Ministerie van Justitie en Politie

Ministerie van Binnenlandse Zaken

ASSESSMENT OF ESSENTIAL SERVICES IN THE HEALTH, SOCIAL, JUSTICE AND POLICE SECTOR

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PREFACE

Since the 20th century, non-government organization (NGOs), government organizations (GOs) and community-based rrganizations (CBOs), have been tackling domestic violence. Relief work, training, publicity campaigns, research, lobbying and advocacy are among the many activities carried out within a project or program. The fact that tackling domestic violence is the responsibility of both GOs and NGOs already appeared to be a phenomenon in the 1950s in Nickerie. At that time, abuse and rape of women - in those days people did not speak of domestic violence - and alcohol abuse turned out to be a huge problem in Nickerie. This violence and alcohol abuse often led to suicide by hanging among both men and women. The then district commissioner, Jan van Petten, could not find a solution for this problem among the descendants of the Hindustani immigrants. In the Hindu community at that time, women were completely subservient to men, especially their husbands. The then interpreter and expert in the field of Hindu culture, Andre Amkapersad Girjasing, presented this to the district commissioner Jan van Petten. Van Petten advised him to file charges against the perpetrators. Because this violence was common, on August 12, 1951, Girjasing founded the Hindustani Sudhar Sabha (Hindostan Social Reform Organization).

The deterioration of the financial-economic situation in Suriname, which started at the end of the 1970s, was accompanied by the rise of the women's movement. The women's movement focused on the emancipation of women, in particular on strengthening their economic position. In the 1980s, the National Bureau for Women, a department of the Ministry of Home Affairs, was established. This agency was soon confronted with complaints from women who reported that they had been abused by their partners. The staff was then unable to provide adequate assistance to these women. In the following years, more and more female survivors of gender- based and domestic violence broke the silence by knocking on the door of women's organizations. In 1990, a conference was organized by Foundation Lobi on the theme of "child abuse". It was discussed, among other things, that the assistance provided to children and women who had become survivors of domestic violence was insufficient and that something had to be done about it quickly. This period saw the emergence of organizations that responded to this need.

In 1990, for example, a group of female activists decided to offer support to women who were survivors of gender-based and domestic violence because of an enormous need for help. The experience gained gradually led to the setting up of an action group on violence against women (now the Stop Violence Against Women Foundation) and with the encouragement of the Caribbean Association for Feminist Research and Action (CAFRA), this action group developed into a structurally organized form of assistance. At the request of the Stop Violence Against Women foundation, Pro-Health conducted a research in 1993 into the problem of violence directed against women. This study did not provide a picture of the total extent, but it did provide sufficient indications to conclude that violence against women is a social problem. One in five of all reports of violence or sexual offenses concerned a woman who had been abused by her ex-partner or partner. This turned out to be a chronically recurrent phenomenon, from which the conclusion could be drawn that family and home were not a safe place for these women. This study also indicated that in addition to the medical and judicial costs, there are

also costs as a result of absenteeism from work of abused women, the negative effects on the upbringing and development of their children, the loss of dignity and development opportunities and even more immeasurable personal costs. Research conducted in 1994 into gender-based violence against women in conjugal unions showed that the degree of domestic violence in conjugal unions was very high in the ten selected areas of Paramaribo. 69% of the women surveyed had been survivors of violence in their conjugal relationship.

In 1997 the Chief of Police Carlo Hunsel and the Caribbean Association for Feminist Research and Action (CAFRA) representative for Suriname Carla Bakboord were invited by the Inter-American Development Bank (IDB) to attend a Domestic Violence Conference organized by the IDB. The conference has made the chief of police aware of the social and economic impact of gender-based and domestic violence. This has led to a new police perspective from changing their view on domestic violence from a private matter to a social issue. I consider this new perspective to have been a beginning for the Police Corps Suriname and the Surinamese government to develop a gender- human rights- and social response to gender-based and domestic violence.
After the conference, in 1998 a collaboration between the Police Corps and CAFRA developed to implement a domestic violence training project with technical and financial support of the IDB. Within this project, Culconsult was commissioned by CAFRA and the IDB to conduct research into institutions in Suriname that are active in the field of assistance to female survivors. This research would serve as the basis for the national domestic violence intervention project for police officers and other frontline workers carried out by CAFRA Suriname.

The mid-1990s is characterized by the emergence of women's organizations that take a clear position with regard to gender inequality. It became increasingly clear that the inequality in the distribution of power and the deep-rooted idea of the superiority of men and the subordination of women, due to socialization, is at the root of gender based and domestic violence. For a very long time, NGOs have made efforts to help survivors of domestic violence, but the results have been marginal. After a thorough evaluation in 1998, CAFRA Suriname took the initiative to develop a strategy based on a policy framework to tackle gender-based and domestic violence. Women's Rights Centre (WRC) has followed up, further developed and implemented this initiative. For example, the WRC has developed a collaboration with the Ministry of Justice and Police, the Corps Police Suriname and the Ministry of Home Affairs and conducted various seminars and training courses in the field of gender-based and domestic violence, gender-equality and human rights for judges, prosecute officers, lawyers, the police, and other first-line care providers aimed at curbing gender-based and domestic violence.

Attention has also been paid to the effects of domestic violence on children. In addition, at the end of the 20TH century and the beginning of the 21st century, WRC, in collaboration with the Youth Affairs Department of the KPS, has provided domestic violence training courses with a focus on children. And in that same period WRC- committee drafted the Domestic Violence Act, which came into force in 2009. Furthermore, among others, Ilse Henar Hewitt Institute, Man mit Man Foundation, Projekta Foundation, Stop Violence Against Women Foundation, Pro Health Foundation, the Human Rights Institute Moiwana 86', CAFRA, the WRC, the Ministry of Social Affairs and Housing, the Ministry of Justice and the Police,

Home Affairs, Health and Education, Science and Culture carried out various activities to tackle domestic violence.
Various networks were set up to achieve this, such as the National Network to Combat Domestic Violence, the Network to Combat Domestic Violence Nickerie and the National Network to Combat Violence Against Children (Ministry of Social Affairs and Housing). The Network to Combat Domestic Violence, which initially fell under the Ministry of the Home Affairs, was later coordinated by the Ministry of Justice and Police as it has been established that domestic violence involves criminal offences. The members of these networks had entered into a partnership by signing a protocol. All members of the networks have contributed to the design of this protocol during a three-day workshop. This cooperation gradually came to an end after a number of years.

In 2008 an interdepartmental Domestic Violence Steering Committee was set up in which representatives from six ministries had seats. The Domestic Violence Steering Group was given the main task of developing a policy plan for the structural approach to curb domestic violence. In July 2017 the Steering Committee passed into the National Council Domestic Violence installed by the minister of Justice and Police, that exists of representatives of Public Prosecution Service; Ministry of Justice and Police- the Bureau Women and Children, - the Bureau Victim Care , - Police Corps Suriname; the Ministry of Home Affairs; Social Affairs and Housing; Health; Regional Development; Labor, Employment and Youth; and Education, Science and Culture, Foundation Stop Violence against Women and Foundation the Stem. The overall goal of the National Domestic Violence Council (NCDV) is an integrated approach to effectively reduce, prevent and possibly eliminate domestic violence.

In 2015 the Domestic Violence Standard Registration Form was developed in consultation with the stakeholders. This form has been piloted from July 15 to November 30, 2018, validated by the stakeholders and in December 2018 established by state decree by the Ministry of Justice and Police. The project was carried out by the Ministry of Justice and Police in collaboration with the National Council for Domestic Violence, Women's Rights Centre (WRC) with support from UNFPA.

We welcome that the number of GOs, NGOs and CBOs involved in tackling gender-based violence is growing. The support of various international organizations such as UNFPA, UNDP, UNICEF, UNWomen, IDB and various Embassies contribute to support curbing domestic and gender-based violence. I do recognize the efforts made by of citizens, community workers, doctors, nurses, religious leaders, teachers, politicians, civil and public servants for their commitment in tackling this problem together. It really isn't always easy as the perceptions of gender inequality are so deeply rooted in our social, cultural and political systems which make a paradigm shift a lengthy process. But, the steadily growing group of lobbyists, advocates and service providers is determined.

Research conducted worldwide and in Suriname and the daily experience of service providers and survivors show that gender-based violence has a direct impact on the survivor's mental and physical health and it disrupts the life of the family, the neighborhood and society as a whole. It is therefore important that GOs and NGOs improve their essential services, using a gender equality and human rights approach and develop policies that can prevent gender-based violence. The above brief history of

collaboration between and among NGOs and GOs illustrates that change in views, attitudes and commitments is feasible to achieve our goals.

This assessment of essential services in the health, social, justice and police sector and the design of the plan of action have been conducted in accordance with the United Nations Joint Programme on Essential Services for Women & Girls subject to Violence, Roadmap and implementation tools of the Programme on Essential Services for Women and Girls subject to Violence; the Essential Service Package (ESP) which is based on principles of gender equality and human rights, using a theory of change. The assessment demonstrates that the actors and stakeholders of the GOs, NGOs and community-based organizations do their utmost to provide adequate services to survivors of gender-based violence with limited resources. This sometimes leads to moments of demotivation, frustration and disappointment. And yet; they don't stop. We applaud them, as we are extremely aware that with the few resources they still continue to meet the survivor's request for help; often with their own resources.

We thank the UNFPA for their ongoing support to curb gender-based violence and all the participants who contributed to this assessment for taking the time to share with us the difficulties they experience. For taking the time to develop an action plan to make a positive change to improve the essential services.

Together we will make the difference!

Carla Bakboord MSc.

ACRONYMS and ABBREVIATIONS

AZP	Academic Hospital Paramaribo
BGA	Bureau Gender Affairs
BUFAZ	Bureau Family Affairs
CARICOM	Caribbean Community
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COVAB	The Central Training for Nurses and Practitioners of Related Professions
CRC	Convention on the Rights of the Child
DCIV	Criminal Information Service
DNA	The National Assembly
DV	Domestic Violence
DV Act	Domestic Violence Act
ESP	Essential Services Packages
FGD	Focus Group Discussions
GO	Governmental Organization
GBV	Gender-based Violence
IDB	Inter-American Development Bank
IPV	Intimate Partner Violence
KPS	Police Corps Suriname
MINBIZA	Ministry of Home Affairs
MinJusPol	Ministry of Justice and Police
MMC	Mungra Medical Center Nickerie
MOH	Ministry of Health
MOP	Mulit-annual Plan
MSS	Medical Social Service
NCDV	National Council Domestic Violence
NGO	Non-governmental Organization
NPSV	Non-partner sexual violence
OM	Public Prosecutor's Office
PHC	Medical Mission Primary Health Care
SDGs	Sustainable Development Goals
SEH	Emergency Room
SOPs	Standard Operating Procedures
SOZAVO	Ministry of Social Affairs and Housing
SRDV	Standard Registration form Domestic Violence
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UDHR	Universal Declaration of Human Rights
UNICEF	United Nations Children's Fund
UNHRC	United Nations Human Rights Council
SRHR	Sexual and Reproductive Health and Rights
SWHS	Study on Women's Health in Suriname
VAWG	Violence Against Women & Girls
WRC	Women's Rights Centre

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SUMMARY
MAIN FINDINGS REGARDING GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

International, national legislation and policies

1. There are international treaties to which Suriname is party.
2. There is national legislation.
3. The Femicide Model Act has not yet been incorporated into national legislation.
4. National policy pays insufficient attention to gender-based violence.
5. There is no or insufficient mainstreaming for tackling gender-based violence in the policy of ministries and departments.
6. No or almost no institutional memory; the knowledge does not seep through to the responsible departments and ministries and is not transferred during staff turnover.
7. Little knowledge of international and national legislation and policy.
8. Insufficient application and compliance with laws and regulations.
9. Top management not familiar with - and therefore not acting from- a human rights and gender equality perspective.

General findings of the focus group discussion, interviews and surveys with judicial, police, social and health sector and community workers

1. Staff is not aware of gender-based policy and the documents of their ministries.
2. Gender-based violence response is not a priority.
3. Insufficient or no knowledge on human rights and intervention gender-based violence.
4. No or almost no institutional memory; the knowledge does not seep through to the responsible departments and ministries and is not transferred during staff turnover
5. Internal communication challenges
6. Insufficient staff specialized in preventing and responding to gender-based violence.
7. Not all services have a survivor-centered approach.
8. Insufficient knowledge and skills of dealing with survivors.
9. Safety of survivors and social workers is not guaranteed everywhere.
10. Survivor rooms do not meet the requirements.
11. The number of departments that provide social and material services is insufficient.
12. Insufficient shelters for survivors.
13. Insufficient police gender-based and domestic violence units.
14. Insufficient familiarity with the referral route.
15. Insufficient familiarity with the Domestic Violence Standard Registration Form.
16. Only the Emergency Room and KPS have a data collection system.
17. Financial and material resources are lacking at all departments.
18. Only one organization has a protocol with regard to gender-based violence.
19. No coordination and monitoring with non- government organizations (NGOs) and government organizations (GOs).
20. Collaboration with organizations, government departments with regard to referral.

21. Community workers ask for better and structured cooperation with social workers and judicial services.
22. There is a coordination structure - the National Council Domestic Violence - but it is not known by all actors.
23. The National Council Domestic Violence is staffed with representatives from various bodies - government organizations and non-government organizations- that have important tasks and responsibilities with regard to policy development and implementation aimed at tackling domestic violence. However, there is a lack of constant dialogue or interaction between the Council and relevant actors, with the result that the steering and coordinating role of the Council does not get off the ground, the actors at the bases are not known with the Council's output.
24. Responsible for making change are politicians, policy makers, NGOs and the civilians.
25. Assessing essential services in the health, social, justice and police sector and the design of a plan of action for perpetrators of GBV against women and girls.

Summary judicial sector findings

Goals, policy and services

- Policy on gender-based and domestic violence (DV) are included in Ministry of Justice and Police and the National Council Domestic Violence (NCDV).
- Suriname Police Force (KPS) goal: to provide services to survivors (women and girls) of gender-based violence (GBV).
- Victim Care Nickerie, Paramaribo, Bureau Familly Affairs (BUFAZ), Legal Care Office, do not have a separate policy, but do offer services to survivors of DV and GBV.
- 4 judges in charge of DV cases.
- 2 prosecute officers specialized in DV cases in charge.
- Lawyers also provide services to survivors as well as perpetrators.
- Not everyone is familiar with the gender policy of the Ministry of Home Affairs (MINBIZA); many are not familiar with the gender vision policy document 2021-2023.

