasized in this MOP-report: the protection, conservation, improvement and rehabilitation of the quality of the environment and sustainable development.

An important step towards conservation and protection of the environment was taken by designating 10 % of the land area of Suriname as a nature reserve (Central Suriname Nature Reserve, CSNR). Also, as far as the technology is concerned, more attention is currently paid to environmental-friendly production systems and waste processing.

Table 24:  
Net changes in forest land for different periods

LAND USE/ km2	1990	1995	1999	2000
Total area of the country	163,820	163,820	163,820	163,820
Total land area	156,550	156,550	156,550	156,550
Total agriculture area	1,060	1,060	.	1,060
Arable land	550	650	.	440
Land under permanent crops	150	100	.	80
Forest and other wooded land	.	150,940	.	.

Source: Institute for Forest Management and Control (Stichting Bosexploitatie en Bostoezicht)

Table 25:  
Land Use by type, 1990 - 2000

Type of Land Use	Unit : km2	
	1980 - 1990	1990 - 2000
<b>1. Forest land</b>		
<b>1.1 Deforestation (land lost due to)</b>		
i. Human intervention	-17	-22
ii. Natural causes	-17	-22
<b>1.2 Forest area extension</b>	.	.
i. Natural extension	16	16
ii. Artificial extension	16	16
	.	.
<b>Total net change forest land</b>		
Type of Land Use	-1	-6

Source: Ministry of Agriculture, Animal Husbandry and Fisheries



# OBJECTIVE 8: Develop a Global Partnership for Development



Objective 8, the last listed of the MDGs recognizes the interrelated nature of individual and official actions and their consequences throughout the world. These considerations fall squarely on the shoulders of the planning apparatus and foreign affairs functions of every country. In Chapter 4 above, the policy commitments of the Government of the Republic of Suriname are stated. Government clearly understands and is committed to the development of people and is committed to preparing the economic, social and institutional environment that will foster human development. Good governance is seen as a platform for transparency and with Civil Service Reform should increase effectiveness and reduce corruption. Government through its Foreign Affairs Ministry, has been involved in the debates of the United Nations System that deal with world trading arrangements, payments and indebtedness of countries and the special needs of landlocked and small island developing countries.

The Government of Suriname recognizes that a healthy population is the key to development and reflects this resolve in its Health Sector program. The procurement of affordable essential drugs to combat the most threaten-

ing diseases is proof of this commitment. Partnership with the Private Sector is seen as a means of encouraging the widespread use of information and communications technologies to the benefit of the country. A program of widening the access to the new technologies is being put in place. ICT holds the promise of reducing the adverse effects of geographical remoteness.

### **Indicators**

Data on budgetary allocations will be tracked in the forthcoming MDG report for Suriname and on a continuing basis. Reporting will be facilitated through a modernized national statistical and information system of which the ABS will be the focal point. Other members of a family of national integrated databases will provide periodic updates of the enactment of Government policy. A number of indicators have been suggested in documentation on the MDG reporting. Indicators such as debt as a proportion to GDP, use of ICT and a host of other measures will be examined and the relevant ministries will be required or enabled to produce them.



