



**Convention on the  
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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-fourth session

SUMMARY RECORD OF THE 1215th MEETING

Held at the Palais Wilson, Geneva,  
on Wednesday, 24 January 2007, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Second periodic report of Suriname (continued) (CRC/C/SUR/2 and CRC/C/SUR/Q/2 and Add.1)

1. At the invitation of the Chairperson, the members of the delegation of Suriname took places at the Committee table.
2. Ms. TELTING-DJOKARTO (Suriname) said that the Government was preparing a national plan to reform the entire educational system so that public schools could offer all Surinamese citizens modern, high-quality, flexible and affordable schooling and vocational training. The goal of education was to ensure equal opportunity for all, provide pupils with insight into Suriname's cultural diversity and encourage tolerance, democratic attitudes and social responsibility. Various government programmes provided care for children of working parents after school hours, offered guidance to school dropouts and unemployed children, and protected young people against the hazards of drugs and alcohol. A number of initiatives focused on children's social and emotional development. Participation in extracurricular sports was also encouraged. Legislation guaranteed education for all.
3. Following consultations with stakeholders, a national mobilization process would be launched in 2009 to lay the foundation for Suriname's education policy for the next 15 to 20 years. A five-year sector plan had been devised for all levels of schooling, from preschool to adult education. A programme to promote early childhood development had begun in 2005. Greater attention was being given to pre-primary school education, which would eventually become compulsory. Awareness of issues concerning early childhood development was being raised through the media and seminars for teachers and parents.
4. Teachers, parents and the community at large were being encouraged to make education more child-friendly. Although Dutch continued to be the official language of Suriname, teachers often used the local language, particularly in rural areas. In 2003, a pilot programme had been launched in a number of schools in the interior to upgrade teachers' skills. In 2007, the programme would be extended to all schools in the interior. In order to improve access to education, there were plans to build more schools in rural areas.
5. The major religions in Suriname were Islam, Christianity and Hinduism. Religion was taught only in private religious schools. Pupils could enrol in any public school, regardless of religion. The school registration fee did not exceed US\$ 10 per pupil per year. Legislation was being amended to introduce compulsory education for children from 4 to 14 years of age.
6. On 31 March 2004, the Government had obtained a loan from the Inter-American Development Bank to fund a project aimed at improving the quality and efficiency of the basic education system. The project was still in progress.
7. The working population's lack of sufficient knowledge and vocational skills constituted a serious impediment to Suriname's economic growth and development. A national institute for training, labour and occupation had been established to address the problem.

8. Ms. ALUOCH asked whether a penalty was imposed on parents who were unable to pay their children's school registration fee.
9. Ms. TELTING-DJOKARTO (Suriname) said that parents were not penalized if they did not pay the registration fee.
10. Mr. KRAPPMANN asked whether there were any plans to encourage more boys to attend school and to persuade dropouts to return to school.
11. Ms. TELTING-DJOKARTO (Suriname) said that the Ministry of Education had prepared an initiative for promoting school attendance among boys. The national gender mainstreaming policy focused on improving school enrolment rates for both boys and girls.
12. The CHAIRPERSON asked what educational opportunities were available for children with disabilities, and whether legislation on special education had been adopted.
13. Ms. PAHALWANKHAN (Suriname) said that Suriname had special schools and curricula for children with disabilities. A bill on special education was currently under consideration.
14. Ms. LEE asked what percentage of children with disabilities had access to schools. She wondered whether such children benefited from the guarantee of education for all. The delegation should indicate whether there were any other services for children with disabilities.
15. Mr. SIDDIQUI asked whether school facilities met the needs of children with disabilities.
16. Ms. PAHALWANKHAN (Suriname) said that a total of 500 children were in special education schools. The schools had ramps to make them accessible to children in wheelchairs. No figures were available on the number of children with disabilities who attended regular schools.
17. Ms. LEE asked which government body was responsible for coordinating health services for children with disabilities.
18. Ms. ALGOE (Suriname) said that, according to a survey of households in three urban districts conducted in 2000, between 50 and 75 per cent of the respondents were living below the poverty line. No national figures on poverty were available. A number of health-care initiatives were being carried out under the Government's poverty reduction plan. The Ministry of Social Affairs ensured that the economically disadvantaged population had access to subsidized health care.
19. Child malnutrition in Suriname was estimated at 11 per cent. In the period 1995-2000, an average of 140 children had been hospitalized for malnutrition; in the period 2001-2004, that figure had fallen to 130. Some 50 per cent of those children had been under the age of 1, and 10 per cent had died. In the interior, 25 per cent of the population suffered from chronic malnutrition, as compared to less than 10 per cent in urban areas. Nearly 90 per cent of the population in the interior did not have enough to eat, and the Government had been distributing food to the needy in order to prevent a crisis. A crop diversification programme was being