Availability and accessibility

- All physically and by phone.
- Only the Public Prosecutors Office (OM) and the Court of Justice cannot be reached by telephone.
- KPS is not easily accessible due to a very limited number of police stations specialized in gender-based and domestic violence.
- BUFAZ and Legal Care Office are sometimes difficult to reach by telephone.
- Not accessible on social media.

Knowledge in the field of human rights and gender-based violence

- Training provided in the past for Police Corps Suriname (KPS), OM and the Court of Justice and Ministry of Justice (MinJusPol) departments, no follow-up and not integrated in the curricula.
- A few are trained (KPS and OM).
- Management KPS and MinJusPol and only a few with final responsibility are trained.

Safety, informed consent and confidentiality, referral

- The interview rooms at the police stations are safe, but not neat.
- Survivors can file their complaint confidentially.
- The survivor is not informed in advance about the intended examination or treatment. Only after the police officer is sure that a criminal offense has been committed.
- Survivors can withdraw their complaint at any time.

Available resources

- Under staffed.
- Heavy workload, no room for additional tasks including intake of gender-based violence cases.
- Only a few police officers are involved or interested.
- Insufficient or no financial resources.
- No specific budget for gender-based violence.
- No transport and no ICT options.

Data collection system

- A few police stations use the DV Standard Registration form; The majority lacks the required internet and of and/or photocopying facilities.
- Police reports are extensive; there is insufficient staff to extract the requested DV and gender-based data from all police reports.
- No software to process the data.

Zero Tolerance, protocols and collaboration

- No zero-tolerance policy.
- No protocols.
- KPS Code of Ethics and Police Charter.
- OM: Code of Conduct.
- KPS: no cooperation in the field of: Policy formulation, Monitoring and evaluation.
- KPS: collaboration with the National Council and departments of MinJusPol.
- Collaboration with NGOs and CBOs and other organizations but not structural.

Summary social sector findings

Goals, policy and services

- Unaware of gender-based violence policies at their ministries.
- Bureau Child Rights has a policy plan; not known how this is implemented with regard to GBV.
- Medical Social Services of the Academic Hospital Paramaribo, Bureau Victim Care and Foundation Lobi provide services to survivors of GBV internally and externally.

Availability, accessibility Knowledge in the field of human rights and gender-based violence

- All can be reached physically and by telephone.
- Not accessible on social media.
- Little knowledge of human rights and gender-based violence.
- Only Bureau Victim Care Paramaribo received domestic violence training.

Safety, informed consent and confidentiality, referral

- Not a safe place for survivors and workers.
- Harassment by perpetrators in the workplace or in the court's waiting room.
- No screening of clients for weapons.
- Home visits with a police or driver.
- Confidentiality is guaranteed.
- Fully informed of the act and the right to withdraw the case.
- The Ministry of Social Affairs and Housing (SOZAVO) is not familiar with the referral route.

Available resources and data collection

- Not enough skilled social workers.
- SOZAVO and Medical Social Services (MMS) of the Academic Hospital Paramaribo (AZP) do not have their own transport.
- No own budget.
- Limited internet.
- Sometimes workers use their own resources.
- All record demographic data.
- No specific software for GBV.
- Registration Form for Domestic Violence set up by the Minister of Justice and Police is hardly used.

Zero tolerance, Protocols and collaboration

- No zero-tolerance policy.
- The shelter home protocol is about safety; but not for the service delivery (needs to be modified).
- Employers use the Personnel Act.
- No coordination/collaboration: policy formulation, strategic planning, implementation of activities, monitoring and evaluation with governmental and non-governmental institutions.
- There is some networking and referral collaboration.
- Occasional interdisciplinary collaboration.

Summary health sector findings

Goals, policy and services

- Participants unaware of Ministry of Health's policy on gender-based violence.
- The AZP and Emergency Room, Medical Mission Primary Health Care and Mungra Medical Center (MMC) have no specific policy or plan but offer help to patients of violence through referral.
- Patients who are survivors of gender-based violence are referred to the Medical Social Service of AZP.
- Hospital personnel who are survivors of gender-based violence are referred to the company social worker
- Foundation Lobi has specific goals on gender-based violence.

Availability and accessibility

- All physically and by phone.
- Not accessible on social media.

Knowledge of human rights, gender-based violence and treatment

- No doctors, nurses and those with ultimate responsibility trained in human rights, how to deal with survivors of gender-based violence.
- One session on inappropriate behavior and where to go for support.
- Foundation Lobi basic knowledge (medical doctor, physician, nurse and HBO counselor).
- The director of Central Training for Nurses and Practitioners of Related Professions (COVAB) trained.

Safety, informed consent and confidentiality, refer

- The rooms are not always safe for clients to share experiences of violence, especially when they are accompanied by the perpetrator.
- The client is informed in advance about the intended examination or the proposed treatment.
- The client has the freedom to end the treatment at any time. Rarely occur in SEH (may have negative health consequences).
- MMS Nickerie has developed posters with contact details of service providers.
- SEH has been given the Referral Route, but employees are not familiar with it.
- All refer, but not informed about aftercare; aftercare not guaranteed.

Available resources and data collection

- Lack of financial resources.
- Insufficient staffing.
- Paid services Foundation Lobi are an obstacle for clients.
- Transport, telephone and internet available.
- Foundation Lobi has a data collection system.
- MOH has no data collection system with respect to gender based; not considered a priority.
- SEH data system is accessible to staff: specific information about survivors is not recorded.

Zero tolerance, protocols and collaboration

- No zero-tolerance policy and no protocols at MOH and its departments; Personnel Act.
- Foundation Lobi has a protocol on sexual violence at the workplace and a general policy on safeguarding clients, staff and all their partners.
- MOH coordinates with partners. A strategic plan, but not aimed at gender-based violence.
- Collaboration does not yield much.
- Collaboration; small gestures lead to a better referral, access to services; updating knowledge.
- Foundation Lobi: cooperation with partners results in assistance to clients.

ACTIONS TO BE TAKEN FOR CHANGE

Legal sector and police force

1. Decentralize GBV tasks of the Suriname Police Force.
2. Initiate a protocol.
3. Periodic consultation of the Chief of Police with the National Council on Domestic Violence.
4. A prompt dialogue between the National Council on Domestic Violence: a thorough evaluation aimed at developing a methodology for an efficient working method.
5. Consultation with the Suriname Police Force to provide training and seminars on gender-based violence and the Domestic Violence Act involving the Public Prosecution Service and the Court of Justice.
6. Integrate domestic violence and gender-based violence in the Police Academy curriculum.
7. Involvement at the highest level, ministers and DNA members, to release the necessary resources for the actions to be carried out.
8. A seminar with the cluster ministries and international organizations. Example: UN Women, CEDAW, UNFPA experts to discuss the obligations arising from conventions on women's rights and gender-based violence. Such seminars should have a structural character.
9. Instruct the Education and Training Department to get into dialogue with the partners to organize such seminars.
10. Take action to make the referral process more sustainable and to provide insight into the protocols for of that service.
11. Ensure a uniform data collection by use of the standard digital domestic violence registration form by the entire service chain
12. Generate more information and awareness about the available services.
13. To have all staff and employees motivated provide training in gender-based violence, as well as follow-ups and periodic refreshments.
14. GBV unit within KPS that monitors cases and sets out policy - specially trained contact persons and confidential advisors at KPS, at schools, within ministries and specific organizations (network).

Social sector

1. Prioritizing an independently operating fund for financial support to survivors of gender-related violence.
2. More diligence with regard to the handling of the referred cases.
3. Organize self-defense and de-escalation training for social workers.
4. Set up a system that ensures the security of all service providers.
5. Each organization ensures that it has a code of conduct.
6. Each organization ensures that it has Protocols in place.
7. Setting up multidisciplinary teams of police, health - and social workers.
8. Set up regular consultations with actors in the response to gender-based violence.
9. Raise awareness of the role and task of the National Council for Domestic Violence and work on a better interaction and cooperation with the workers in the field.
10. To have all staff and employees motivated, provide training in gender-based violence, as well as follow-ups and periodic refreshments.
11. Distribute the Standard Registration form Domestic Violence so it will be more widely known and used.
12. Decentralize essential services. (SOZAVO has the infrastructure and is preparing).
13. Establishment of a 24/7 social service at the AZP Emergency Room with a direct line to the police and social workers for a coordinated response to domestic and gender-based violence.
14. Provide more information about services to society.

Health sector

1. Improve the coordination and cooperation with the Medical Social Service department of AZP for direct referral.
2. Ensure that each department has a Protocol in place.
3. To have all staff and employees motivated, provide training in gender-based violence, as well as follow-ups and periodic refreshments.
4. Provide training in human rights and legislation.
5. Provide training in dealing with survivors of gender-based violence.
6. Ensure that the Ministry of Health cooperates with the staff in providing GBV training programs.
7. Set up a central telephone hotline.
8. Establish a 24/7 service at the AZP Emergency Room with a direct connection to the police.
9. Establish and execute policies aimed at tackling gender-based violence in cooperation with MinJusPol / the National Domestic Violence Council.
10. Disseminate more information about services to society.
11. MOH plays an active role in the National Domestic Violence Council.
12. Raise awareness among policymakers of the negative impact of gender-based violence on the health of the population and the gross national product.
13. Ensure an efficient referral of patients and strengthening of the coordinated response by installing a 24/7 direct link of the Emergency Room to social workers (by WhatsApp for example).

SEE CHAPTER 8. VALIDATION MEETING AND ACTION PLAN

JUDICIAL, POLICE, SOCIAL AND HEALTH SECTOR AND

COMMUNITY BASED ORGANIZATIONS

1. INTRODUCTION

The participatory process employed for developing the referral pathway for Suriname, exposed several gaps in service provision for survivors of Gender-based Violence (GBV). Although many services do exist, most are centralized in the capital Paramaribo. Furthermore, roles and responsibilities are shared among different government and non-governmental agencies represented in the National Domestic Violence Commission coordinating the national response, but not all needs are being addressed by this mechanism. So, barriers for women and girls to access support and services that can protect them, keep them safe, and address the short and long-term consequences of experiencing violence are not lifted, despite the commitment of the government to combat GBV. This commitment entails having the appropriate services available, the effective means to respond to each case of violence and put measures into place to address the structural causes and consequences of the violence, including but not limited to ensuring comprehensive legal and policy frameworks, gender sensitive justice systems and police, available health and social services, awareness raising activities and ensuring the quality of all measures. Despite efforts, national plans and commitments by Government and Civil society, GBV remains prevalent. On behalf of a request of the national gender machinery, UNFPA aims to support the process to get to a state in which there is the guarantee of access to a set of minimum essential quality GBV services that meets international norms for all survivors.

1.1 Goals

The overall objective of this assignment is to contribute to the eradication of GBV by assessing the capacity of the current key essential services available in Suriname to meet the requirements outlined in the Essential Service Packages (ESP), outlining specific recommendations and drafting a budgeted action plan to address the identified gaps. UNFPA aims to provide support to the government of Suriname in providing greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The initiative aims to identify the required actions to be taken by government officials and sectors leads, in order to ensure essential services to be provided by the health, social services, police, and justice sectors (the “Essential Services”) as well as guidelines for the coordination of essential services and the governance of coordination processes and mechanisms (the “Coordination Guidelines”). Service delivery guidelines for the core elements of each essential service will be identified to ensure the delivery of high-quality services. Taken together, these elements comprise the “Essential Services Package”.

2. BACKGROUND

2.1 The situation of violence against women and girls (gender-based violence) in Suriname

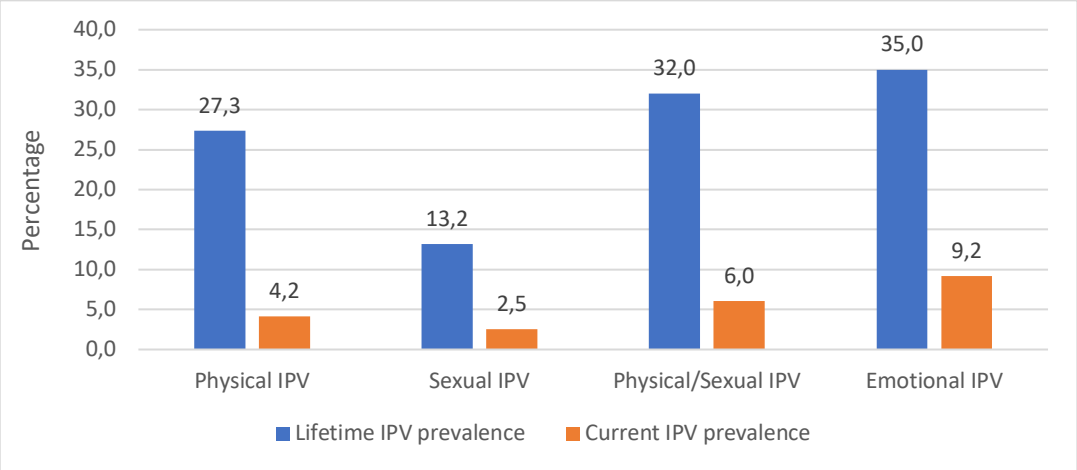
Violence that results in or is likely to result in, physical, sexual or mental harm or suffering of women and girls" takes many forms in Suriname. 32 percent of ever-partnered women experienced lifetime physical and/or sexual intimate partner violence in Suriname; In the 15 to 64 age brackets, over 50,000 women are estimated to have experienced one or more acts of physical and/or sexual violence perpetrated by male partners. Significantly, approximately 9,000 are likely to still be in abusive relationships (Pemberton & Joseph 2019). These findings resonate with WHO global estimates that almost one in three women are either physically or sexually abused at some point in their lives, not by strangers but by their own male romantic partners. Such estimates signify the widespread vulnerability of women to IPV·

Studies in Suriname show with respect to intimate partner violence, gender dynamics, and associated factors, that there is significant relationship between a male partner's controlling behaviors and women's experience of emotional, physical, and sexual partner violence (Bakboord 2010, 2015, Cecile Pemberton & Joseph 2019). The IDB study (Pemberton & Joseph 2019) revealed that with regard to women's responses to intimate partner violence, women's most common coping mechanisms were to communicate with their mother about their situation or to stay quiet. Additionally, women were likely to speak about the abuse with a sibling or a family member of their husband or family. The women who accessed interventions did so from their personal contacts (mostly their mothers) rather than social services or other entities adequately resourced to address intimate partner violence (IPV). Several factors precluded women from accessing help; these included the "normalcy" of violence, fear, and lack of knowledge with respect to their options. To make both survivors and society aware of the different types of services of GOs, NGOs and community-based organizations provide and where to reach them, in 2020 the ministries of Justice and Police, Home Affairs with support of UNFPA developed a referral pathway. This document is available on the internet.[1]

[1]https://www.undp.org/sites/g/files/zskgke326/files/migration/sr/c9cb9ccc539932f8416970ee52ebc7f7da7a4941b32841fd610f8f323214ce87.pdf

2.1.1 Sexual Violence Against Women by Partners and Non-Partners in the 15 to 64 age brackets

Figure 1 Lifetime and Current Prevalence of Physical, Sexual, Physical and/or Sexual and Emotional Intimate Partner Violence among Ever-partnered Women: Suriname Women's Health Survey, (SWHS) 2018



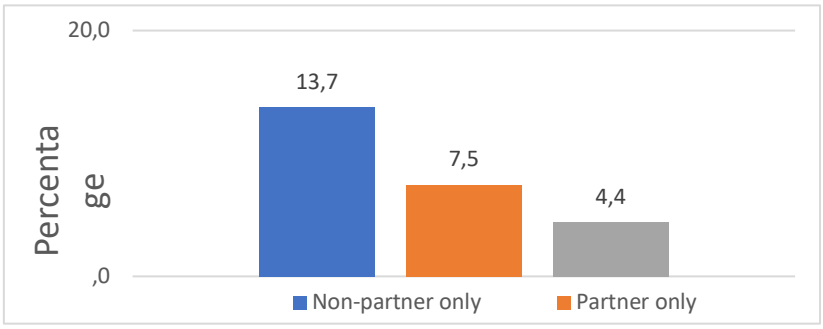
Source Pemberton &Joseph: IDB/Qure 2018

Thirty-two percent of ever-partnered women reported having experienced at least one act of physical and/or sexual IPV in their lifetime and six percent reported at least one act specifically during the 12 months prior to the survey. Among these women, physical intimate partner violence (IPV) was more common than sexual violence. Emotional violence, the use of language as a tool of abuse or aggression, was the most common dimension of IPV. It is important to note that while these dimensions are presented separately in the analysis, some women experience multiple forms of IPV. For example, 8 percent of ever-partnered women have experienced all three forms of violence.

The most common acts of physical Intimate partner violence (IPV) that women reported, whether lifetime or current, were being slapped or having something thrown at them; being pushed or shoved; being hit with a fist or something else; or being kicked or dragged.

Six percent of women who have been pregnant at least once reported experiencing physical violence in at least one pregnancy. Of these women, 36 percent reported that the violence worsened during pregnancy and 38 percent reported having been punched or kicked in the abdomen while pregnant.

Figure 2. Lifetime and Current Prevalence of Non-Partner and Partner Sexual Violence among ALL Women (SWHS)

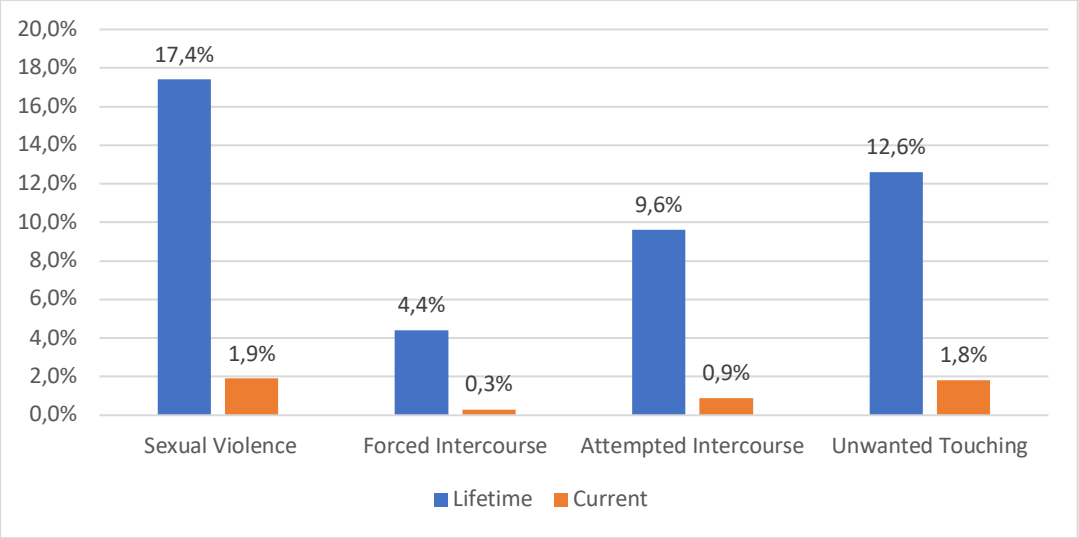


Source Pemberton &Joseph: IDB/Qure 2018

Non-partner sexual violence (NPSV)

The below data presents results on the prevalence and factors associated with various forms of non-partner sexual violence (NPSV) experienced by all women. The findings show that just under 26 percent of respondents have experienced sexual violence, which includes forced sexual intercourse, attempted forced intercourse, and unwanted touching at some point in their lives by a partner and/or non-partner.

Figure 3 Prevalence of Non-partner Sexual Violence among all Respondents: SWHS 2018



Source Pemberton &Joseph: IDB/Qure 2018

- Just under one in three women (26%) in Suriname have experienced lifetime sexual violence, either from a partner and/or non-partner. The prevalence of NPSV (13.7%) is almost double that of sexual intimate partner violence IPV (7.5%).
- Four percent (lifetime) of all respondents reported having been forced into sexual intercourse by a non-partner (< 1% current).
- Thirteen percent of women reported being touched sexually or made to be sexually touch another when they did not want to at least once in their lifetime (current 2%).
- Four percent of women indicated they were survivors of attempted intercourse at least once with a non-partner.
- The majority of women reported one perpetrator, in many instances a family member or friend. The majority of such experiences (85%) were left unreported to police.
- Sexual harassment (at work, on the job, public transport, and virtual spaces) was experienced by 25 percent of women, with the highest prevalence of this type of harassment being in the form of electronic messages with sexual content (19%) and being groped in a public space (9%).
- One percent of women indicated that they had experienced childhood sexual abuse (Pemberton& Joseph IDB/Qure 2019).

Reported IPV cases at the police

Table 1. shows the number (62) of women killed in the period of 2015-2022 and the IPV reported cases registered by the Police Corps Suriname (DCIV) in the period 2020-July 2022. IPV cases were mainly reported by women; 313 women compared to 93 men. Ex-partners appear to score high. 137 ex-partners report partner violence. This concerns 121 women and 14 men.

TABLE 1. Number of women killed as a result of domestic violence

Year	Number femicide
2015	5
2016	11
2017	4
2018	6
2019	7
2020	15
2021	7
2022	7
Total	62

Source: KPS Statistics, 2021 (2018-2020), and the Ministry of Home Affairs 2018 (2015-2017), Criminal Information Service (DCIV), 2023 (2021 & 2022).

TABLE 2. Intimate Partner Violence 2020: Albina, Bureau Nieuwe Haven, Corantijnpolder, Geyersvlijt, Henar, Leiding, Marienburg, Nw.Amsterdam, Nw.Nickerie Waldeck

Victim	Perpetrator	Frequency
Concubine	Concuban	3
Husband	Wife	3
Wife	Husband	33
Ex-husband	Ex wife	3
Ex-partner	Ex-partner	1
Ex-boyfriend	Ex-girlfriend	6
Ex-girlfriend	Ex-boyfriend	44
Ex wife	Ex husband	13
Man	Woman	2
Partner	Partner	1
Rival	Rival	13
Boyfriend	Girlfriend	5
Girlfriend	Boyfriend	17
Girlfriend	Girlfriend	1
Woman	Man	31
Total		**176**

Source: KPS/DCIV

TABLE 3. Intimate Partner Violence 2021: Albina, Bureau Nieuwe Haven, Corantijnpolder, Flora, Henar, Jarikaba, Latour, Leiding, Nw. Amsterdam, Nieuw Nickerie, Waldeck

Victim	Perpetrator	Frequency
Concubine	Concuban	1
Wife	Husband	20
Ex-partner	Ex-partner	1
Ex-boyfriend	Ex-girlfriend	4
Ex-girlfriend	Ex-boyfriend	40
Ex-wife/	Ex-husband	5
Ex-concuban	Ex-concubine	1
Ex-wife	Ex-husband	3
Man	Woman	2
Friend	Girl-friend	4
Girl- friend	Friend	32
Woman	Man	29
Total	**Total**	**142**

Source: KPS/ DCIV

TABLE 4. Intimate Partner Violence 01 jan- juli 2022 Bureau Nieuwe Haven, Calcutta, Henar, Jarikaba, Leiding, Nieuw Nickerie

Victim	Perpetrator	Frequency
Wife	Husband	6
Ex-girlfriend	Ex-boyfriend	14
Ex-wife	Ex-husband	2
Rival	Rival	2
Girlfriend	Friend	12
Woman	Man	9
Total		**45**

Source: KPS/DCIV

Note KPS/DCIV: It should be mentioned that these are provisional figures, since the official reports from various stations reach the department very poorly or not at all.

2.1.2 Violence against children

Studies conducted in Suriname show that adult perpetrators and survivors of gender-based and domestic violence have been survivors or witnesses of gender-based and domestic violence during their childhood (Bakboord 2010, 2015, 2017; Terborg et.al. 2020). A recent national study on Violence against Children in Suriname (Terborg et. al. 2020) shows that 81% of the children, in the age group 11-18 years, have experienced at least one form of violence in the home. Psychological and physical violence against children by adults in the home are the most reported forms and usually part of violent disciplinary practices. The results indicate that there are no significant differences between the incidence of physical violence against boys and girls. With respect to sexual violence table 5 shows the primary data of cases of sexual violence against children and table 6 illustrates it by sex and perpetrators.

TABLE 5: Sexual violence of children by perpetrator (Current and ever experienced)

Sexual violence	Current	Experienced
Sexual violence by children and adults	13%	15%
Recent experiences of sexual violence by adults.	10,3 %	12.0
Sexual violence by children	6,6%	7,9
Experienced sexual violence in their own family	8.2%	9,7
Experienced outside of their family	8.6%	10,2

Source: Terborg et.al. 2018

The percentage of children having experienced sexual violence in the past year by adults and/or children is 13%, while 15% indicate that they have ever experienced sexual violence at some point. Current sexual violence by children is reported less than sexual violence by adults: 7% against 10%. This also applies to the entire period of life, namely 12% versus 8%. Although more children experience sexual violence from adults than from children, the frequency of sexual violence by children is higher.

Table 6 shows that there are no significant differences between the extent of sexual violence against boys and girls. Boys experience more sexual violence from other children and slightly more sexual abuse within and outside the family.

TABLE 6: Sexual Violence of children by sex and perpetrators

Sex	Adults and Children	Adults	Children	Within the family	Outside the family
Boys	12.9%	10.4%	7.2%	9.0%	8.7%
Girls	13.1%	10.2%	5.9%	7.7%	8.3%
Total	13.0%	10.3%	6.5%	8.3%	8.5%

Source: Terborg et.al. 2018

Below Table 7 shows sex disaggregated data of children hospitalized as a result of violence in the period from 2010 to 2014. The majority of these children is girls.

TABLE 7. Hospitalization of children by sex as a result of violence

Year	Male	Female	Total
2010	4	6	10
2011	13	16	29
2012	12	19	31
2013	19	33	52
2014	27	22	49
2015	28	50	78
2016	21	28	49
Total	**123**	**174**	**298**

Source Terborg et.al. 2018

Registration of sexual violence against children by service providers in various sectors is fragmentary and inconsistent. There is insufficient qualitative data that provide reliable insight into the prevalence, the various forms of sexual violence, characteristics of victims, perpetrators and other characteristics (Bakboord 2004, Terborg 2014).

89%, of the number of children (table 8) that are being reported for sexual abuse, are girls. This pattern is not new, but repeats itself in all years, not only in the period 2010-2016, but also in the years before. Moreover, international is confirmed that gender is a significant factor contributing to sexual violence against children, given the worldwide pattern in which girls in particular become victims of sexual violence (Terborg et.al. 2018).

TABLE 8. Registered Sexual Violence in the Emergency Room by age sex 0-19

Sex	2010	2011	2012	2013	2014	2015	2016	Tot.	%
Male	13	19	14	14	18	16	17	111	11,1
Female	149	89	77	143	115	150	168	891	88,9
Total	162	108	91	157	133	166	182	1002	100

Source: Terborg et.al. 2018

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3. THEORETICAL FRAMEWORK AND GUIDELINES

3.1 Introduction

Violence against women and girls is widespread, systemic and culturally entrenched. The United Nations Secretary-General has described it as reaching pandemic proportions. Violence against women consists of "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life." Gender-based violence, violence that is directed against a woman because she is a woman or which affects women disproportionately, takes many forms. In addition to physical and sexual violence, violence against women and girls includes psychological and emotional harm and abuse, sexual harassment, female genital mutilation, abuse resulting from allegations of sorcery and witchcraft, so-called honor killings of women and girls, trafficking of women and girls, female infanticide and other harmful practices. Intimate partner violence and non-partner sexual violence are among the most pervasive and insidious forms of violence against women and girls. The term 'violence against women' includes violence against girls, particularly girls that could use the essential services provided for women.

As emphasized in the common principles of the essential service package of UNWomen, research and practice suggest that the manner in which services are provided has a significant impact on their effectiveness. Key to responding to violence against women and girls and maintaining women and girls' safety and well-being is an understanding of the gendered nature of the violence, its causes and consequences and providing services within a culture of women's empowerment which assist women and girls to consider the range of choices available to them and support their decisions. In delivering quality essential services, countries must consider the overriding principles that underpin the delivery of all essential services and the foundational elements which must be in place to support the delivery of each essential service. These principles and foundational elements are reflected in common characteristics and activities that cut across the health, social services, police and justice sectors and the coordination and governance mechanisms.

The principles, common characteristic and foundational elements for essential services for women and girls subject to violence can be found within international legal instruments. The state of Suriname agreed to support a set of global norms and standards for addressing violence against women and girls. The following overlapping principles underpin the delivery of all essential services and coordination of those services:

- A rights-based approach
- Advancing gender equality and women's empowerment
- Culturally and age appropriate and sensitive
- Survivor centered approach
- Safety is paramount
- Perpetrator accountability

3.2 Guidelines

A critical aspect of providing services at the community and grassroots levels is ensuring that the services are compliant with human rights standards and principles and that they- at least-meet the minimum standards of best practices. Standard Operating Procedures (SOPs) should exist across all organizations providing services to women and children, in addition to protocols/procedures that guide each phase of support. To effectively implement SOPs, all staff should be trained to deliver various forms of support and/or services. The Essential Services Package for Women and Girls Subject to Violence (ESP Guidelines) aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who experience gender-based violence. The ESP Guidelines comprises six modules including an implementation guide and incorporates four interlinked components which are:

1. Principles, which are at the root of essential services.
2. Common characteristics, describe a range of activities and approaches common across all areas and which support the effective functioning and delivery of services.
3. Essential services and actions which set out the guidelines required for services to secure the human rights, safety, and wellbeing of any woman, girl, or child who experiences intimate partner violence and non-partner sexual violence. Essential services as indicated are grouped into three sector-specific areas: (i) Health, (ii) justice and policing, and (iii) social services. These sector-specific areas are underpinned by a fourth element: (iv) Coordination and Governance.
4. Foundational elements, which are pre-requisites to enable the delivery of quality essential services across all essential services and actions.

Both state and non-state actors must consider the best practices which guarantee service accountability and minimum quality standards, as aligned within the Essential Services to develop an efficient system of protection and response for women and girls. The ESP Guidelines extend to the standards of service provision within the police/justice, health, and social services sectors, as well as within governance and coordination spaces.

3.3 Theory of change

Based on the ESP guidelines, and an inclusive gender equality and human rights perspective we used a theory of change to conduct the readiness assessment and developed a plan action. Weiss (1995) defines a theory of change as a theory of how and why an initiative works. Building on her work, we have defined a theory of change approach to conduct a readiness assessment of essential services in the health, social and judicial sector. The first steps toward assess the essential services are to determine their current situation, the problems they experience and what problems they want to resolve. To develop a plan of action, the first step is to formulate its intended outcomes, the activities it expects to implement to achieve those outcomes, and the contextual factors that may have an effect on implementation of activities and their potential to bring about desired outcomes. A theory of change approach can sharpen the planning and implementation of an initiative.

Used during the design phase, it increases the likelihood that stakeholders and actors will have clearly specified the initiative's intended outcomes, the activities that need to be implemented in order to achieve those outcomes, and the contextual factors that are likely to influence them.

A theory of change asks that participants be as clear as possible about not only the ultimate outcomes and impacts they hope to achieve but also the avenues through which they expect to achieve them (Weiss, 1995).

Articulating a theory of change at the outset and gaining agreement on it by all stakeholders and actors reduces, but does not eliminate, problems associated with causal attribution of impact. A theory of change specifies, up front, how activities will lead to interim and longer- term outcomes and identifies the contextual conditions that may affect them. This helps strengthen the scientific case for attributing subsequent change in these outcomes (from initial levels) to the activities included in the initiative.

Hence, this assessment which includes an action plan has been conducted from a gender equality and human rights perspective, using a theory of change.

4. METHODOLOGY

4.1 Technical team

A technical team which consists of members of the National Council Domestic Violence, government representatives and UNFPA specialists, has been set up to:

- provide technical support and implementation guidance, monitor progress and results along the course of the implementation;
- provide input on technical papers, policy and other relevant documents;
- provide input on selecting resource persons and participants for the focus group discussions, and individual interviews; and
- work in a participatory way allowing meaningful participation and leadership of stakeholders and actors in decision-making to ensure GBV needs are met and that the main concerns are addressed.

4.2 Data collection

Desktop review

This review was among the first set of tasks completed that helped to ground the broader assessment. Several meta- studies, regional and local reports on VAWG and girls, institutional and community-based responses and local applicable laws, policies and regulations were identified and grouped accordingly.

Consultation meetings

National stakeholders and actors, key-informants, individual experts and resource persons have been informed about the methodology and goals of the assessment, the plan of action, the contribution of the stakeholders and actors and to identify representatives to take part of the technical team.

Design of the questionnaire and topic list

The questionnaire template designed according to the UN Guidelines reveals that the use of this instrument produces a very in-depth assessment and will require a time investment beyond the allotted days and time frame. Therefore, we designed an adapted questionnaire with a topic list based on the above theoretical framework and guidelines (key-characteristics), desk review and interviews with key-persons.

ESP principles

Based on the seven areas for delivery across all essential services a topic list and questionnaire were designed with the following key characteristics and contextual factors that may have an effect on implementation of activities and their potential to bring about the desired outcomes.

KEY-CHARACTERISTICS

ADAPTABILITY	PRIORITIZE SAFETY	DATA COLLECTION AND INFORMATION MANAGEMENT	LINKING WITH OTHER SECTORS AND AGENCIES THROUGH COORDINATION
AVAILABILITY	APPROPRIATENESS	INFORMED CONSENT AND CONFIDENTIALITY	EFFECTIVE COMMUNICATION AND PARTICIPATION BY STAKEHOLDERS AND ACTORS IN DESIGN, IMPLEMENTATION AND ASSESSMENT OF SERVICES.
ACCESSIBILITY			

The topic list was sent to some members of the technical team for comments. After processing the comments, the topic list was sent in advance to the identified participants for the focus group discussion, to deliberate the topics with their staff prior to the focus group discussion.

Focus group discussion

Focus Group Discussions (FGDs) were used to obtain qualitative data from selected relevant stakeholders and actors by the consultant and the technical team on their experiences with, how laws, policies and practices impact upon rights and the ability to access services in the context of gender-based violence and whether women and girls of gender-based violence are able to access justice and enjoy their rights. Focus group discussions were held with the social, health and judicial sector among which the police.

Written responses and individual interviews

Due to their heavy workload, some key-persons were unable to attend, but sent us their answers in writing and with some individual interviews have been taken. However, a few did not respond.

Survey

A survey was sent to gender focal points and community-based workers in the capital and the districts who provide support to survivors of gender-based violence.

Validation meeting with stakeholders and actors

A meeting has been held to validate the assessment of the essential services. The consultant presented the findings, recommendations and a format for the plan of action. The participants designed and a plan of action by sector.

4.3 Limitations

Some factors beyond our control had influence on the timely availability of resource persons, stakeholders and actors for consultations, interviews and data that has to be put at our disposal. This had caused some backlog in the time set aside for the activities and had led to a limited impact assessment. The following limitations to the assessment should be noted:

1. Limited availability of survivors of gender-based violence.
2. Limited availability of stakeholders and actors.
3. Time and resource constraints.
4. Limited availability of up to date data.

5. INTERNATIONAL AND REGIONAL REGULATIONS REGARDING GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

On an international and regional level, the State of Suriname has ratified various treaties that guarantee the rights of women and girls with regard to, among other things, equality, and access to health care, housing, the labor market and a life free from all forms of violence such as physical, mental, financial, sexual violence and femicide. Suriname is party to the Universal Declaration of Human Rights, the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (UN Women's Convention or CEDAW), the 1994 Convention on the Prevention, Punishment and Elimination of Violence against Women (Belém do Pará Convention), CARICOM Model Legislation on Domestic Violence and the Inter-American Model Law to Prevent Punishment and Eliminate the Violent Death of Women. Gender-based violence committed by someone in a relationship also falls under domestic violence.

5.1 The Universal Declaration of Human Rights (UDHR)

The basis for all international agreements on human rights is formed by the UDHR. On December 10, 1948, this declaration was adopted by the United Nations. Subsequently, several treaties were concluded in which human rights are defined more precisely and which restrictions are stated. All human rights apply to everyone, in practice it appeared that additional measures were necessary to strengthen the human rights of women and children. That is why various treaties have been concluded for these groups. Examples are the Convention on the Rights of the Child and the UN Women's Convention.

The UDHR aims to lay the foundations for human rights treaties. It has no binding force, but has acquired great moral significance over the years as the main international standard of human rights. However, courts worldwide refer to this treaty because it has the status of customary international law. All member countries of the United Nations are also expected to accept the UDHR and thus act according to its standards. If states do not do this, full legal enforceability will not be possible on the basis of this statement, but it will be possible on the basis of the treaties to which the states are party and of which UDHR has been the basis, for example the Convention on the Rights of the Child and CEDAW. See below the articles (UDHR) that respect the human rights for women and girls to be free from gender based-violence:

Article 3 states that everyone has the right to life, liberty and security of person. Every individual, including women and girls, has the right to life and the right not to be subjected to degrading acts. **Article 7** states that everyone is equal before the law and is entitled without discrimination to equal protection of the law. Everyone is equal before the law.

Article 8 focuses on the right everyone has to legal assistance from competent national courts against acts contrary to their fundamental rights. This is also enshrined in The Surinamese Constitution, which offers citizens, including women and girls, various rights, including the right to personal liberty and security. If such a right is violated, women have the right to legal assistance from competent national courts, including the Civil Court, the Criminal Court and the Court of Justice.

5.2 1979 Convention on the Elimination of All Forms of Discrimination against Women (UN Women's Convention or CEDAW)

Suriname ratified the Women's Convention in 1993, after it had been approved by The National Assembly (DNA) by Act of December 29, 1992 (SB 1992 No.98). Article 105 of the Surinamese Constitution indicates that treaties only have direct effect if they each contain binding provisions. If this is not the case, the provisions of the agreement will only be seen as an instruction to the party state to bring its regulations into line with them. The Women's Convention aims to eliminate all forms of discrimination against women. Relevant articles in this framework are:

Article 2 Suriname must introduce appropriate means and policies aimed at condemning discrimination against women.

Article 5 sub a Suriname will have to take appropriate measures to eliminate gender stereotypes as a cause of gender-based violence, see section 1.2.

Article 13 focuses on the elimination of economic and social discrimination against women in order to guarantee them equal rights. Just like the aforementioned gender stereotypes, economic and social inequality are the causes of domestic violence. The inequality entails several things, for example dependence of women on men due to differences in labor participation, which can lead to perpetuation of violence.

Article 18 Suriname, is required under this Article to submit, every four years, a report on the legislative, judicial, administrative or other measures they have taken to implement the provisions of this Convention. It is remarkable in this convention that the problem of violence against women is not explicitly included in it, so that women could invoke this specific article. Apart from that, since 1999 the UN Women's Convention has, in addition to the state report, also an individual right of complaint. This individual right of complaint is laid down in the Optional Protocol to the UN Women's Convention. This protocol allows women to make an individual statement or complaint if they allege that they have been subjected to a violation of the rights set out in the convention by a State party. However, Suriname is not a party to this protocol and no individual complaint can be submitted by Surinamese women on the basis of Article 3 of this protocol.

5.3 International Convention on the Rights of Children (0-18)

For the purposes of this Convention, a child means any human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.

In March 1993, Suriname ratified the International Convention on the Rights of the Child (CRC). This Convention on the Rights of the Child deals with everything that children may encounter. It is about food, school, housing and health, abuse, child labor, war and fleeing. The Convention on the Rights of

the Child provides important principles and obligations. Everything to ensure that children, both boys and girls, can grow up safely and protected and develop optimally.

The Convention on the Rights of the Child has been supplemented by the United Nations with three optional protocols to offer children extra protection. On May 18, 2012, Suriname ratified the Optional Protocol on the sale of children, child prostitution and child pornography.

The protocol encourages the investigation and prosecution of these crimes and child-friendly legal procedures for survivors and witnesses. It also draws attention to the disproportionate number of girls who are survivors of sexual exploitation.

In the context of this assessment, which focuses on violence against girls committed in both the relational and non-relational spheres, we zoom in below on children's rights about the right to safety to which the State of Suriname has committed itself.

Article 18 – Responsibility of parents

Paragraph 1. The Surinamese State must do everything in its power to ensure recognition of the principle that both parents bear joint responsibility for the upbringing and development of the child.

Article 19 – Protection against Violence

Paragraph 1. Take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, physical or mental neglect or negligent treatment, mistreatment or exploitation, including sexual abuse, while the child is in the care of the parent(s), legal guardian(s) or any other person who has the care of the child.

Paragraph 2. These protection measures should include, where appropriate, effective procedures for the implementation of social programs to provide the necessary support for the child and those caring for the child, as well as procedures for other forms of prevention and for the detection, reporting, referral, investigation, treatment and follow-up of cases of child abuse as described above, and, if applicable, for judicial involvement.

Article 34 - Sexual Exploitation

Protection of the child against all forms of sexual exploitation and abuse. To this end, States Parties shall take all appropriate national, bilateral and multilateral measures to prevent:

a. a child is solicited or coerced into engaging in unlawful sexual activity;

b. children are exploited in prostitution or other illegal sexual practices;

c. children are exploited in pornographic performances and pornographic material.

Article 35 – Sale, Trafficking and Abduction

Take all appropriate national, bilateral and multilateral measures to prevent the abduction, sale or trafficking of children for any purpose or in any form.

Article 36 – Other forms of exploitation

Protection of the child against all other forms of exploitation harmful to any aspect of the child's well-being.

Article 37 – Torture and deprivation of liberty

b. Ensure that no child is deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in accordance with the law and shall be used only as a measure of last resort and for the shortest appropriate duration;

c. Every child deprived of his or her liberty shall be treated with humanity and with respect for the inherent dignity of the human person and in such a way as to consider the needs of a person of his or her age. In particular, every child deprived of his or her liberty shall be separated from adults unless it

is considered in the child's best interests not to do so, and every child shall have the right to maintain contact with his or her family by correspondence and visits, except in exceptional circumstances;
d. Every child deprived of his or her liberty shall have the right to obtain prompt legal and other appropriate assistance, and the right to contest the legality of his or her deprivation of liberty before a court or other competent, independent and impartial authority, and to a prompt decision on that appeal.

Article 39 - Appropriate care for survivors of violence
Take all appropriate measures to promote the physical and mental recovery and reintegration into society of a child who is a survivor of: any form of neglect, exploitation or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflict. This recovery and reintegration take place in an environment conducive to the health, self-esteem and dignity of the child.
As stated in the legal Environment Assessment on HIV (Bakboord 2019), "There once was a case of sexual offense at the Public Prosecutors' office. Commissioned by the prosecutor, both parents were confined the father for being guilty of a sexual offense and the mother for passively permitting/allowing the offense. Then the defense appealed claiming that, according to the Convention on the Rights of the Child, both parents cannot be confined at the same time as there would be no parent looking after the children. The public prosecutor honored the claim of the defense".
We have not found such a provision in the CRC. Article 9 paragraph 4 shows that one can correctly deduce that in certain cases both parents can be imprisoned. If the judge has honored the claim of the defense and the prosecutors support the defense, a wrong interpretation has to be given to "the best interest of the child.

5.4 1994 Convention on the Prevention, Punishment and Elimination of Violence against Women (Belém do Pará)

The Belém do Pará Convention was approved and entered into force in Brazil on June 9, 1994. Suriname ratified this treaty in 2002 after approval of De National Assembly (DNA). The convention aims to prevent, punish and eradicate violence against women. This treaty is important when it comes to containing gender-based violence against women and girls in Suriname.
Chapter 1 concerns the definition and scope of violence against women; Important here is the definition of violence against women in Article 1, which is "any gender-based action or behavior that causes death, injury or physical, sexual or psychological suffering of a woman, whether in the public or private sphere."
Article 2 sets out the scope of violence and emphasizes that it is not only violence that takes place within the family, housing units or any other interpersonal relationship, but also violence that takes place in the community. This includes, for example, rape, assault, sexual abuse, molestation in the workplace, trafficking in persons.
Chapter 2 concerns the rights protected for women; In this chapter, women's rights are clearly and unequivocally stated.
Chapter 3 deals with obligations of States Parties; these duties mainly include developing policies to prevent, punish and eliminate all forms of violence against women and implementing programs that contribute to this.

Chapter 4 concerns the mechanisms of protection;
Article 10 includes a reporting obligation for party states to this convention. In such a report, party states will have to include all the measures they have taken to combat violence against women, its causes and consequences.
Article 12 allows an individual, a group of individuals or an NGO recognized in one or more-member countries of the OAS to submit a petition to the Inter-American Commission on Human Rights alleging a failure of the party state to fulfill its obligation (and) as contained.

5.5 CARICOM Model Legislation on Domestic Violence or the Family Act 1997 (Protection Against Domestic Violence)

CARICOM member states have recognized that there is an increase in violence against women in its physical, psychological and sexual forms. This has been one of the main reasons for tackling this problem. The Model Legislation on Gender-based Relationships (Domestic Violence) was drafted on the basis of the need for legislation that deals exclusively with domestic violence and provides solutions to mitigate the effects of domestic violence. The model therefore tries to provide legal protection to persons who are survivors of domestic violence. The main categories of persons covered by the scope of the legislation are men and women who are or have been married to each other, or who live or have lived together as husband and wife, and children. The 'solution models' provided for in this model law are the protection orders, including injunctions and prohibitions. This legislation is modelled on the bill prepared by the CARICOM Secretariat as part of its Legislative Reform Project. This legislative product emphasizes the provision of civil remedies in the form of an interim injunction (interim order) or protection order, rather than an emphasis on punishment. It is the intention that all member states of CARICOM harmonize their legislation with this model law.

5.6 Inter-American Model Law to Prevent Punishment and Eliminate the Violent Death of Women

The Inter-American Model Law to Prevent, Punish and Eliminate the Violent Death of Women is a model law that evolved from the 1994 Belém do Para Convention and the 2008 MESECVI[2] Declaration on Femicide. The Model Law was adopted by Suriname, but has not yet been implemented in the national sphere. New national legislation or changes to existing national legislation will have to be drawn up. The purpose of this model law is to prevent, punish and eradicate the gender-based murder of women, whether committed by a partner or ex-partner, an individual or a group of individuals, with whom the woman had an interpersonal relationship or can have.

[2] The Follow-up Mechanism to the Belém do Pará Convention (MESECVI) is an independent, consensus-based peer evaluation system that looks at the progress made by States Party to the Convention in fulfilling its objectives. MESECVI is financed by voluntary contributions from the States Party to the Convention and other donors, and the Inter-American Commission of Women (CIM) of the OAS acts as its Secretariat.

Article 2 contains guiding principles for this law, which could also apply as guiding principles for existing and yet to be drawn up laws and/or policy plans in Suriname.
Article 3 contains definitions of gender-based violence and gender stereotypes.
Article 26 contains an obligation on the state to raise awareness and launch information campaigns in order to prevent violence against women and draw attention to its causes, such as social and cultural behavior patterns, social and cultural customs based on the inferiority of women and the promotion of women's human rights in the private and public sphere.

By incorporating these articles, there can be clarity about the concepts discussed and (another) legal obligation may arise for the state when it comes to protecting women against partner violence.
The instruments of the various organizations mentioned above can play an important role in preventing and combating violence against women. Legally binding human rights instruments impose obligations on states and the organs of such an organization must monitor their implementation. On this basis, states can be held accountable for acts of violence against women before international and/or regional institutions (Morsen 2021).

5.7 Sustainable Development Goals

SDG 5 Gender equality: End all forms of discrimination against all women and girls; Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
SDG 1 End poverty in all its forms.
SDG 3 Ensure healthy lives and promote well-being for all at all ages.

6. NATIONAL LEGISLATION, REGULATIONS AND POLICY REGARDING GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

6.1 National Legislation

In Suriname, there are four specific legal products that relate to gender-based and domestic violence, namely the Surinamese Penal Code, the Criminalization of Stalking Act, the Domestic Violence Act and the Violence and Sexual Harassment Labor Act. The latest law was passed by the National Assembly in October 2022, ratified by a president and has been published. This law only applies to adult women and not to girls.

The Penal Code can also be used when it comes to the financial, psychological, physical and sexual aspects of the definition relating to gender-based violence against women and girls. Among other things, see the following articles in the Penal Code: concerning damage to goods art 414; Grievous bodily harm through fault art. 368; Simple assault art. 360; Premeditated assault art 361; Serious assault art. 362 (jo art 70); Premeditated aggravated assault art. 363 and art. 364 paragraph 1 sub 1.

With regard to felony threat art. 345; Harassment or stalking art 345b; Intentional deprivation of liberty art 342; art 300, art 301, art 302.

Does it concern actual assault art 299; Intercourse with unconscious or incapacitated Art 296; Rape art 295 (jo art 70); Intentional intercourse by HIV-infected art 294; In the case of sexual abuse of children and young people, articles 292, 293, 297 and 298 apply.

Since the aforementioned law did not offer a solution in all cases for sexual, physical, psychological and economic gender-based violence in the relational sphere (domestic violence), **the Domestic Violence Act (DV Act)** came into force in 2009. This law offers a solution for the forms of violence that do and do not occur in the aforementioned laws, by means of a protection order and possible interim order in which injunctions and/or prohibitions can be included against the (ex) partner or family members. This law focuses on the protection of survivors and the prevention of domestic violence.

When it comes to the invasion of another person's privacy, as the legislator indicates in the Memory of Explanation of **the Criminalization of Stalking Act**, the emphasis is mainly placed on the psychological aspect of the definition of domestic violence/partner violence. This Act is mainly concerned with the prevention and punishment of acts that fall under the description of stalking or harassment included in Article 345b of the Penal Code. The law offers preventive measures such as the freedom of movement and communication restrictive measures as included in Article 2, which can be imposed on the attacker.

In addition, there are also prison sentences and fines included in the Penal Code, in case the attacker has not complied with the preventive measures and a complaint has been filed against him.
In contrast to the DV Act, which only applies to survivors and perpetrators in a relational sphere, the Stalking Act applies to every citizen; hence, both on survivors and perpetrators in the relational and non-relational sphere.
The Violence and Sexual Harassment Labour Act is mainly about protecting workers both men and women against subtle behavior that cannot yet be identified as violence or sexual violence. Research in Suriname conducted by Terborg (2012) shows that mainly women are survivors of this form of sexual harassment in the world of work.

6.2 Policy visions and development plans with regard to gender-based violence in the relational and non-relational sphere against women and girls

The Ministry of Finance and Planning

Multi-annual Development Plan (MOP) 2022-2026
This plan does not specifically refer to gender development, nor to GBV policy. When it comes to protection, however, the MOP refers to the implementation of a national program to combat violence against children. This MOP states that the sustainable development goals have been incorporated in full; inclusive SDG-5.

The Ministry of Home Affairs

Gender Vision Policy Document (2021-2035)
The gender policy of the Ministry of Home Affairs/ the Bureau Gender Affairs (BGA) formulates, coordinates, evaluates and implements this policy by entering into partnerships analyzing available data, drawing up and amending legislation and regulations and initiating and increasing gender awareness. The gender Vision Policy Document builds on:

- Suriname's international and regional obligations to achieve gender equality and the empowerment of women and girls;
- The Constitution of Suriname;
- The evaluation of previous integral gender policy plans of the Ministry of the Interior;
- The Development Plan 2017 – 2021 (OP 2017 – 2021) of Suriname, where the gender policy is discussed in chapter X, paragraph 1.

The Gender Vision Policy document 2021-2035 includes the following goal: reduce gender-based violence, and improve and increase access to assistance and legal services for survivors and perpetrators by 2035. Section 4.6 lists various interventions/actions to achieve the strategic goal: This goal is to adapt, strengthen, approve and bring into force all legislation to promote gender equality and eliminate gender-based discrimination in Suriname by the year 2035. Some important identified interventions with regard to gender -based violence are:

1. The amendment of article 8 paragraph 2 of the Constitution to recognize intersectional forms of discrimination against rural women, Maroon women, Indigenous women, women with disabilities and lesbian, bisexual, transgender and intersex women;
2. The amendment of articles 355-357 of the Penal Code that prohibit abortion. The basic premise of the amendment is to legalize abortion in cases of rape, incest, danger to the life and/or health

of the mother, or severe fetus harm, decriminalize it in all other cases, and remove punitive measures against women who undergo an abortion.

The BGA is now in the final stage of developing a monitoring and evaluation plan for the Gender vision policy document 2021 -2035.

The Ministry of Health

The National Sexual and Reproductive Health and Rights Policy (2020-2030)

The National Sexual and Reproductive Health and Rights (SRHR) policy of the Ministry of Health is embedded in a national policy framework that follows, in general, the directions, principles and guidelines with respect to gender-based violence in the Gender Vision Policy 2021-2035 of the Ministry of Home Affairs.

Essential Sexual and Reproductive Health Services

In accordance with the Program of Action of ICPD and the regional outcome document 'Montevideo Consensus' (2013), the recent comprehensive and integrated definition of SRHR (report of the Guttmacher–Lancet Commission10) and the results of the specific context/situation analysis of SRHR in Suriname, the government of Suriname commits to the delivery of 'Essential sexual and reproductive health services', that meet human rights standards, including the "Availability, Accessibility, Acceptability, and Quality" framework of the right to health. In this national SRHR policy, prevention, detection, care and referrals for cases of sexual and gender-based violence, which are essential SRHR services, are identified. See below:

Gender-based violence (GBV) can take many forms, including physical, sexual and emotional. Care and health services for women who have been subjected to violence should be woman-centered: they should be organized around women's health needs and perspectives. Health sector interventions to address GBV include: early identification through clinical inquiry; first-line support and response; treatment and care for intimate partner violence and sexual assault (e.g. emergency contraception, presumptive treatment for STIs, post-exposure prophylaxis for HIV, mental health care), in addition to Emergency Room and other medical needs as suture of wounds etc.). It is also critical to establish referral pathways to ensure that the health sector facilitates the access of survivors to supportive services (namely social, police and justice).

Based on the conceptual frame of reference, the essential package of SRHR services and the main gaps identified in the situation and response analysis, the following strategic objective with its outcome to gender-based violence has been formulated for the period 2020-2030.

Strategic goals	Outcome
Strengthen health care systems capacity to enable universal access to quality SRH care	Improved services for prevention, detection, counseling, care and referral pathways for cases of sexual and gender-based violence

The Ministry of Social Affairs and Housing

The Ministry of Social Affairs and Housing is responsible for facilitating the coordinated and integrated implementation of legislation, policies and programs aimed at creating optimal development opportunities for all children in Suriname.

The National Action Plan for Children 2019-2021, has been developed based on the Sustainable Development Goals (SDGs) and the Convention on the Rights of Children (CRC). It is within this framework that with a coordinated and integrated approach, and the integration of a gender perspective, work will be done to achieve the goal, namely: complying with child rights, especially children in vulnerable positions. To achieve this ultimate goal, following United Nations Children's Fund (UNICEF) approach, 5 major sub-goals have been distinguished, namely:

1. Every child survives and is healthy
2. Every child receives quality education
3. Every child is protected against violence and exploitation
4. Every child lives in a safe and clean environment
5. Every child has equal opportunities in life

In line with the above 5 major sub goals, 7 priority areas have been identified for Suriname, each of which is aimed at achieving several strategic goals.

1. Strengthening coordination and a supportive legal, policy and financial environment
2. Improving health
3. Increasing access to quality education
4. Strengthening the family, shelter and alternative care
5. Prevention and reduction of violence against children
6. Improving the situation of children in vulnerable positions
7. Protection and preservation of the environment

National Council on Domestic Violence

On March 31, 2005, a working group consisting of representatives of various ministries and agencies started discussions on domestic violence from the perspectives of the Ministry of Justice and Police. This resulted in an analysis report, in which the Domestic Violence Steering Committee project was recommended. Good cooperation between various ministries and NGOs is important for optimal results. In order to establish this cooperation, an interdepartmental Domestic Violence Steering Committee was set up in 2008, in which representatives from six ministries had seats. The Domestic Violence Steering Group was given the main task of developing a policy plan for the structural approach to domestic violence.

The ministries represented in the Steering Committee have signed a cooperation agreement in which they agree that:

- The aim of the collaboration is to better coordinate the policies of all parties in order to achieve an integrated approach to domestic violence;
- The Ministry of Justice and Police will coordinate this cooperation;
- By decision of the Minister of Justice and Police of 5 May 2010, the Domestic Violence Approach Platform was installed, mainly consisting of NGOs. The Platform serves as a sounding board for the Domestic Violence Steering Group in the elaboration of the policy plan for the structural approach to domestic violence.

In July 2017 the steering committee and the platform become the National Council Domestic Violence installed by the minister of Justice and Police, that exists of representatives of Public Prosecution Service; Ministry of Justice and Police- the Bureau Women and Children, - the Bureau Victim Care , - Police Corps Suriname; the Ministry of Home Affairs, Social Affairs and Housing, Health, Regional Development, Labour Employment and Youth, and Education, Science and Culture, Foundation Stop Violence against Women and Foundation the Stem.
The overall goal of the National Domestic Violence Council (NCDV) is an integrated approach to effectively reduce, prevent and possibly eliminate domestic violence. The priorities of the National Policy Plan Structural Approach to Domestic Violence can be found in the following areas of attention; Legislation; Research and data collection; assistance; hotlines and training and education. To do justice to an integrated approach, the NCDV believes that workable, short-line structures are of paramount importance. Cooperation with civil society groups and other interested organizations also plays a major role in this. The cooperation between the various departments, organizations, institutes and individuals will be laid down in cooperation protocols, which include the following points:

- Clearly defined period of cooperation.
- Protection of personal data for confidentiality (guarding secrecy).
- Making data collection mandatory by the collaborating organizations and sharing the data.
- Developing and recording a format, so that data collection can take place unambiguously.

UNITED NATIONS

Reporting to international/regional organizations

Suriname has participated in all three multilateral evaluation rounds of the Belém do Pará Convention by reporting to the committee the status of women's rights, including the guarantee of life without violence. Since 2002, the State of Suriname has also fulfilled its reporting obligation to the CEDAW committee. Suriname last reported to the United Nations (UN) Committee on the Rights of the Child in Geneva, Switzerland in 2016 (Suriname Herald December 21, 2018). The most recent (published) human rights report of Suriname dates from the year 2020 and contains in chapter 6 the situation at the time regarding domestic violence and violence against women in particular. NGOs and people, women and children's rights activists in Suriname have submitted shadow reports.

Women's Rights Centre, submitted a shadow report to the CEDAW Committee in 2019. In the occasion of the third cycle of the Universal Periodic Review of Suriname, Parea Suriname, Women's Rights Centre and Foundation Lobi Health Center submitted a shadow report in the area of Sexual, Reproductive Health and Rights (SRHR), HIV/AIDS, LGBTI and Women's rights to advocate for the improvement of Human Rights issues in Suriname. This report was submitted on March 18th, 2021 and accepted by the United Nations Human Rights Council (UNHRC).

7. FINDINGS

This chapter describes the outcome of the focus group discussions, interviews with stakeholders and actors from the judicial and police, social and health sector, and a survey among community-based workers and gender focal points from the various government ministries.

The assessment shows that actors and stakeholders do their utmost to provide adequate services to survivors of gender-based violence against women and girls with limited available resources. This sometimes leads to moments of demotivation, frustration and disappointment of the service providers. But it is to be applauded that with the limited resources they continue to work daily to meet the survivors' requests for help; often with their own resources. Bureaucracy and the lack of financial and material resources and knowledge, and lack of motivation of some policy makers, executives and colleagues often leads to no- or insufficient response to the provision of quality services of gender-based violence. For survivors, this sometimes seems like a cry for help that is not or insufficiently heard.

7.1 JUDICIAL SECTOR AND POLICE

7.1.1 The goals and services of the Judicial Sector with respect to gender-based violence

The Ministry of Justice and Police has a policy plan that includes youth, gender and domestic violence. The national policy is intended to tackle domestic violence in an integrated manner by means of information, training, support to survivors and perpetrators, the creation and/or strengthening of the necessary structures, data collection and research, and monitoring and evaluation of the formulated policy. However not all stakeholders and actors are aware of this policy.

The National Council on Domestic Violence, consisting of representatives from seven ministries and two NGOs, was charged with updating the National Policy Plan and the resulting action plans with regard to a structural approach to domestic violence.

The following departments at the Ministry of Justice have, in accordance with their assignments, specific goals in terms of services to survivors of gender-based violence.

- The Bureau for Women and Children is in charge of coordinating all activities relating to gender-based violence and all forms of violence against children.
- The Bureau Family Affairs provides indirect services
- The Judicial Child Protection Department focuses on children in pre-trial detention.
- The Victim Care Bureau Paramaribo, the Victim Support Office Nieuw Nickerie and the Shelter for Survivors of Domestic Violence provide services for survivors of gender-based and domestic violence.

- The Legal Care Office is in charge of providing costly legal care to adults in need, who are financially unable to hire a lawyer. Children who need legal care need to have a legal representative. Bailiffs fall under the responsibility of the Legal Care Office and are in charge to get DV-Act protection orders served by the defendants.
- The Bureau Family Affairs works in the interest of minor children. When there is a dispute between parents, the agency comes into picture. No matter how complex the problem may be, one can apply to the agency.
- The Police Corps Suriname. One of the goals of the Police Corps Suriname (KPS) is to provide services to survivors (women and girls) of gender-based violence. Some precincts in the districts of, Wanica, Paramaribo Nickerie and Commewijne support survivors to report crimes committed to them, completing the protection order application form and apprehend perpetrators who violated the protection order.
- The Court of Justice. Four judges are appointed to handle cases with regard to the Domestic Violence Act (DV Act). The DV act is aimed at the protection of survivors of domestic violence (which also includes gender-based violence to women and girls within the relational sphere) by means of a short procedure. With regard to reports of gender-based violence to the police, using the Criminal Code and the defendant is prosecuted, these cases end up before the criminal court.
- The Public Prosecutor's Office has a policy with regard to gender-based violence. All 29 prosecute officers are able to decide, in consultation with the assistant police officer, whether a defendant of gender-based or domestic violence should be detained. Two prosecutors are specialized and fully in charge of gender-based and domestic violence cases whether it concerns cases regarding the Criminal Code or DV-Act. All prosecutors, when requested by a survivor, help survivors with completing an application for a protection order. However, with respect to the DV Act, the prosecutors mainly come into the picture when the defendant has violated the protection order (DV Act).
- The NGO, Ilse Henar Hewitt Foundation Legal Assistance provides legal assistance to survivors of gender-based violence in need who are financially unable to hire a lawyer: informing and advising clients on various socio-legal subjects; supporting and guiding clients in seeking their rights; helping with completing an application for a protection order; referring to various authorities and/or GBV experts.
- With the exclusion of the Court of Justice, all of the above departments and organizations assist survivors with completing an application for a protection order.

7.1.2 Accessibility

Location

Gender-based violence services of the Surinamese police are concentrated only in the neighborhood Flora in capital Paramaribo, one in the districts of Wanica, Commewijne and Nickerie.

The Court of Justice and the Public Prosecutor's Office are located only in Paramaribo. Court sessions are being held in Nieuw-Nickerie and both offices are now in the process of decentralizing the court sessions.

The Bureau for Women and Children, the Bureau Family Affairs, the Judicial Child Protection Department, the Victim Care Bureau Paramaribo, the Shelter for Survivors of Domestic Violence, the Legal Care Office and the NGO Ilse Henar Hewitt Foundation Legal Assistance are all located in Paramaribo. The Legal Care Office is now in process of decentralizing its services to the district of Brokopondo, Wanica, Saramacca, Coronie and Moengo village. The Victim Support Office is based in Nieuw Nickerie and a department of the Bureau Family Affairs is based in Nieuw-Nickerie, Apoera and Coronie. Their clients can sign up by email, phone or come by in person.

Language

In general language is not a problem but in case of a language barrier, interpreters are used. Migrants sporadically experience a problem of this nature. For example, a Guyanese female survivor of gender-based violence was negatively treated by the police because of her language. Besides there are illegal immigrants who do not dare turn to the police. Worth noting is that participants demanded attention for the phenomenon of trafficking in women.

7.1.3 Gender-based violence training and gender training

On behalf of the Ministry of Home Affairs and the United Nations Development Program (UNDP), a gender, gender mainstreaming training for trainers has been conducted by Women's Rights Centre for a core of civil servants. Through the government Education and Training Centre, these trainees are now providing gender training sessions to religious leaders and civil servants from various ministries.

In 2013 a two-days seminar has been held with prosecute officers and judges responsible for DV cases by Sharon Gibson, a magistrate from the Family Court of Justice of Trinidad & Tobago. In that same year high ranked police officers, civil servants of the Ministry of Justice and Police and religious leaders attended a training for trainers in Domestic Violence Intervention by Women's Rights Centre. The Police Corps did not follow-up on this project as a result of which only a few police officers have been trained. A core of religious leaders followed up, compiled their own manual and conducted training sessions for youth. Incidentally some one-day workshops with religious leaders and police are being conducted. This year a few police officers attended DV training in Jamaica.

Not all KPS officials are trained in GBV. The current senior management has not received any training in gender-based-violence. The staffs who are the ultimate responsible ones are not trained in GBV, gender and human rights. A few police officers have been trained in assisting survivors of GBV.

The Legal Care Office is now preparing courses in communication skills from a gender equality and human rights perspective for all their staff.

The Public Prosecutor's Office organizes regular theme sessions on GBV and DV legal issues with the staff.

7.1.4 Safe spaces, confidentiality, being informed and referral

The interview rooms for survivors at the police stations created by Women's Rights Centre in 2002 with support of the Dutch Embassy and the Canada Gender Equality Program are now used for other purposes. For example, as a kitchen. The current available space at the precincts is very small and not even suitable. The rooms are inappropriate, but safe for clients to tell their story and confidentiality is guaranteed. However, this is in contrast with some survivors reporting that some police officers share their stories with the perpetrator.

At the police station the survivor will not immediately be informed about the proposed examination or the way the police will handle the case as the police will first verify whether there is indeed a case of violation. KPS does not adopt a multidisciplinary approach by contacting other authorities. After the survivor has been fully informed about the result of the examination and the way the police will act, she has the right to give permission which is recorded in an official report and can be withdrawn at any time by the survivor.

The Youth Children Protection Department at the Ministry of Justice and Police is responsible for the aftercare and referral of girls.

Clients at the Legal Care Office are fully informed about the procedures and possible results. The client always has the right to withdraw her case.

7.1.5 Available resources

Human Resources

The Ministry of Justice and Police is understaffed with GBV-experts. The workload of employees is very high, as a result of which they only focus on their "main tasks".

Very few police officers are eager to deal with gender-based violence cases. This also depends on the leadership. Some managers are aware of the importance, others are not. Participants emphasize that there must be a way to merge the "side tasks"; gender, gender-based violence and domestic violence.

Police Youth Affairs does have social workers, but only a few have been trained in how to deal with cases of gender-based violence.

Financial and material resources

The Ministry of Justice and Police is struggling with a shortage of financial resources and has no specific budget for gender-based violence. In general, there is a problem of executing projects within the bureaucratic structure of government.

KPS has no specific budget for gender-based and domestic violence.

The ministry of Justice and Police has insufficient budget to respond to domestic and gender-based violence issues or to implement an appropriate DV and GBV policy. This has a negative impact on the work of the various departments.

There is not enough transport and ICT facilities for all the departments. For the Legal Care Office, the lack of transport is devastating.

7.1.6 Data collecting and registration

It is the duty of every investigating officer who responds to a case of domestic violence to fill out the Domestic Violence Standard Registration Form (DVSRF) established by the Minister. This form has to be included in the National Domestic Violence Register and provided by the Criminal Information Service (DCIV) of the Police Corps. However, not all police stations use the DVSRF and DCIV has no software to process the data collected from this form.

The police register data, but these can hardly be integrated in DCIV's files due to the comprehensive police reports. The DCIV employees have great difficulty in extracting the necessary DV and GBV information.

The Public Prosecutor's Office and the Court of Justice do not register, process and analyze data on gender-based violence due to the lack of human and financial resources.

By virtue of their direct involvement in sexual assault, the Department of Youth Affairs of the KPS systematically collect data regarding gender- based violence against the girl child.

The Bureau Victim Care Paramaribo and Nw. Nickerie do register GBV data but it is not clear how these data are processed and consulted.

The Legal Care Office keeps track of how many and which orders have been served by the bailiffs to the defendants.

7.1.7 Current activities on gender-based violence and zero tolerance policy

The Police Corps Suriname is in process of reorganizing DV-units and preparing DV training sessions.

None of the departments of the Ministry of Justice and Police has a zero-Terence policy

KPS, the Public Prosecutor's Office and the Court of Justice don't have a zero-tolerance policy at all.

KPS has a Code of Ethics and the Police Charter.

The Public Prosecutor's Office has a Code of Conduct.

7.1.8 Protocol

None of the departments of the Ministry of Justice and Police have a protocol for providing services to survivors of gender-based violence.

7.1.9 Cooperation and coordination with GOs and NGO's

With regard to:

a) Policy formulation: no
b) Strategic planning: no
c) Carrying out activities: yes, KPS with the Public Prosecutor's Office and with NGO's; some departments conduct activities with NGO's
d) Monitoring and evaluation: No
e) Referral: yes
f) Interdisciplinary Discussions of Gender-Based Violence Cases: No

The foundation Ilse Henar Hewitt Legal Assistance collaborates with the government, policymakers and professionals, lawyers and other legal practitioners.

7.1.10 Lists of activities to be implemented

1. Decentralize GBV tasks of the Suriname Police Force.
2. Initiate a protocol.
3. Periodic consultation of the Chief of Police with the National Council on Domestic Violence.
4. A prompt dialogue between the National Council on Domestic Violence: a thorough evaluation aimed at developing a methodology for an efficient working method.
5. Consultation with the Suriname Police Force to provide training and seminars on gender-based violence and the Domestic Violence Act involving the Public Prosecution Service and the Court of Justice.
6. Integrate domestic violence and gender-based violence in the Police Academy curriculum.
7. Involvement at the highest level, ministers and DNA members, to release the necessary resources for the actions to be carried out.
8. A seminar with the cluster ministries and international organizations. Example: UN Women, CEDAW, UNFPA experts to discuss the obligations arising from conventions on women's rights and gender-based violence. Such seminars should have a structural character.
9. Instruct the Education and Training Department to get into dialogue with the partners to organize such seminars.
10. Take action to make the referral process more sustainable and to provide insight into the protocols for of that service.
11. Ensure a uniform data collection by use of the standard digital domestic violence registration form by the entire service chain
12. Generate more information and awareness about the available services.
13. To have all staff and employees motivated provide training in gender-based violence, as well as follow-ups and periodic refreshments.

7.2 SOCIAL SECTOR

7.2.1 The goals of the organizations with regard to gender-based violence

Social workers of the department of Social Services of the Ministry of Social Affairs (SOZAVO,) the Academic Hospital Paramaribo (AZP), the Dermatological Service of the ministry of Health and the Bureau Victim Care of the Ministry of Justice are not aware whether their ministry, has a GBV against women and girl's policy and goals. Not even when it comes to a policy providing services to employees who are survivors of gender-based violence within the workplace.

With regard to violence against the girl-child, the Bureau for the Rights of the Child has a plan of action. But it is not clear how this policy responds to violence against the girls in shelters, schools, at home and other public spaces. The informant of SOZAVO reports that various departments are unaware of the Gender Vision Plan 2021-2035 of the Bureau Gender Affairs. As a result of which the various departments of the ministry involved in providing social, financial housing services do not have a specific policy on gender-based violence. This also counts for the Social Services Department that receives complaints about domestic and gender-based violence. This has no doubt consequences for survivors of gender-based violence when qualifying for benefits, housing and social support.

7.2.2 Departments' or organization's policy and services to survivors (women and girls) of gender-based violence

None of the departments have specific policies or goals to respond to GBV against women and children. But they do provide different kind of services to women and girls.
The Medical Social Service (MSS) at the Paramaribo Academic Hospital (AZP) delivers not only social services to patients but also to women and girls who are survivors of gender-based violence referred to the Emergency Room. The Company's Social Service of AZP takes care of the employees in cases of gender-based violence.

The Dermatological Service of the Ministry of Health hardly has cases of gender-based violence.
The Bureau Victim Care provides services to women and girls who are survivors of gender-based violence. When it comes to policy matters, the bureau has no decision-making powers, only when it comes to client support with respect to among others referral and counseling
The Social Service Department of SOZAVO does not provide specific services for survivors of gender-based violence.

Accessibility
All of the above social services are accessible to clients; physically as well as by telephone. Social workers use google translation for the relatively small number of their migrant clients. Survivors of GBV of migrant populations seek help at the Bureau Victim Care.

7.2.3 Gender-based violence training and gender training

Neither the social workers responsible for counseling at the Bureau Victim Care, and AZP's Medical Social Service nor their decision- making staff have ever been trained in human rights and GBV intervention.
The Social Service Department of SOZAVO cannot meet the demand of GBV victims. The district offices provide some material services. However, in conversation with clients their socio-psychological and social problems surface. The SOZAVO workers are not trained in providing social-psychological support at first contact. To meet that need, SOZAVO community office workers are now trained in identifying social-psychological problems, having a good understanding of the requests and to refer. A gender-based violence training from a human rights perspective is not yet integrated in the capacity building of this service.

7.2.4 Safe spaces, confidentiality, being informed and referral

The office spaces of the Bureau Victim Care and Medical Social Service do not offer privacy as the few conversation rooms have open spaces between the wall and ceiling and are also not soundproof.
The Social Service Department of SOZAVO has a separate conversation room for clients.
At the Dermatological Social Service, the rooms are safe and privacy is guaranteed for those who file a complaint.

Participants report that survivors and service providers are afraid of harassment. For example, before appearing in court the survivors and perpetrators are in the same waiting room as their perpetrator.
With regard to the safety of service providers, incidents have been reported of threat by perpetrators.

All service providers recommend a security system at the workplace. The social workers from the Bureau Victim Care want to be trained as special police officer (BAVP) but the management does not recognize the importance of this.
Visiting clients are not screened
With regard to safety during home visits, the Medical Social Service and the Bureau Victim Care are accompanied by a driver.

The Ministry of Justice and Police makes their transport available for the Social services of SOZAVO, but it does not offer a structural solution. The social workers usually use their own transport. This makes them vulnerable for violence.
Survivors who are accommodated in the shelter are dropped off at the shelter by the police.

Confidentiality is guaranteed at all services. Clients are being fully informed after which they are asked to give their consent for the treatment. At any time, the client has the right to withdraw her case. Social workers advise the client to take some time for reflection upon withdrawal. There is no force, and enough information is provided.

When the Bureau Victim Care has to refer a client, her permission is required for sharing her information with the referred service provider. This is an oral agreement. According to their judicial staff, a client signed consent form may be needed. The Bureau will follow up on this in 2023.
When referring, some bureaus don't give any feedback as they have a strict privacy policy.

The Medical Social Service of the Academic Hospital Paramaribo is not familiar with the referral pathway for survivors of gender and domestic violence. The social guide they consult for referral cases, does not specify which organizations offer these services.

7.2.5 Available resources

Human Resources

The Social Service Department SOZAVO; 18 social workers are available of which one in the district of Commewijne.
Bureau Victim Care ;2 staff members; including one judicial expert and one sociologist.
Medical Social Service; 5 medical social workers, 3 corporate social workers.
Dermatological Social Services 2 social workers.

Financial and material resources

The Social Service Department of SOZAVO does not have its own means of transport. On Tuesdays and Thursdays, they can count on transport provided by the Ministry of Justice and Police which is no more than an interim solution. The internet and telephone, is financed by UNICEF.
Bureau Victim Care has transport. Internet, and telephone are funded by WRC.
Medical Social Services of AZP has transport only when made available. Internet and telephone capacity at the office has limited capacity when the landline is not working.
At the Dermatological Social Service, transport and telephones are available, the internet connection is weak.

Financial resources

The Social Service Department of SOZAVO doesn't have their own budget to meet the basic financial needs for survivors of GBV or other clients. Expenses needed (such as copies and cleaning products) are often paid by the staff's own resources.
The ministry of Justice and Police provides a budget to their Bureau Victim Care according to its demand. The Bureau also experiences transport problems and lacks financial and material resources to meet the needs of clients. Funds are provided for a basic package for the inhabitants of the shelter.
AZP Medical Social Services has no financial resources to meet de clients' needs. But the client can be provided through donations, equipment rental and other self-sufficient actions. The AZP does provide office supplies. The AZP MSS client's application for financial assistance is submitted to the Ministry of Social Affairs.
The Dermatological Social Services has no specific budget for cases of gender-based violence.

7.2.6 Data collection system

All departments register cases by among others, residence, ethnicity and age.
SOZAVO is still in the process of setting up a data system.
Bureau Victim Care sends their data on a quarterly basis to the central statistics of the Ministry of Justice and Police.
Medical Social Services and the Dermatological Social Services register monthly to follow a trend which includes demographic data. At the end of the year they present their data to the director of the AZP. The data are not gender based violence registered.

All participants report the need for software to analyze gender-based violence. None of the departments are using the official Standard Registration Form Domestic Violence established by the Ministry of Justice and Police. The majority is not aware of the registration form.

7.2.7 Current activities on gender-based violence and zero tolerance policy

SOZAVO is preparing the decentralization of its social service including services to clients of DV and GBV.
None of the ministries, departments have a zero-tolerance policy on violence in place. There is a (oral) code of conduct
There is a need for an officially adopted code of conduct endorsed by all stakeholders and actors.
All employees of government departments can use the Personnel Act.

7.2.8 Protocol to provide services to survivors of gender-based violence

None of the services have protocols in place for their services to survivors of gender-based violence.
The shelter's protocol is to guarantee safety but not for the provision of GBV services. Due to busy work, the staff was not able to adjust the protocol. It has been communicated to management but it has not caught their attention yet.
Their legal department is willing to assist drafting the protocols and they want to include a protocol on gender-based violence.

7.2.9 Coorperation and coordination with GOs and NGOs

None of the departments cooperate and coordinate in the process of policy formulation, strategic planning, monitoring and evaluation with government and non-government institutions. There is some networking, referring and joint activities.
All refer to service providers assisting in gender-based violence cases but not in a structured way. The referral is minimal, most referrals are to the police station.
Interdisciplinary and multidisciplinary consultations only take place occasionally.

Outcome of the collaboration

- Different perspectives and the development of the follow-up process.
- Discussion about the benefits of different forms of cooperation such as multidisciplinary consultation.
- The availability of a multi-disciplinary guidance of a GBV- case.
- Multidisciplinary consultation results in a joint treatment plan.
- Dissatisfaction due to bureaucracy.

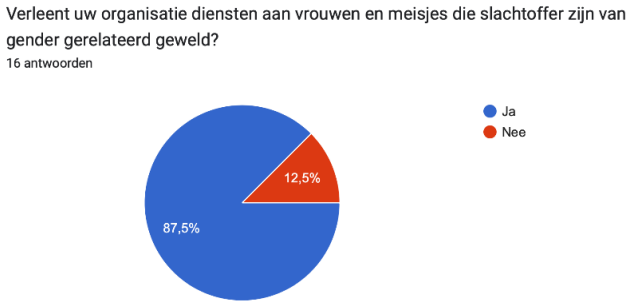
7.2.10 List of activities to be implemented

1. Prioritizing an independently operating fund for financial support to survivors of gender-related violence.
2. More diligence with regard to the handling of the referred cases.
3. Organize self-defense and de-escalation training for social workers.
4. Set up a system that ensures the security of all service providers.
5. Each organization ensures that it has a code of conduct
6. Each organization ensures that is has Protocols in place.
7. Setting up multidisciplinary teams of police, health - and social workers.
8. Set up regular consultations with actors in the response to gender-based violence.
9. Raise awareness of the role and task of the National Council for Domestic Violence and work on a better interaction and cooperation with the workers in the field.
10. To have all staff and employees motivated provide training in gender-based violence, as well as follow-ups and periodic refreshments.
11. Distribute the Standard Registration forms Domestic Violence so they will be more widely known and used.
12. Decentralize essential services. (SOZAVO has the infrastructure and is preparing).
13. Establishment of a 24/7 social service at the AZP Emergency Room with a direct line to the police and social workers for a coordinated response to domestic and gender-based violence.
14. Provide more information about services to society.

7.2.11 Results of the survey with community-based organizations

In total 18 organizations filled out the survey. The organizations have been asked whether they provide services to women and girls who are survivors of gender- based violence and what kind of services they provide. Of the 16 organizations who answered this question 87,5% provides services to women and girls who are survivors of gender- based violence and 12,5 does not.

FIGURE 4 Community Based Organizations' services



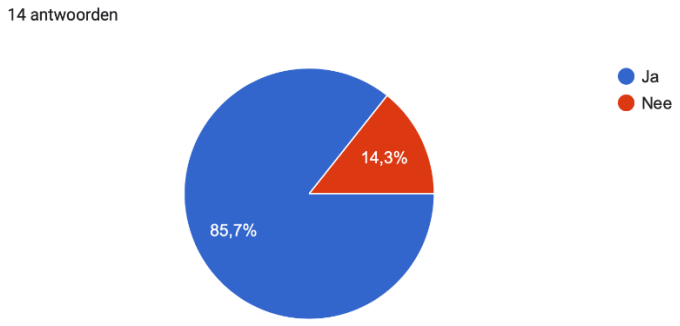
The kinds of service CBOs deliver

▪ Shelter for short stay ▪ Pep talks to encourage the survivors ▪ Medical, social and psychosocial services ▪ Referring clients to GBV essential services ▪ Assistance, information & education sessions	▪ Motivation and guidance of teenage mothers ▪ Reintegration into society ▪ One-on-one counseling through 24-hours phone service ▪ Advice and Guidance ▪ Offer a listening ear

Below are the improvements the CBOs want to bring about in their organization's support to survivors of gender-based violence

1. Improved internal coordination.
2. Regular GBV skills and knowledge training.
3. Learning how to cope with emotions when dealing with survivors of GBV.
4. Coordination with social and judicial service providers.
5. Survivors to be sheltered for a longer stay.
6. The organization to gain more authority.
7. Training for the volunteers.
8. Structural improvement of the total GBV and DV response system
9. The organizations the CBOs are involved with to be more diligent in handling the referred cases.
10. Financial support and more shelters for GBV survivors.
11. Referring, fundraising, guidance, coaching and survivor centered approach skills
12. Motivation and guidance sessions.
13. Manpower.

Figure 5 Community Based Organizations' collaboration

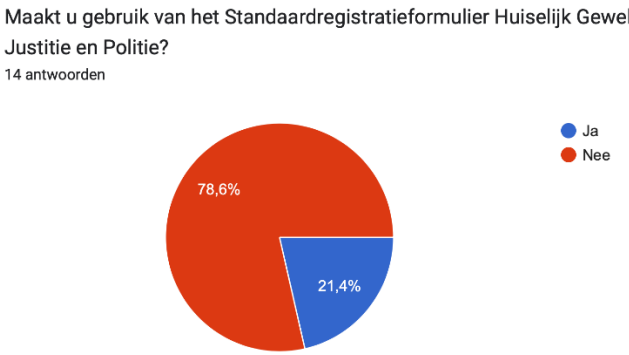


Of the 14 organizations that answered the question whether they collaborate with others and if so, with which organizations, 85,7% collaborate with others 14,3% not. The below organizations are mentioned.

1. UNICEF 2. Diakonessen Hospital pediatricians 3. Academic Hospital Paramaribo pediatricians 4. Medical doctors 5. KPS departments 6. Domestic violence unit Nickerie police. 7. Bureau for Family Law Affairs Nickerie 8. Bureau for Family Law Affairs Paramaribo. 9. Victim Support Nickerie Police. 10. Stitching Projekta	11. Women's Rights Centre 12. Office for the services to NGOs 13. Ministry of Justice and Police 14. Ministry of Home Affairs 15. Foundation Stop Violence[3] 16. Opa Doeli, Police Youth Affairs 17. Sticris: Shelter for Women in Crisis, 18. Christian Congregations 19. Social services of the Ministry of Social Affairs and Housing 20. Bureau Victim Care Paramaribo

See figure 6 for the response to the question whether CBOs use the Standard Registration form Domestic Violence.

Figure 6. Community Based Organization and the use of the Standard registration Form Domestic Violence



Of the 14 respondents 21,4% use it, while 78,6% don't. Below are the responses why not.

1. Not trained in its application.
2. We will, but not started yet.
3. Not used to register.
4. Unknown with form.
5. They only refer.
6. They know it exists, but don't have it.
7. It does not fit in their organizational culture.
8. Because they guide survivors through the whole process.
9. Have their own registration form.

From these answers it is clear that most CBOs involved are not familiar with the use and intentions of this registration form.

[3] The Foundation Stop Violence against Women did not respond to the many requests to participate in this assessment.

7.3 HEALTH SECTOR

7.3.1 The goals of the organizations with regard to gender-based violence

None of the stakeholders and actors is aware of the GBV goals and plans of the Ministry of Health.
The Mungra Medical Centre Nickerie has no specific policy or plan in this regard, but the mental care department helps patients of gender-based violence.

The Academic Hospital Paramaribo and the Emergency Room have no specific policy or plan. Personnel who are survivors of gender-based violence are referred to the Company Social Worker for help. Survivors of gender-based violence who report to the Emergency Room can receive emergency aid, but not mental help because of the turnover of patients and lack of manpower.
Patients and their family members are referred to the Medical Social Service (MSS). MSS is the unit for patients located in the AZP for guidance of psychosocial problems. Hence, patients (also referred by the ER) who are GBV survivors are referred to MSS for counseling and support.
Children of sexual abuse are referred to the pediatrician Dr. Kloof who has a direct link with the social workers of the Medical Social Service.
Although the Regional Health Service Foundation (RGD) and the Medical Mission receive survivors of gender-based violence at their outpatient clinic, they do not have a specific policy or plan with regard to tackling gender-based violence against women and girls. The survivors are referred.

7.3.2 Accessibility

The Emergency Room of the Academic Hospital in Paramaribo and the Mungra Medical Centre in Nieuw Nickerie: both physically and by telephone.
The Medical Mission Primary Health Care (PHC) has 56 clinics in the districts of Brokopondo, Sipaliwini, Marowijne and Saramacca and are managed from the Jan Mazijk Coordination Center in Paramaribo. PHC is in the process of taking over Apoera. PHC's geographical area of operation covers 90% of the surface of Suriname, in which approximately 60,000 people live, mainly located along the banks of the rivers. They are all physically and by telephone available and accessible. The Medical Mission has good ICT systems. All clinics can be reached via WhatsApp.
RGD clinics are located in the districts; Commewijne, Coronie, Marowijne, Nickerie, Para, Paramaribo, and Saramacca and Wanica.

7.3.3 Gender-based violence training and gender training

Today's doctors, nurses, assistant health workers, civil servants and those with ultimate responsibility are not trained in human rights and gender-based violence. At the Emergency Room, only a few of the current workers are specifically trained to identify gender-based violence cases and the survivors' requests (survivors centered approach). Only one Emergency Room doctor has attended a gender-based violence in emergencies organized by UNFPA in 2020.The director of COVAB attended a GBV training session in Jamaica. The staff does not know how to identify gender-based violence. The participants suggest that GBV courses should be included in the COVAB and Medical Faculty curricula.

7.3.4 Safe spaces, confidentiality, being informed and referral

As many survivors of GBV are accompanied by their spouse, clients are not always safe to share their violent experience.

The client is first informed about the intended examination or the proposed treatment while confidentiality is guaranteed. The client can end the treatment after she has been fully informed about the intended research or the proposed treatment. If the client refuses treatment, the health professionals will inform the client what the consequences might be. If the client wishes to terminate the treatment, the client must confirm this with her signature.
Underage girls are accompanied by and informed through their parents.

Since the clinics do not provide direct mental and social assistance to survivors of gender-based violence, they are referred to organizations known to them.
Although the Emergency Room and the Mungra Medical Centre Nickerie have received the referral route and posters, the doctors, the head of the Nursing Department and the workers are not aware of this.
None of the health professionals and the policy officer of the Ministry of Health are familiar with the referral route and are therefore insufficiently aware of which organizations offer which type of services and how to reach them. There are internal communication problems.
The Mungra Medical Centre Nickerie has developed its own posters with photos and contact numbers of organizations that provide GBV services.

7.3.5 Available resources

Ministry of Health, Mungra Medical Center and Emergency Room have no human, financial and material (transport, internet, telephone) resources.
Lack of social workers trained in cases of gender-based violence.
At the emergency room, only the management team has access to the internet. Only a few personal computers are connected to the internet.

7.3.6 Data collecting and registration

The Ministry of Health does not have a gender- based violence data collection system, because it is not considered a priority.
Due to their direct involvement in sexual assault, the ER systematically collect GBV against the girlchild data. As the system is accessible to the staff, detailed and specific information about the survivor cannot be registered.

7.3.7 Current activities on gender-based violence and zero tolerance policy

There are currently no activities aimed at tackling GBV.
AZP has no zero-tolerance policy. Employees use to address the AZP director or the trade union

7.3.8 Protocol to provide services to survivors of gender-based violence

None of the caregivers have a protocol for services to survivors of GBV.
It is the majority's opinion that managers should educate themselves about GBV and that a protocol is mandatory.

7.3.9 Cooperation and coordination with governmental and non-governmental institutions

Although cooperation and coordination are part of the Ministry of Health's its policy, with regard to GBV in practice there is only some networking and referral.

Outcome of the collaboration
In general, not fully satisfied in terms of implementing the specific activities due to bureaucratic procedures and an unmotivated team.

7.3.10 List of activities to be implemented

1. Improve the coordination and cooperation with the Medical Social Service department of AZP for direct referral.
2. Ensure that each department has a Protocol in place.
3. To have all staff and employees motivated provide training in gender-based violence, as well as follow-ups and periodic refreshments.
4. Provide training in human rights and legislation.
5. Provide training in dealing with survivors of gender-based violence.
6. Ensure that the Ministry of Health cooperates with the staff in providing GBV training programs.
7. Set up a central telephone hotline.

8. Establish a 24/7 service at the AZP Emergency Room with a direct connection to the police.
9. Establish and execute policies aimed at tackling gender-based violence in cooperation with MinJusPol / the National Domestic Violence Council.
10. Disseminate more information about services to society.
11. MOH plays an active role in the National Domestic Violence Council.
12. Raise awareness among policymakers of the negative impact of gender-based violence on the health of the population and the gross national product.
13. Ensure an efficient referral of patients and strengthening of the coordinated response by installing a 24/7 direct link of the Emergency Room to social workers (by WhatsApp for example).

8. VALIDATION MEETING AND GROUP SESSIONS TO WORK ON THE ACTION PLAN

On 22 December a validation meeting was attended by representatives of UNFPA, stakeholders and actors and facilitated by the consultant. It included a PowerPoint Presentation of the findings and an interactive discussion with the participants. The participants drafted a 2023 action plan per sector based on max 3 selected activities. The action plan will be coordinated by a designated participant.

8.1 ACTION PLAN WORKING GROUP: JUDICIAL SECTOR AND POLICE

Coordinators: Mr. Jason Menso & Ms. Astrid Runs and Ms. Monica Proeve, Actions: 3, 4, 5 and 10

QUESTIONS	ANSWERS	WHAT IF…. .
What is the problem you want to solve?	The leadership, responsible for training the recruits, lacks knowledge in the field of GBV. It is proposed that policy makers should be informed about GBV so that they can make targeted policies for leadership.	The policy is being changed. Currently, the policy is aimed at the so-called "men's world" The leadership is influenced by lobbying.
Who is your target group(s) for the action to be taken?	The police officers at every level, including the KPS leadership, the recruits and all stakeholders and actors. Society must also be involved in this context.	
How do you reach this target group?	Seminars, information sessions, including GBV in the curriculum (per quarter)	
What is the goal to be achieved in solving the problem?	1. Structural education 2. Increased awareness on the subject 3. Gaining/improving skills	Achieve goals by lobbying.
What are the steps that need to be taken one by one to bring about change and ultimately achieve the set goal?	1. Consultation 2. Seminars for stakeholders and actors 3. Training, including train the trainer. 4. Informative meetings 5. Frequent awareness campaigns.	Networking is a plus.

How can you determine that the set goal has been achieved?	1. Periodic reflection / refreshment 2. Monitoring / evaluation	
What are the benefits of those actions you want to take?	1. Capacity building of the police 2. Providing society with knowledge 3. More confidence in the actors 4. Continued interest in case handling 5. Generational mind shift	
What is the long-term change that needs to be achieved?	1. Have more confidence in the police in the long term. 2. Generational mind shift of the police	
Who is/are responsible for carrying out the actions that should lead to the solution of the problem?	All stakeholders and actors in particular the Ministry of Justice and Police	
When do you think you will start implementing the actions and when should the goal be achieved?	1 st quarter 2023	Consultation to prepare the project. In this context, the actors must be identified with the KPS as a focal point.
Are there costs associated with implementation? If so, what budget do you think you need?	The costs are estimated at US$ 500,000. In order to obtain the above amount, we have to knock on the door of the donors.	Lobbying

PROPOSAL: CONDUCT A STUDY ON HOW MUCH IT COSTS THE GOVERNMENT TO CARE FOR PREGNANT YOUNG LADIES WHO ARE SURVIVORS OF GBV.

8.2. ACTION PLAN WORKING GROUP: SOCIAL SECTOR

Coordinator: Mrs. Reina Cirino, Action point: 1

QUESTIONS	ANSWERS	WHAT IF
What is the problem you want to solve?	No fund for financial assistance to survivors of gender-based violence is necessary and must operate independently. Setting up a fund	
Who is your target group(s) for the action to be taken?	The women and the girls	
How do you reach this target group?	Through the Police, health workers, church leaders and social workers	
What is the goal to be achieved in solving the problem?	1. Multidisciplinary cooperation of the care providers. 2. Financially independent body	
What are the steps that need to be taken one by one to bring about change and ultimately achieve the set goal?	1. Putting together a national platform (multidisciplinary). This platform works together with the National Council. Mrs. Rasam is immediately involved. 2. Support base 3. Political will 4. Consultation structure 5. Database (data exchange)	
How can you determine that the set goal has been achieved?	1. The Fund is established and operational 2. Laws and regulations in place 3. The survivor has been helped	
What are the benefits of those actions you want to take?	1. Work more effectively 2. Positive results for the clients	

What is the long-term change that needs to be achieved?	1. Increasing the service 2. Positive results 3. Insured assistance 4. Structure	
Who is/are responsible for carrying out the actions that should lead to the solution of the problem?	The national platform consisting of a multidisciplinary team.	
When do you think you will start implementing the actions and when should the goal be achieved?	The actions must be implemented in the first quarter of the year 2023 and must last until the end of 2023.	
Are there costs associated with implementation? If so, what budget do you think you need?	The cost is estimated at US$ 10 million. These can be covered through government funds and donations. It is crucial that a budget must be reserved for each Ministry.	

8.3 ACTION PLAN WORKING GROUP: HEALTH SECTOR

Coordinator: Ms. Johanna Lakhisaran

QUESTIONS	ANSWERS	WHAT IF….
What is the problem you want to solve?	No central reporting point for GBV. Establishing a central reporting point for GBV	
Who is your target group(s) for the action to be taken?	Survivors and perpetrators.	
How do you reach this target group?	Through social media that refers the survivor to an organization.	

What is the goal to be achieved in solving the problem?	Refer the survivor to the appropriate authority depending on facts and circumstances.	
What are the steps that need to be taken one by one to bring about change and ultimately achieve the set goal?	Raise awareness of the central reporting point via social media.	
How can you determine that the set goal has been achieved?	The goal is achieved when there is a referral system.	
What are the benefits of those actions you want to take?	Survivor is helped very quickly.	
What is the long-term change that needs to be achieved?	Unambiguous referral system	
Who is/are responsible for carrying out the actions that should lead to the solution of the problem?	Relevant organization. The Suriname Police Force should be included in this context. The KPS will then cooperate with other authorities.	
When do you think you will start implementing the actions and when should the goal be achieved?	Beginning of January 2023 and extending through the end of 2023.	
Are there costs associated with implementation? If so, what budget do you think you need?	$1 million.	

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ANNEX I PARTICIPANT LIST STAKEHOLDERS & ACTORS

1. Korps Politie Suriname
2. Bureau Vrouwen en Kinderbeleid
3. Bureau Slachtofferzorg Nickerie
4. Bureau Slachtofferzorg Paramaribo
5. Bureau Rechtszorg Paramaribo
6. BUFAZ/Rechtszorg Nickerie
7. Het Openbaar Ministerie
8. Ministerie van Justitie en Politie
9. De Surinaamse Orde van Advocaten
10. Het Hof van Justitie
11. Nationale Raad Huiselijk Geweld
12. Ilse Henar Hewitt voor Rechtshulp
13. Stichting Lobi
14. Stichting De Stem
15. Bureau Gender Aangelegenheden
16. WomenSway
17. Spoedeisende Hulp Academisch Ziekenhuis Paramaribo
18. Mungra Medisch Centrum Nickerie
19. Maatschappelijke Dienst SOZAVO
20. Stibula
21. UNICEF
22. Marronvrouwen Netwerk
23. Ministerie van Onderwijs Wetenschappen en Cultuur (Afdeling Begeleiding)
24. Ministerie van Economische Zaken
25. Justitie Regio West (Nickerie)
26. Stichting RedSu
27. Ministerie van Arbeid Werkgelegenheid en Jeugdzaken
28. Gender Focal Point Onderwijs
29. Gender Focal Point Volksgezondheid
30. Dermatologische Dienst
31. Het Openbaar Ministerie
32. Bureau Medische Maatschappelijke Dienst van Academisch Ziekenhuis Paramaribo (AZP)
33. Verpleegkundige afdeling AZP
34. UNFPA
35. Vereniging Sociaal Werkers in Suriname
36. Marronvrouwen Netwerk
37. Weid Mijn Lammeren
38. Omega Praatkliniek & Callcenter I.O
39. DNA- lid
40. Stichting Jagran Mandal Suriname
41. Medische Zending PHCS
42. Stichting Het Moederhart Nickerie
43. Women's Rights Centre
44. Buurt Organisatie Pontbuiten en Omgeving
45. Stg Shen Foundation
46. Spoedeisende Hulp Academisch Ziekenhuis Paramaribo
47. Mi lijn
48. Stichting Sari
49. Het Vrouwen Parlement Forum
50. Youth Advisory Group (YAG)
51. Ministerie van Volksgezondheid
52. NSBS Blindencentrum
53. Bureau Gender Aangelegenheden; Ministerie van Binnenlandse Zaken
54. Vereniging van Sociaal werkers in Suriname
55. Survivors of GBV
56. De Amerikaanse Ambassade