MDG Goals	Policy	Target	Indicator
1 ERADICATE EXTREME POVERTY AND HUNGER	<p>PEP Plan for Suriname 2001 by UNDP/PLOS. Components are: Social safety net Resource Development Programs LISP financed by IDB MPH (multi annual program for Housing) MOP 2000-2005 (Multi Annual Development Program)</p> <p>SPV 2004-2008 in collaboration with PAHO and UNICEF program for Mother and Child health care</p> <p>ASP may 2004 ministry of LVV</p>	<p>1. Halve between 1990 and 2015, the proportion of people whose income is less than 1\$ per day NOTE: Suriname uses the BASIC FOOD BASKET to calculate poverty and poverty lines. based on 2400 calories for 1 adult</p> <p>2. Halve between 1990 and 2015, the proportion of people who suffer from Hunger</p>	<p>1. Proportion of population below 1 \$ per day</p> <p>2. Poverty gap ratio (incidence X depth of poverty)</p> <p>3. Share of poorest quintile in National Consumption</p> <p>4. Prevalence of underweight children &lt; 5 yrs of age</p> <p>5. Proportion of population below minimum level of dietary energy consumption</p>
2 ACHIEVE UNIVERSAL PRIMARY EDUCATION	<p>Education Reform Policy aiming at restructuring the sector in order to achieve sustainable development in Human Resource Capital as in the Sector Education Plan for 2001-2005</p> <p>MOP 2000-2005 (Multi Annual Development Program)</p>	<p>3. Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<p>6. Net enrollment ratio in "Pre-primary" and primary education</p> <p>7. Proportion of pupils starting grade 1 who reach grade 5</p> <p>8. Literacy rate of 15-24 year olds.</p>
3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	<p>CEDAW Report National Gender Action Plan MOP 2000-2005 (Multi Annual Development Program)</p> <p>CEDAW Report National Gender Action Plan MOP 2000-2005 (Multi Annual Development Program)</p>	<p>4. Eliminate gender disparity in primary and secondary education,</p> <p>preferably by 2005, and to all levels of education no later than 2015</p>	<p>9. Ratio of girls to boys in primary, secondary and tertiary education</p> <p>10. Ratio of Literate females to males of 15-24yr olds</p> <p>11. Share of women in wage employment in the non-agricultural sector</p> <p>12. Proportion of seats held by Women in national parliament</p>
4 REDUCE CHILD MORTALITY	<p>SPV 2004-2008 in collaboration with PAHO and UNICEF program for Mother and Child health care</p> <p>SPV 2004-2008 main component EPI (Expanded Program immunization)</p>	<p>5. Reduce by two thirds, between 1990 and 2015, the under five mortality rate</p>	<p>13. Under five mortality ratio (per 1000 live births)</p> <p>14. Infant mortality rate (per 1000 live births)</p> <p>15a. Proportion of 1 yr old children immunised against measles</p> <p>15b. Proportion of 1 yr old children immunised against DPT and P</p>
5 IMPROVE MATERNAL HEALTH	<p>SPV 2004-2008 in collaboration with PAHO and UNICEF program for Mother and Child health care</p>	<p>6. Reduce by three-quarters, between 1990 and 2015, the MMR</p>	<p>16. Maternal mortality ratio (per 1000 life births)</p> <p>17. Births attended by trained personnel</p>