implemented to encourage populations in the interior to grow and eat more fruits and vegetables. Proper nutrition remained a major problem, and 50 per cent of pregnant women living in the interior were anaemic. The Ministry of Education was endeavouring to raise the population's awareness of the need to change eating habits.

20. Low breastfeeding rates - estimated at 13 per cent - contributed to increasing infant mortality. Most women switched to bottle-feeding after six weeks, when their maternity leave ended, or because they believed that prolonged breastfeeding would adversely affect their physical appearance. The Ministry of Health had begun promoting breastfeeding, in five of the country's clinics and was promoting the amendment of Suriname's legislation on maternity leave and on breastfeeding in the workplace.

21. The objective of the health plan for 2004-2009 was to achieve a sustainable, quality health-care system that was accessible to the entire population. The plan provided for increased accessibility of primary and preventive care for the women and adolescents living in the interior, and improved hospital care. Health care would be made more affordable, data collection would be improved, and additional health professionals would be recruited. The full implementation of the plan over the next five years would cost €36 million, of which €15 million would be contributed by international organizations.

22. The National Strategic Plan on HIV/AIDS and the national malaria programme received US\$ 4.7 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and another US\$ 1.7 million from the Joint European Commission/United Nations Population Fund (UNFPA) Programme. In the context of Suriname's health-care sector reform, the Inter-American Development Bank had granted a loan to the Ministry of Health to deliver essential services, restructure regional health services and develop an information management and registration system for the Ministry of Social Services.

23. The Islamic Development Bank was financing medical training and the construction of 24 health-care centres in the interior of Suriname, and providing equipment and radiotherapy in a hospital in Paramaribo. Japan was supplying medical equipment for maternal and child health facilities, and France was providing equipment and training for the staff of the Bureau of Public Health.

24. The Government of Suriname was concerned about substance abuse. A survey had shown that 75 per cent of children between the ages of 12 and 19 had consumed alcohol at least once in their lifetime and that one third of them had smoked. In order to address that problem, Suriname was preparing to ratify and implement the World Health Organization Framework Convention on Tobacco Control, assessing its current tobacco legislation, preparing national policies to restrict smoking in public transport, training anti-tobacco focal points in every ministry, raising awareness among school directors, and encouraging all health institutions to declare their premises smoke-free.

25. While Suriname's mental health plan included measures for adolescent health, those measures could not be implemented owing to a lack of human resources. Suriname needed more psychiatrists to help to reduce the incidence of suicide, particularly among men between the ages 20 and 40.

26. The National AIDS Programme was coordinating a multisectoral plan for the period 2004-2008. The plan had five priority areas: policy development; legislation advocacy; prevention; reduction of discrimination against people living with AIDS; and monitoring of treatment and care. The Government focused on prevention by encouraging the use of condoms. Much work remained to be done, since only a third of the population had a proper understanding of how HIV/AIDS was transmitted.

27. Measures to prevent mother-to-child transmission of HIV/AIDS include HIV screening for pregnant women, as there was a high level of HIV-infected women in the 14-19 and 20-24 age groups. The 36 HIV-infected children aged 1 to 17 were living in institutions only because they did not have any family to take care of them. There were no statistics on the number of HIV-infected children who remained with their parents.

28. Suriname's infant mortality rate seemed lower than it was in reality because many infants that died within 3 days of delivery or within 16 days of delivery, in the case of infants born in the interior, were recorded as stillbirths.

29. Mr. LIWSKI asked whether the Government intended to make health services free of charge for children and ensure effective growth monitoring and treatment of diseases. He wished to know whether communities in the interior received health training to treat children.

30. Ms. ALGOE (Suriname) said that access to health centres was free for all inhabitants of the interior; 24 additional centres were being built in the region to extend health coverage. In the coastal area, 50 primary health-care clinics were accessible to everyone; persons who could not afford to pay were required to obtain a social health-care card from the Ministry of Social Affairs and Housing in order to gain access to the clinics' services.

