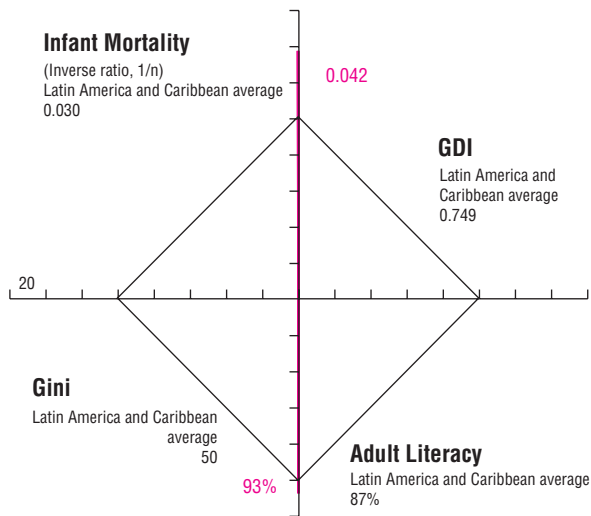


•MAGGIE SCHMEITZ

«MONI NO DE»



The Equity Diamond: National values in terracotta compared to regional ones in blue. Source: Infant mortality: UNICEF, The State of the World's Children, 1998; Adult literacy: UNICEF, The State of the World's Children, 1998; GDI (Gender Development index): UNDP, Human Development Report 1998; GINI: World Bank, World Development indicators 1998. (The regional average for this indicator was calculated by Social Watch).

It is sad to see, five years after Copenhagen, that a system of social services and care (modelled after the Dutch system) has completely eroded. «Moni no de»—there is no money—is the standard answer to criticism about the collapse of the health sector, the crisis in the education sector, the starvation of pensioners, and the inaccessibility of services to rural populations. Evaluation of Copenhagen entails the formulation of basic criteria for health, education, social

services and care, based on what is possible within our resources (human, natural, technical and social). Budget reserves should be dedicated to securing a minimal standard of living for everyone, while questions of unemployment and globalisation should be met with creativity, daring and flexibility.

THE FIRST COMMITMENT

The National Reconstruction Programme introduced in 1996 after national elections focussed on curbing what was called the national economic and moral crisis. Priority areas were to be poverty eradication, a minimal living standard for every citizen, development of production, a structural approach to unemployment and rehabilitation of norms and values.¹

Unfortunately, real reconstruction never took place. The focus was on large infrastructure projects (roads, bridges) and the attraction of foreign investors. No measures were taken to deal with the negative effects of falling prices of gold and oil on the world market. The major loss of net income, combined with an already unstable economy, caused severe devaluation of the Suriname guilder, which today is valued at 1365:1 USD. Because there was no effort to downsize the civil service, the government very quickly built a budget deficit that could not to be covered by the state income.

ERADICATING POVERTY

Poverty in all its forms is on the rise. Researchers using the minimum subsistence level found that in 1997, approximately 60% of households lived below the poverty line.² Although recent

1 Government declaration 1996. Center for Policy Documentation, Paramaribo.
2 Standard of living and research procedures in the district of Para, SWI/Indest, 1998. Paramaribo.

figures are not available, there is no reason to be optimistic. In 1995 a social mitigation programme was introduced to soften the blow of the structural adjustment programme (SAP) that had started in 1993. This consisted mainly of packages of basic goods. It hardly compensated for the rise in inflation, the elimination of subsidies on electricity and water, bread and milk. Bureaucracy and weak monitoring further crippled this initiative. Plans to improve the social security system were never implemented, although they are mentioned in development plans since 1993.³

A different approach aimed at stimulating productive employment and alternative income-generating activities, mentioned in the SAP document, was also never implemented. Though civil servants today are among the poor, it was considered political suicide by the former and present governments to effectively downsize this apparatus.

FULL EMPLOYMENT

Civil servants make up 40% of the labour force, which explains why unemployment figures are not much higher. In the period from 1993 to 1997, unemployment rates were 16% to 19%, with higher figures for women.⁴ In the private sector, 22.6% was self-employed in 1995. The ministry of labour initiated structures to build capacity of the labour force (the micro-enterprise sector in particular) in the early nineties, but the main obstacle, lack of credit, was not overcome. Overall, the economy, which is based on the production of raw materials and import of products, does not provide for full employment. A culture that looks down on manual labour and adores «a higher education» widens the gap between what is needed and what is offered on the labour market.