Data availability for 1990		Data availability for 2000		Data gaps
Data Source	Data	Data Source	Data	
NA	NA	General Bureau of Statistics	Poor persons=65.95 % in 1999/2000	This percentage relates to poor persons with a monthly income SRD 90 on average. Budget Survey and population Census results needed  No data over 1990 No data after 2000 No survey was done An agricultural census will be conducted in 2006
NA	NA	General Bureau of Statistics	Poverty Gap = 28.2 %	
NA	NA		NA	
NA	NA	Suriname MICS 2000	Weight for age 2 =13.3%	
NA	NA	March 2001 GOS NA	Weight for age 3 = N.A NA	
Government expend. on Social Sectors and Basic Social Services of March 2000	Gross enrollment ratio 1990 = 111, 1999 = 118	ministry of Education  ministry of Education  Suriname MICS 2000, March 2001 GOS	Gross enrollment ratio 2000 - 2003 = 90% 2000 - 2003 = 84%  1999-2000 Male = 92.2 and Female =91.3	Regular MICS Survey Needed
Government expend.on Social Sectors and Basic Social Services of March 2000  General Bureau of Statistics General Bureau of Statistics  National Bureau Gender Policy and Gender mainstreaming ministry of Internal Affairs	Gross enrollment ratio 1990 primary education: males = 113 and females = 110 1999 primary education: males = 116 and females = 120 1990 jr. secondary education:males = 73 and females = 83 1999 jr. secondary education:males = 69 and females = 81 1990 sr. secondary education:males = 18 and females = 30 1999 sr. secondary education:males = 22 and females =39 Tertiary education:1999-2000: Males = 36% Females =64% 1999 (1st quarter ) Males =84 % and Females = 81% (percentages relate to the districts of Paramaribo and Wanica)  1991 -1996 = 6%	National Bureau Gender Policy and Gender mainstreaming ministry of Internal Affairs   General Bureau of Statistics and CEDAW report General Bureau of Statistics  National Bureau Gender Policy and Gender mainstreaming ministry of Internal Affairs	Tertiary education, 2001-2002 Males = 32% 2001-2002 Females =68% N.A.  2000 - 2005 = 20 %	Census results 2005 needed
Ministry of Health dept. BOG Ministry of Health dept. BOG  Ministry of Health dept. BOG  Ministry of Health dept. BOG	1990 =NA, 1995 =15.3 1990 = 21.1, 1995 = 15.3  1990 = 65 %, 1995 = 82.8 %,  1990 DPT 3 = 83 %, OPV 3 = 81 % 1995 DPT3 = 84 %, OPV 3 = 81 %	Ministry of Health dept. BOG Ministry of Health dept. BOG  Ministry of Health dept. BOG  Ministry of Health dept. BOG	2000 = 27, 2001 = 22, 2002 =, 2003 = 2000 = 20.2, 2001 = 15.9, 2002 =, 2003 =  2000 (MMR) = 70.1%, 2001 (MMR) = 82 % 2000 DPT 3 = 71.1%, OPV 3 = 70.4 % 2001 DPT3 = 68 %, OPV 3 = 65 % 2002 DPT 3 = 72.8%, OPV 3 = 73.8 %- 2002 (MMR) = 72.8 %	Under five mortality ratio unknown in 1990
Ashok Mungra 1991 - 1993 Ministry of Health dept. BOG NA	1990 =10.5, 1991 - 1993 = 225.6, 1995 = 45.9, 1999 = 108.4 NA	Ministry of Health dept. BOG  NHIS - MOH and MICS NHIS - MOH	2000 = 153, 2001 = 154.4, 2002 = 137.4, 2003 =, 2004 = 2000 = 84.5 %, 2002 = 90 %	

MDG Goals	Policy	Target	Indicator
<p>6 COMBAT HIV/ AIDS, MALARIA and other DISEASES</p>	<p>SPV 2004-2008 in collaboration with Global Fund and UNFPA</p> <p>MOP 2000-2005 (Multi Annual Development Program)</p> <p>SPV 2004 - 2008</p> <p>NSP HIV/AIDS</p>	<p>7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</p> <p>8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.</p>	<p>18. HIV prevalence among 15-24yr old pregnant women</p> <p>19. Condom use rate of the contraceptive prevalence rate</p> <p>19a. Condom use at last high-risk sex</p> <p>19b. Percentage of population aged 15-24 with comprehensive knowledge of HIV/AIDS</p> <p>19c. Contraceptive prevalence rate</p> <p>20. Number of children orphaned by HIV/AIDS</p> <p>21.a. Incidence rates associated with malaria.</p> <p>21.b. Death rates associated with malaria.</p> <p>22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures</p> <p>23.b. Death rates associated with tuberculosis.</p> <p>24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).</p>
<p>7 ENSURE ENVIRONMENTAL SUSTAINABILITY</p>	<p>Environment Policy with refer to :the MOP 2001-2005 Main components of this policy sustainable cultivation methods agriculture crops, waste disposal, sustainable development of natural resources e.g. energy, and access to land</p>	<p>9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<p>25. Proportion of land area covered by forest</p> <p>26. Land area protected to maintain biological diversity</p> <p>27. GDP per unit energy use (as proxy for energy efficiency)</p> <p>28. Carbon dioxide emissions (per capita)plus two figures of global atmospheric pollution: Ozon depletion and the accumulation of global warning gases</p>