31. The Government of Suriname was considering a global strategy for health promotion. It had begun to provide health education training to 20 people working for the Medical Mission - the institution in charge of medical care in the interior - with a view to promoting health education among village leaders. However, the interior of Suriname was large and more health workers were needed.

32. Ms. ALUOCH asked whether the Government supported families that took care of children infected with HIV/AIDS at home.

33. Ms. PAHALWANKHAN (Suriname) said that the Government provided financial assistance to low-income households. Families caring for children infected with HIV/AIDS received a health card that gave them access to health services. Unfortunately, the Government's financial assistance did not cover all the medical costs incurred by families.

34. Ms. HANOEMAN-SOEKHOE (Suriname) said that pretrial procedures were sometimes long because, under Suriname's Code of Criminal Procedure, an investigation first had to be conducted. On 16 November 2006, the Ministry of Justice and Police had begun implementing a year-long pilot project, entitled "Alternative Sanctions", for young people. The purpose of the project was to encourage the systematic use of alternative punishment and to rehabilitate juvenile offenders, particularly through community service.

35. Depending on the nature of the crime, young persons between 17 and 18 (and not 16 and 18, as stated in paragraph 165 of the report) who had committed an offence could be prosecuted as adults. Juvenile criminal justice was applied to persons under 18. A youth officer from the police department dealt with crimes committed by minors and with cases where the victim was a minor. Once a child had been charged with a crime, the Judicial Child Protection Service of the Ministry of Justice and Police guided the child suspect throughout the proceedings, regardless of the outcome of the trial. Within the Office of the Public Prosecutor, a juvenile prosecutor was responsible for juvenile affairs. Statistics indicated that children were being tried as minors.

36. Girls who were placed in pretrial detention were kept in the same facilities as women. In January 2004, the Ministry of Justice and Police had drafted a plan of action for implementing Suriname's children's policy, which included the construction of a pretrial detention centre for boys and girls that would be completed in August 2007. Public hearings were not held in all cases; for example, public hearings were prohibited in cases involving moral offences. Primary education was provided for juvenile offenders in detention centres, and secondary education was available to them outside the centres. Vocational education was offered at boys' detention centres.

37. Mr. ZERMATTEN requested clarification concerning the prosecution of juvenile offenders under age 16 and of juvenile offenders between the ages of 16 and 18. He asked whether children in Suriname benefited from all the guarantees under articles 37 and 40 of the Convention. In that regard, he wondered what criteria, other than the gravity of the alleged offence, were used to determine whether a young person would be tried as a child or an adult.

38. Mr. SIDDIQUI wished to know the reasons for the high level of poverty in Suriname, particularly since the country had a relatively small population and abundant natural resources.

39. Mr. MACDONALD (Suriname) said that the majority of Suriname's mineral resources were extracted by private companies. The renewal of those companies' contracts in 2008 would provide an opportunity to negotiate more advantageous terms for Suriname.

40. Mr. FILALI requested additional information on the "Alternative Sanctions" pilot project launched in November 2006, including any obstacles encountered in its implementation and the prospects for its continued operation. He wished to know what was meant by the term "economic offences" as it applied to young people.

41. Ms. PAHALWANKHAN (Suriname) said that, in the case of juvenile offenders, the term "economic offences" referred to children working on the street.

42. Ms. HANOEMAN-SOEKHOE (Suriname) said that the pilot project provided alternatives to incarceration, such as community service, for minors in conflict with the law. A working group, which coordinated its activities with the police force in the Netherlands, had been set up by the Ministry of Justice and Police to carry out the pilot project. The criteria used to determine whether a minor would be sentenced as a child or as an adult included whether the crime had been committed independently or with accomplices, and the minor's reasons for committing the crime.