PROMOTING SOCIAL INTEGRATION

Vulnerable groups are being marginalised from society. The former and present governments have failed to safeguard the living standards of elderly, institutionalised and/or disabled persons, and children in custody. NGOs and foreign agencies are trying to fill this gap, but a structural approach does not exist. Political favouritism and accumulation of capital and power by a few have widened the gap between the haves and the have-nots.

An effort was made recently, in cooperation with the Inter-American Development Bank (IDB), to facilitate social development

by means of a Fund for Community Development (1999). This follows the Fund for the Interior (1995, Dutch Embassy), Micro-projects (1994, EU) and the NGO Fund (1996, Dutch Embassy), all aimed at stimulating communal responsibility and self-help. The problem with all these programmes is that the community or NGO(s) involved do not always have the capacity to implement the projects, and unfortunately often enough they have not been of the right party, club or colour. Because there is no enabling environment for these small-scale activities, their sustainability is questionable.

A structural effort toward social integration is planned, also with the IDB, in the form of a decentralisation programme managed by the ministry for regional development. This yet-to-be-implemented programme would mean a serious change in relations between the capital, rural areas and the interior. Besides more autonomy for local government, it would also include fiscal decentralisation (returns on gold, logging, medicine, eco-tourism), which would have a positive effect on the people in the hinterland who are now outside the mainstream.

THE COMMITMENT OF GENDER EQUITY

The present government is the first to report on the Convention on Elimination of all Forms of Discrimination against Women (CEDAW) since its ratification in 1993. It is also the first to consult with women's organisations. The same procedure is being followed to report on the Beijing Platform for Action under the ministry of home affairs. The CEDAW report shows that women are still in a less favourable position. Although they outperform men in graduating from high school and university, they still hit a glass ceiling in government, civil service, politics, and corporate life. No measures are taken to support childcare, part-time jobs, or positive discrimination, so women are handicapped in pursuing careers by their triple burden. Even more telling are the sex disaggregated statistics on registration for free medical care, or medical care at reduced price: in 1999, 12,149 women and 5,249 men registered for free care; 18,964 women and 12,260 men registered for reduced tariff services. 80% of these women are either not married or widowed.⁵

The lobby from different women's groups has had some successes: the ministry of labour hosted an ILO project on the rights of women workers; the ministry of justice and police worked together with the Caribbean Association for Feminist Research and Action (CAFRA) on curbing domestic violence; and the ministry of home affairs initiated a course for mainstreaming of civil servants and a national network to curb gender violence.

³ Multiple year development plan 1994–1998. Planning Office, 1993. Paramaribo.

⁴ Households in Suriname 1993–1997. General Office of Statistics, 1998. Paramaribo.

⁵ The situation of free healthcare provision. Ministry for Social Affairs, 1999. WOP service.

ACCESS TO EDUCATION AND HEALTH

Basic health services have quickly become inaccessible to an alarmingly large group of people, among them the most vulnerable groups (elderly, single parents, children) and people living outside the capital. The state did invest in structures such as the State Health Insurance Company, and the Regional Medical Service (for the districts). In the interior, there is one NGO called the Medical Mission providing basic health care, which is subsidised by the government. In the last two years, however, doctors, pharmacists, NGO staff, nurses and paramedics have all been hitting the streets because they are not being paid. Since relations with the Netherlands deteriorated, the possibility of sending patients abroad has become limited. Lack of resources for preventive health care must be seen as the most important factor in the raging epidemics (malaria, dengue, diarrhoea) in 1999 and 2000, when eight people died of dengue and hundreds of people were hospitalised.

RESOURCES FOR SOCIAL DEVELOPMENT

Resources for social development were in the past largely obtained from the Treaty Fund (installed at independence in 1975 by the Netherlands and the new Republic of Suriname) but political disagreements seriously hamper the continuity of these funds. Unilateral and multilateral donor agencies are to a large extent responsible for resources contributed to social development. Overall, these funds lack effectiveness. For example, the budget for education (5% of GNP)⁶ is the highest in the region, but the output in quantity and quality is low.

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6 Suriname Education Sector Study. IDB, 1998. Washington DC.