Data availability for 1990		Data availability for 2000		Data gaps
Data Source	Data	Data Source	Data	
Nat. HIV Prevalance, Gov'nt Hospital, MOH, Medical Mission	1990 = 0.3%, 1998 = 1.4 %, 1999 = 0.8 %, 1999 = 0.8 %	1992 - 2002 no studies done by Nat. HIV Prevalance	2001 = 0.6 %, 2002 = 1 % (est) Note these studies refer to pregnant women of all ages	<p>Survey will be conducted on Condom use by UNFPA Need a data base system</p> <p>Calculation on the basis of the total pop. In malaria risk areas</p> <p>There is a gap in mortality data of</p> <p>Malaria figures of 1990 - 1994 There is a gap in mortality data of Tuberculosis van 1990 - 1994.</p> <p>DOTS has not yet been introduced in Suriname. In the Naional Strategic Plan on HIV/AIDS DOTS has been included to be realized with funding from the Global Fund</p>
LOBI Foundation	In Union women, aged 12-49 = 49.3%, Urban = 50 % Rural/Interior = 20%	In 2001 and 2002 studies done by Medical Mission	In Union women, aged 12-49 = 42.1% Urban = 51 %, Rural = 45 %, Interior = 17%	
NA	NA	NA	NA	
Epidemiology data AMC and Medical Mission	1995 = 4182 / 100 000 pop. 1995 = API = 432 per 1000	Epidemiology data AMC and MedicalMission	2000: 2524 per 100 000 populatie 2001: 3448 per 100 000 populatie 2002: 2754 per 100 000 populatie 2003: 2939 per 100 000 populatie	
BOG - NHIS - MOH	pop. In malaria risk areas	BOG - NHIS - MOH		
dept. Epidemiology, BOG MOH	1995: 5.9 per 100 000 populatie	dept. Epidemiology, BOG MOH	2000: 5.3 per 100 000 populatie 2001: 5.1 per 100 000 populatie	
dept. Epidemiology, BOG MOH	1995: 1.7 per 100 000 populatie		2000: 0.9 per 100 000 populatie 2001: 1.8 per 100 000 populatie	
NA	NA	NA	NA	
Ministry of Natural Resources	1995 = 150,940 km2	ministry of Natural Resources	2000= 150.940 km2 (estimate)	
Ministry of Natural Resources	NA	NIMOS ministry of Natural Resources	14 % of total land area (14% of 163820 km2)	
NA	NA	NIMOS NA	NA	
NA	NA	NA	NA	



MDG Goals	Policy	Target	Indicator
7 ENSURE ENVIRONMENTAL SUSTAINABILITY	<p>MPH (multi annual programfor Housing) MOP 2000-2005 (Multi Annual Development Program)LISP financed by IDB</p>	<p>10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water.</p> <p>11. By 2002, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>29. Proportion of population using solid fuels 30. Proportion of population with sustainable access to an improved water source, urban and rural (Access to safe water)</p> <p>31. Proportion of population with access to improved sanitation (Access to sanitation)</p> <p>32. Proportion of people with access to secure tenure</p>
8 DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT	<p>MOP 2000-2005 (Multi Annual Development Program)</p> <p>SPV 2004 - 2008</p>	<p>12. Develop further an open, rule based, predictable, non-discrimanatory trading and financial system</p> <p>13. Address the special needs of the Least Developed CountriesNote : Suriname is not an LDC</p> <p>15. Deal comprehensively with the debt problems of developing countries through national and interntional measures in order tomake debt sustainable in the longterm.</p> <p>16. In cooperation with pharmaceutical compa-nies, provide access to affordable, essential drugs in developing countries</p>	<p>33. Net ODA as percentage of OECD/DAC donors GNI. Note <i>only the amount in EURO available</i></p> <p>34. Proportion of ODA to basic social services</p> <p>35. Proportion of ODA that is untied</p> <p>36. ODA received in landlocked developing countries as a propor-tion of their GNIs</p> <p>37. ODA received in small island developing States as proportion of their GNIs (OECD)</p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>40. Agricultural support estimate for OECD countries as percentage of their GDP</p> <p>41. Proportion of ODA provided to help build trade capacity</p> <p>42. Dept service as percentage of exports of goods and services</p> <p>43. Debt relief committed under HIPC initiative</p> <p>44. Debt service as a percentage of exports of goods and services</p> <p>46.Proportion of population with access to affordable, essential drugs on a sustainable basis</p> <p>47. Telephone lines and cellular subscribers per 100 population (ITU)</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population (ITU)</p>