43. The CHAIRPERSON asked whether the police notified parents when their children were taken into custody. He enquired whether there was a mechanism to provide prompt legal assistance to young people who did not live with their parents, or whose parents could not afford a private attorney.
44. Ms. HANOEMAN-SOEKHOE (Suriname) said that, when a young person was arrested and taken into custody, the police were instructed to call upon one of two lawyers appointed by the Ministry of Justice and Police to provide free legal assistance. Regrettably, that arrangement was not available in remote areas of the country.
45. Ms. PAHALWANKHAN (Suriname) said that, when young people were arrested and taken into custody, police officers were required to fill out a form indicating whether or not the young person required State legal assistance. Currently, 1,437 abused or abandoned children and children whose parents could no longer care for them had been placed in institutions. There was no specific policy on family reunification; however, a programme had recently been set up with the cooperation of the Ministry of Justice and Police and various NGOs to reunite some children - particularly those from female-headed households - with their families. The main reason for the delay in adopting the bills on childcare and social assistance for young people was the need for further consultations and negotiations among stakeholders. The Government planned to adopt the childcare bill by 2008.
46. Ms. SMITH wished to know who made decisions regarding the placement of children in institutions. She asked whether such institutions were subject to regulation and inspection.
47. Ms. PAHALWANKHAN (Suriname) said that cases of child neglect, abuse or ill-treatment were usually reported to the police. The police instructed the Bureau for Family and Legal Affairs or the Division of Youth Care to place the child in alternative care. The Bureau for Public Health monitored the environmental health of children living in institutions.
48. Ms. SMITH requested additional information on institutions that provided care for sexually abused children.
49. Ms. PAHALWANKHAN (Suriname) said that the "Mi Abri" shelter for girls had been closed since 1994. The Maxi Linder Foundation and the Foundation for the Child were NGO initiatives that were supported by government staff and funding.
50. The CHAIRPERSON asked whether decisions to remove children from their families were made in court. He wished to know how the placement of children in institutions was monitored and what measures were taken to protect children living in institutions.
51. Ms. HANOEMAN-SOEKHOE (Suriname) said that, during the police investigation into an allegation of child abuse, the child in question could choose to stay in an NGO shelter. If there was proof of abuse by one of the child's parents, the child was placed in an institution.
52. Ms. ALUOCH asked where children could report abuse by their parents.

53. Ms. HANOEMAN-SOEKHOE (Suriname) said that a helpline for children to report abuse by their parents would begin operating in April 2007. There was a child abuse network, which currently comprised 34 government organizations and NGOs, where children could report abuse and receive support. The telephone numbers of those organizations were widely publicized.

54. Ms. PAHALWANKHAN (Suriname) said that while the Bureau for Family and Legal Affairs was responsible for placing children in foster families, there were currently too few families offering to foster children. Efforts were made to place children with members of their extended families before seeking foster families. The unsuccessful 1981 draft decree on foster children had been amended in 2005 and a bill was currently being considered by the authorities. The “kweekjes” system had been incorporated into the revised bill to formalize all adoption arrangements and to clarify details, such as who had parental status.

55. Mr. ZERMATTEN asked how informal placements under the “kweekjes” system were monitored.

56. Ms. PAHALWANKHAN (Suriname) said that, since the system currently operated on an informal basis only, the system was not monitored.

57. The CHAIRPERSON asked whether the Government kept records on how many children were cared for by family members other than their parents.

58. Ms. PAHALWANKHAN (Suriname) said that no data had been collected on that subject.

59. Mr. ZERMATTEN asked whether the Government gave priority to the “kweekjes” system rather than promoting placement in foster families.

60. Ms. PAHALWANKHAN (Suriname) said that measures were currently being taken to encourage more families to care for foster children. Information and assistance on caring for children with disabilities was available to parents at a government medical bureau, which provided information on education facilities and health issues. An increasing number of parents of children with disabilities had formed mutual support groups. Measures were being taken to raise awareness among primary school children about the various forms of disability.

61. The CHAIRPERSON asked if there had been any cases of child abduction.

62. Ms. PAHALWANKHAN (Suriname) said that there had been no reported cases of child abduction.

63. Ms. TELTING-DJOKARTO (Suriname) said that the Ministry of Education was currently conducting a survey of public playgrounds with a view to refurbishing them. During the school holidays, children had the opportunity to attend activity programmes organized by the Youth Affairs Department.

64. Ms. ALUOCH asked whether teenage girls who became pregnant were encouraged to return to school.

65. Ms. HANOEMAN-SOEKHOE (Suriname) said that such girls had an opportunity to go back to school and were not stigmatized when they returned.

66. Ms. PAHALWANKHAN (Suriname) said that there was no legislation on children's right to privacy in institutions.

67. Mr. SETROWIDJOJO (Suriname) thanked the members of the Committee for their questions and observations. His Government looked forward to receiving the Committee's concluding observations and to improving children's rights in Suriname.

The meeting rose at 5.10 p.m.