Data availability for 1990		Data availability for 2000		Data gaps
Data Source	Data	Data Source	Data	
NA	NA			Survey needed
NA	NA	NHIS - MOH, Suriname MICS 2000 March 2001 GOS, Page 73: Table 13	Percent of pop. with access to safe drinking water sources, National : 72.6, Urban : 92.6, Rural : 66.6, Interior: 20.0	
NA	NA	NHIS - MOH, Suriname MICS 2000 March 2001 GOS, Page 74: Table 14	Percent of population with access to basic sanitation 2000 National : 88.0, Urban : 99.1, Rural : 98.3 Interior: 30.5	
NA	NA			
N.A.	N.A.	Ministry of Planning and Development	Amount of ODA received in 2000-2004 = 530 mln. Euro	
N.A.	N.A.	Ministry of Planning and Development	education =25.27 mln health =51.11 mln safe water = 21.12 mln.	
N.A.	N.A.	Ministry of Planning and Development	Amount of ODA received in 2000-2004 = 32.36 mln. Euro	
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.			
N.A.	N.A.	Ministry of Planning and Development and General Bureau of Statistics	For year 2004; Total foreign Dept : in USD =511.678 mln, Total exports: in USD = 833.194 mln, ( in % =0.61%)	
N.A.	N.A.			
N.A.	N.A.			
MOH Est. in 1990	Over 90% through Social Security (SOZAVO) National Health Insurance (SZF) Private Insurance	MOH Est. in 2000-2004	Over 90% through Social Security (SOZAVO) National Health Insurance (SZF) Private Insurance	
N.A.	N.A.			
N.A.	N.A.			



# 6. NEXT STEPS





The success of future monitoring of the MDGs is heavily dependent on the coordination of all involved actors\institutions (state and non-state) working towards the sustainable development of Suriname. The institutions that collect the necessary data to measure our development need to be strengthened and should form the nucleus of a national statistical system. They should also be structured in such a manner as to contribute to the optimum production of quality statistics. The more important activities toward this end are included in the work plan that appears in Appendix 3.

It is evident that the national statistical system must be addressed as a whole and not in terms of independent statistical units of diverse ministries. The concepts, definitions, coding schemes and mapping of questions asked in surveys to data to be produced demands institutional strengthening in which the General Bureau of Statistics (ABS) must play a leading role. Much discussion must proceed along these lines without delay. A Standing Committee that will meet to streamline data collection activities should be

appointed and should be serviced by senior officials of the various ministries who can commit their ministries to action.

The state of readiness of the country to collect data, especially social statistics, demands an immediate outfitting of the institutions to collect, analyse, utilize and disseminate data and information. Since this effort will span ministerial jurisdictions, a modality of creating a career path for statistical personnel should be built into the national statistical system design. The importance of this element of infrastructure cannot be overstated.

One modality of ensuring a quick transfer of skills to areas now not well served in Suriname, such as crime statistics, would be to send an officer on an attachment to a Caribbean Statistical Office that possesses an absolute advantage in the collection and processing of such statistics and requiring that officer to train colleagues upon his or her return from the attachment.

For the rest of the statistics, the ABS should be required

to conduct training in all statistics not directly collected by it. Areas would include:

- Agricultural statistics
- Health statistics
- The social statistics collected by Non-Governmental and Community-Based Organizations and
- All other organizations and agencies that collect statistics

The above exercise will require the intervention of personnel with an overview of the data requirements of the country's planning apparatus. Such personnel should be able to design an information architecture that would retain validity for a number of years to come.

The first activity to be undertaken would be to reform the institutions that intervene in the production of the statistical indicators that will be required to inform the full-fledged MDG report that must be produced in 2006. The following table gives some idea of the activities to be undertaken and their time lines for the next three years.



Table 26  
 WORK PLAN  
 FOR CREATING INTEGRATED STATISTICAL CAPABILITY IN SURINAME

ACTIVITY	Year 1 (2005)	Year 2 (2006)	Year 3 (2007)
Write a project document to create a National Statistical System in Suriname	X		
Identify statistical series to be captured, including MDG indicators	X		
Using Census materials, update Register of Establishments to serve as a frame for surveys	X		
Identify the Ministries that should build statistical databases and help them to set them up	X		
Develop data capture teams in ABS and other ministries capable of collecting quality data from households and other institutions	X	X	
Collect data on MDG indicators through relevant Ministries:			
- Health	X	X	X
- Education	X	X	X
- Social Sector including Crime and Justice	X	X	X
- Other sources including NGOs and CBOs	X	X	X

Further elaboration of the Work Plan will be made on the basis of extensive discussion with Ministry personnel in Suriname in 2005 and 2006.

The MDG Baseline Report became necessary in the absence of a critical mass of statistical indicators required to complete the MDG report as outlined by the United Nations. Compliance with the UN format is being planned in the update to the present report in 2006. In order to achieve that objective, quick work will have to be accomplished to create an integrated national statistical system. The work plan as outlined in table 26 will be discussed under the leadership of the Ministry of Planning and Development Cooperation (PLOS). The statistical capabilities that exist at present in line ministries will have to be upgraded and the ministry reports brought up to a standard that can be described as meeting internationally accepted levels. Several modalities of skills and knowledge transfer will be employed in order to bring Suriname into full compliance with the requirements of MDG reporting.

Multi-Annual Development Plan 2001-2005 Executive summary by National Planning Office

<b>Table 1 Macroeconomic indicators: projections for 2001-2006</b>						
	2001	2002	2003	2004	2005	2006
<b>National and per capita income</b>						
Population size	437906	441847	445824	449836	453885	457970
GDPmp at 1980 prices in mins of SRG	1771.90	1816.20	1870.68	1936.16	2013.6	2114.28
GDPmp at 1980 prices in mins of USD	984.39	1009.0	1039.27	1075.64	1118.67	1174.60
Per capita GDP in mins of SRG	4.05	4.11	4.20	4.30	4.44	4.62
Per capita GDP in mins of USD	2248	2284	2331	2391	2455	2555
<b>National income and prices (annual percentage change)</b>						
GDPmp at 1980 prices (Incl. informal sector)	1.9	2.5	3.0	3.5	4.0	5.0
Inflation (annual average)	50.2	11.4	7.0	5.5	4.9	4.9
<b>National Accounts (In percent of GDP, not including informal sector)</b>						
Gross domestic investment	17.8	19.1	20.5	23.5	26	27.1
Private sector	13.8	14.2	14.8	15.1	15.5	16.0
Public sector	4.0	4.9	5.8	8.4	10.5	11.1
Gross national saving	-5.0	-2.4	-1.2	1.4	4.8	7.1
<b>Central government (in percent of GDP including informal sector)</b>						
Revenue and grants	31.6	32.7	33.6	34.1	34.2	19.8
Current revenue	30.6	31.2	31.8	32.1	32.2	31.9
Grants	1.1	1.5	1.8	2.0	2.0	3.0
Expenditure and net lending	34.3	34.5	34.7	35.6	36.2	36.3
Current expenditure	31.4	31.0	30.5	29.6	28.6	28.3
Capital expenditure	2.9	3.5	4.1	6.0	7.5	8.0
Overall balance	-2.7	-1.9	-1.1	-1.5	-2.0	-1.4
Financing	2.7	1.9	1.1	1.5	2.0	1.4
Domestic	-4.2	-4.1	0.5	1.0	1.5	0.8
External	-10.0	-1.7	0.5	0.5	0.5	0.5
<b>Money and credit (annual percentage change)</b>						
Money and quasi-money (M2)	40.5	20.7	11.3	10.9	10.7	10.4
<b>Balance of Payments</b>						
Current account (in mins USD)	-112.7	-102.0	-106.5	-113.4	-114.7	-115.7
Current account (in percentage of GDP, including informal sector)	-16.4	-15.3	-15.5	-15.8	-15.1	-14.2
Merchandise exports, f.o.b. (in percentage of GDP)	73	79.7	81.4	82.2	82.9	83.0
Merchandise imports, f.o.b. (in percentage of GDP)	-64.6	-67.8	-69.7	-71	-71.5	-71.6
Foreign debt in mins USD	299.5	339	342.6	346.4	350.5	8.9
Change in reserves (in mins USD)	-60.3	-51	-4	-4	-6	-8.0
Net international reserves (in months of imports)	1.9	3.3	3.2	3.1	3.0	3.0

Sources: IMF, National Planning Office

Multi-Annual Development Plan 2001-2005 Executive summary by National Planning Office

<b>Table 2 Social indicators of development</b>			
	1975-1980	1995-1999	2005 (projections)
<b>Population</b>			
Population	361637	431272	453885
Population growth (%/year)	-1.2	1.2	1.2
Population structure (%)	(1980)	(1995)	
0-14	41	33	30
15-60	53	60	61
60 and older	6	7	9
Urban population (% of total population)	65	70	70
<b>Health indicators</b>			
Average life expectancy	65	71	71
	63(m), 67(f)	68(m), 73(f)	--
Estimated birth-rate per 1,000	29.2	22.8	22.8
Estimated death-rate per 1,000	7.1	6.6	6.6
Infant mortality (per 1,000 new borns)	32	15	13
Maternal mortality (per 1,000 new borns)	8	72	-50%
	(1980)		
HIV/AIDS (total number of infected)	0	(1999) 1253	-25% (ages 15-30)
<b>Educational indicators</b>			
Literacy (%)	90.8	93	95
	(1980)	95(m), 91.6 (f)	
Participation ratio			85
• GLO (primary)			
• VOJ (lower secondary)		76(m), 82(f)	
• VOS (upper secondary)			
• Tertiary			
Repetition rate (%)	20	25 (GLO)	20
Dropout rate (%)	26	7 (GLO)	5(GLO)
	(1980)	17(VOJ)	15(VOJ)
<b>Social indicators</b>			
Unemployment (%)	16 (1980)	11	8
		7(m), 17(f)	
Poverty (%)		63	-50%
Criminal offences	6761	23750	-25%
Teenage motherhood (% births per year)	17.2	17.2	14
Labor participation rate (%)	50	56	60
		66(m), 37(f)	
Average family income (SRG)		(2000, 4 <sup>th</sup> quarter) 520172	650000
<b>Income distribution:</b>			
• Poorest 40% earn of total income	(1978) 16.7%	(2000 4th qtr) 12.6%	20%
• richest 20% earn of total income	42.9%	51.8%	40%

Sources: National Planning Office, General Bureau of Statistics, Ministry of Education and Community Development, Ministry of Justice and Police.

GOALS	WILL DEVELOPMENT GOAL BE REACHED				STATUS OF SUPPORTIVE ENVIRONMENT			
<b>Extreme poverty</b> Halve the proportion of people living below the national poverty line by 2015	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Hunger</b> Halve the proportion of people who suffer from hunger between 1990 and 2015	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Universal primary education</b> Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Gender equity</b> Achieve equal access for boys and girls to primary and secondary schooling by 2005	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Child mortality</b> Reduce under-five mortality by two-thirds by 2015	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Maternal health</b> Reduce maternal mortality ratio by three-quarters by 2015	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>HIV/AIDS</b> Halt and reverse the incidence of malaria and other diseases by 2015	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Environmental resources</b> Reverse loss of environmental resources	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
<b>Access to safe drinking water</b> Halve the proportion of people without access to safe drinking water	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak