

***UNESCO REVIEW OF HIGHER EDUCATION INSTITUTIONS'  
RESPONSES TO HIV AND AIDS***

SURINAME- The Case of Anton de Kom University of Suriname  
(ADEKUS) and the Institute for Advanced Teacher Training (IOL)

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The findings, interpretations, and conclusions expressed in this paper are those of the authors and do not necessarily reflect the views of UNESCO.

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### DEDICATION

*This document is dedicated to the children of the Parelhuis, living with HIV/AIDS.*

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## ACRONYMS

ADEKUS	Anton de Kom Universiteit van Suriname
AHKCO	Academie voor Hoger Kunst- en Cultuuronderwijs
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
ASC	Association of Caribbean States
CARCOM	Caribbean Community
CIA	Central Intelligence Agency
CIDA	Canadian International Development Agency
COVAB	Centrale Opleiding voor Verpleegkundigen en Aanverwante Beroepen
CSIH	Canadian Society for International Health
CSW	Commercial Sex Worker
DD	Dermatological Services
EBO	Eenvoudig Beroeps Onderwijs: a two-year Elementary Vocational school
GDP	Gross Domestic Product
HAVO	Hoger Algemeen Voorbereidend Onderwijs:
HIV	Human Immunodeficiency Virus
IOL	Instituut voor de Opleiding van Leerkrachten (Institute for advanced teacher training)
JTV	Stichting Jeugdandverzorging
LBGO	Lager Beroeps Generaal Onderwijs
LNO	Lager Nijverheids Onderwijs: Vocational Home Economics
LOBO	Lerarenopleiding Beroepsopleiding
LTO	Lager Technisch Onderwijs
MEAO	Middelbaar Economisch Administratief Onderwijs
MULO	Middelbaar Uitgebreid Lager Onderwijs
MSM	Men who have sex with men
MTCT	Mother to child Transmission
NAC	National AIDS Committee
NAP	National AIDS Programme
NATIN	Nationaal Technisch Instituut
NGO	Nongovernmental Organization
NPS	Nationale Partij Suriname
NSP	National Strategic Plan
PA	Pedagogische Academie
PAHO	Pan American health Organization
PLWHA	People living with HIV/AIDS
PTC	Polytechnic College (PTC)
RGD	Foundation for the Regional Health Services
SARA	Situation and Response Analysis
SHAN	Suriname HIV/AIDS Network
SRD	Suriname Dollar
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UNDP	United Nations Development Program
UNAIDS	Joint United Nations Programme on HIV/AIDS
VBO	Voortgezet Buitgewoon Onderwijs
VWO	Voorbereidend Wetenschappelijk Onderwijs
VTC	Voluntary Testing and Counseling
WHO	World Health Organization
YON	Youth Impact Network

## EXECUTIVE SUMMARY

Suriname, a plural and segmented community since colonial times, is located on the northeast coast of South America. It is a country of many contrasts: between rich and poor, but also between potential development and real development. Suriname faces serious development challenges: economic, political and social.

The many moments of political unrest, the economic crises, the social pauperisation and moral decay seem to have weakened the problem-solving capacity of the country. One of the major challenges since the 1980s is the HIV/AIDS epidemic. After the first case of AIDS was diagnosed in 1983, the cumulative number of persons living with HIV has increased rapidly. In 2002, this reached approximately 2500 persons. Since 1996, there has also been an accelerated increase in the annual number of new HIV cases, which has almost quadrupled within a relatively short period of time. Currently, the adult HIV prevalence rate is 1.7%, which places Suriname in the top 15 HIV/AIDS prevalence countries in the non-African world and at the 3<sup>rd</sup> highest place in Latin America.

The national response to the HIV/AIDS has been strong from the beginning, but, regrettably, not successful overall. Although a multi-sectoral, nation-wide approach has been implemented since early on, and several governmental and non-governmental organizations have been established, the number of HIV cases continues to rise. One of the reasons for this is probably the discontinuity in the national response, due to the aforementioned economic and political crises in the country. Another reason for the lack of success of the national response is, in addition, difficulties in effectively changing high risk sexual behaviour, because of the strong social and cultural determinants of this behaviour. Furthermore, there is a serious lack of updated knowledge and data with respect to routes of transmission and other factors relevant for the national campaign on HIV/AIDS. Fortunately, however, the Surinamese Government has recently formalized a National Strategic Plan HIV/AIDS, which implies a promising possibility to effectively manage the challenge of HIV/AIDS.

Taking into account the gravity of the HIV/AIDS epidemic in Suriname, one would expect that the institutions of higher education have responded rapidly and decisively, both internally as well as externally. However, the two most important institutions for higher education in Suriname, the Anton de Kom Universiteit van Suriname (ADEKUS) and the Instituut voor de Opleiding van Leerkrachten (Institute for advanced teacher training, or IOL), have not yet been able to deliver that response. Neither institution has incorporated HIV/AIDS into their curriculum, undertaken HIV/AIDS awareness activities, conducted relevant research activities or community outreach, or demonstrated institutional leadership with respect to HIV/AIDS.

There is however, good hope and feasible possibilities that the aforementioned institutions will soon engage in the development of the adequate response to the HIV/AIDS situation in the country. For this to happen, however, there need to be commitment at the management level and critical awareness of all actors with

respect to the gravity of the problem and the potential vulnerability of student, staff and the institution altogether. Furthermore, it is imperative that the institutions have a strong sense of mission regarding their role and responsibility with respect to pressing social issues in general and to the alarming HIV/AIDS situation in particular. Finally, the effectiveness of the respond will depend on the willingness to build synergies with all other social actors working in the field of HIV/AIDS in Suriname.

### 1.1. Background

This case study is one of 12 undertaken by UNESCO to deepen the understanding of the impact of HIV/AIDS on tertiary education institutions and the response of these institutions to HIV/AIDS in different social and cultural contexts, at varying stages of the epidemic, and in different regions of the world. Institutions of higher learning have the possibility of reaching young people in the age group, 15-24 years, considered by UNAIDS to be the most threatened by HIV/AIDS.<sup>1</sup> Half of all new HIV infections occur among young people<sup>2</sup> and there is evidence that university campuses can heighten exposure to high-risk behaviours including sexual experimentation, sex work, unprotected casual sex, gender violence, multiple partners, and other high-risk activities.<sup>3</sup> For abovementioned reasons, the institutional response of higher education and HIV/AIDS has become an important object of study and a necessary area of policy with respect to HIV/AIDS.

### 1.2. Study objectives

The overall objective of this review is to describe and to analyse the impact of HIV/AIDS on the higher education sector in Suriname and the current response of higher education institutions with respect to the HIV/AIDS in the country.

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<sup>1</sup> UNESCO, 2005, *Study Protocol for UNESCO Review of Universities' Responses to HIV/AIDS*

<sup>2</sup> *Ibid*

<sup>3</sup> *Ibid*

## CHAPTER 2 : METHODOLOGY

The data collection methodologies employed in the case study included:

- *Observation.* The data collected through observation was organized in field notes.
- *Semi-structured interviews:* Interviews were conducted in Suriname from April 3-8, 2005 using semi-structured interview guides, based on the guidelines offered by UNESCO<sup>4</sup>. The interviews were held with persons from the following institutions:

Institute	Number	Selections made by:
Institute Anton de Kom University of Suriname <sup>5</sup>	9	The coordinator of International affairs of the university <sup>6</sup>
The Institute for training of teachers for secondary education (IOL) <sup>7</sup>	3	The director of the IOL
Department of Public Health	1	The researcher, advised and facilitated by the president of the National Women Federation
Foundation Pro Health	1	
Foundation for Family Planning Lobi SHAN	1	
Het Parelhuis	1	
Parliament	1	
<b>Total</b>	<b>17</b>	

- *Open conversations.* Unstructured conversations were conducted in Suriname from April 3-8, 2005 with representatives of the following organizations:

Institute	Number	Selections made by:
National Women Federation	1	The researcher advised and facilitated by Suriname experts in Aruba.
Stichting Maxi Linder Association (SMLA)	2	The researcher, advised and facilitated by the president of the National Women Federation
PEP-SUR (Peer Education Program-Suriname)	1	
Stichting Proyecta	1	

- *Document analysis.* The types of documents analysed include:
  - Formal policy documents (for example, the National Strategic Plan on HIV/AIDS).
  - Research documents (for example, from the Foundation Prohealth).
  - Information folders (for example, from the Foundation Lobi).
  - Country reports (for example, from the US CIA, UNAIDS).

The documents were either offered by the institutions visited and persons interviewed, or were downloaded from the Internet or bought by the researcher. For more information on the documents analysed, see the Bibliography.

<sup>4</sup> UNESCO, 2005, *Guidelines for UNESCO Review of Universities' Responses to HIV/AIDS*.

<sup>5</sup> The selection of the University of Suriname was made by the UNICA, in deliberation with the UNESCO-office in Jamaica.

<sup>6</sup> The Student Dean made the selection of the students to be interviewed.

<sup>7</sup> The IOL was not selected by UNICA. Before traveling to Suriname, it was understood by the researcher that only the University of Suriname was to be studied. In Suriname, the writer determined that the IOL was an important and large organization, worthy of inclusion in this review. The contact with the director of the IOL was facilitated by the University of Suriname.



## CHAPTER 3 : THE SURINAME SOCIETY

### 3.1. The history of Suriname

Much of the present research can only be understood within the context of the surrounding society, which gave and gives shape to the cultural elements that are of strong influence on the topic under study. This chapter, therefore, starts with an elaboration on the history of Suriname, which gave rise to contemporary Suriname.



Indians, mostly the Arowak tribe, originally inhabited Suriname. They lived from hunting and fishing and were nomads. The English were the first Europeans to settle in Suriname in 1650, followed by the Dutch in 1667, when New Amsterdam (currently New York) was exchanged for Suriname (the Treaty of Breda). In 1799, the English occupied Suriname again after The Netherlands became a territory of France (*Bataafse Republiek*). After the defeat of Napoleon in 1816, Suriname returned to Dutch hands.<sup>8</sup>

In the first half of the 18<sup>th</sup> Century, agriculture flourished in Suriname, with African slaves doing most of the work on the plantations. Later, many of them fled into the jungle and started their own communities. These refugees, named Maroons (also known as "Djukas" or "Bush Negroes"), retained many African customs and were known for their courage and their attacks on the plantations.<sup>9</sup>

To save the plantation economy, the Dutch imported labourers from other continents (table 1).

Table 1: The most important imported ethnic groups in the history of Suriname		
Group	Details	Year
<i>Chinese</i>	The Chinese were the first to be imported to work for Dutch farmers, mainly from the Netherlands East Indies ("Indonesia"). This attempt to save the agricultural importance of Suriname was no success: half of the Dutch farmers died within a year and the Chinese immediately left the plantations after a 5-year obligatory working period.	Mainly since 1863 when the abolition of slavery became official until 1873 when the African slaves were set free. <sup>10</sup>
<i>Hindustani</i>	When the African ex-slaves left the plantations in 1873, Hindustani labourers from northern India replaced them. Like the Chinese, the Hindustani workers were required to work on the plantations for a few years before they were allowed to return to India or prolong their contract. About 37,000 Hindustanis were imported to Suriname, before Ghandi put an end to this emigration in 1916. <sup>11</sup>	Between 1873-1916.
<i>Indonesians</i> ( <i>The Javanese</i> )	People from another Dutch colony, Indonesia, replaced the Indian labourers. About 33,000 Indonesians came to Suriname. Like the Hindustanis most of them left the plantations after fulfilling their contract and started small farms.	Between 1890 - 1940

This planned immigration policy of the Dutch colonizers in different historical phases resulted in the plural and segmented Suriname population of today.

<sup>8</sup> Wikipedia: The Free Encyclopedia: History of Suriname. [http://en.wikipedia.org/wiki/History\\_of\\_Suriname](http://en.wikipedia.org/wiki/History_of_Suriname)

<sup>9</sup> Ibid.

<sup>10</sup> After the abolition of slavery in 1863, the former African slaves were still forced to work for their ex-masters. They received payment for this work, with which some of them could buy their freedom. This after-slavery phenomenon was well known all across the Caribbean.

<sup>11</sup> CIA, Webpage, updated 14 June, 2005, World Fact book, Country report Suriname, CIA.

### 3.2. Location and bordering countries

Suriname is located on the northeast coast of South America, and covers 163,820 km<sup>2</sup>. In the north, it borders the Atlantic Ocean, in the east, south, and west it borders French Guiana, Brazil, and Guyana. The country is divided into ten districts. The two most urban districts - the capital city of Paramaribo<sup>12</sup> and Wanica - cover a small proportion of the land, but house the largest part of the population. Many factors are likely responsible for the strong move to these locations, including rich soil and minerals. The development possibilities of the rural and coastal areas have not been extensively explored, likely due to limited access to these areas.



### 3.3. The political situation

After the Second World War, the political status of the Dutch colonies changed and Suriname became an equal partner of the Dutch Kingdom in 1954. On November 25, 1975, independence was obtained from Holland and currently Suriname's government is choosing its own direction, politically and economically. This self-direction is reflected in the association to organizations within the Caribbean regional framework, such as the Caribbean Economic Community (CARICOM)<sup>13</sup>, the Association of Caribbean States (ACS)<sup>14</sup> and the Caribbean Court of Justice.<sup>15</sup> In addition, Suriname is increasingly integrating within the Latin-American framework, facing language and cultural barriers and differences in educational and legal structures, in search for economic and social-cultural integration. Since May 2002, Suriname forms part of the Amazon Cooperation Agreement, aiming at the development of the people of the Amazon region.<sup>16</sup>

Suriname's political history has known many moments of unrest and its society has dealt with complex issues of nation building, loyalty and trust, especially immediately before and after independence in 1975, in the 1980s and in the 1990s. After a short period of political instability at the end of the 1970s, a group of 16 young soldiers overtook the government in 1980 and established a military government until 1987. The initial general acceptance of this government shifted towards rejection, when the army killed 15 political opponents on 8 December 1982. This event, referred to as the "Decembermoorden" has left a deep mark in the Suriname community, which lasts to this day. In the 1980s, there was war in the Interior,<sup>17</sup> which caused

<sup>12</sup> Paramaribo is both a district as well as the Capital city of Suriname.

<sup>13</sup> CARICOM comprises: Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, and Trinidad.

<sup>14</sup> European Commission, Last update May 2005, Country Overview of Suriname, European Commission, <http://europa.eu.int/comm/development/body/country>

<sup>15</sup> Venetiaan, R., 2005, Statement by his excellency Runaldo Ronals Venetiaan, president of the Republic of Suriname and Chairman of the Conference of Heads of Governments of the Caribbean Community, at the inauguration of the Caribbean Court of Justice, 16 April 2005, TRINIDAD AND TOBAGO. <http://www.caricom.org/speeches/ccj-inauguration-venetiaan.htm>

<sup>16</sup> European Commission, Last update May 2005, Country Overview of Suriname, European Commission, <http://europa.eu.int/comm/development/body/country>

<sup>17</sup> Pan American health organization (PAHO), Data updated for 2001. Suriname. <http://www.paho.org/english/sha/prflsur.htm>

many deaths among the Bush Negroes and which ended with the Kourou Agreement, and in 1990s there was again political unrest in Paramaribo.<sup>18</sup>

Currently, the country is governed as a parliamentary democracy in which legislative power rests with the National Assembly's 51 members, who are elected every 5 years. Executive power lies with the President, who is chosen by the National Assembly. The country is divided into ten administrative districts that are subdivided into 62 regions; each region has its own council.

### 3.4. The economic situation

In the first half of the 20<sup>th</sup> Century, the economic situation of the country changed with the exploration of other natural resources of Suriname. The export of rubber, gold and bauxite became important.

Suriname's economy has deteriorated significantly since the 1980s. In 1997, real gross domestic product (GDP) was only 14% above its 1975 level (an average annual growth of just 0.6%).<sup>19</sup> At present, the GDP of Suriname is \$1.885 billion, while the real growth rate is 4.2%. Services represent the main economic sector (65% contribution to GD), followed by industry (22%) and agriculture (13%) (Table 2).

Table 2: GDP in Suriname	
GDP purchasing power parity	\$1.885 billion (2004 est.)
GDP - real growth rate	4.2% (2004 est.)
GDP - per capita purchasing power parity	\$4,300 (2004 est.)
GDP - composition by sector	Agriculture: 13% industry: 22% services: 65% (2001 est.)

Source: CIA, Web page, updated 14 June, 2005, World Fact book, Country report Suriname

The bauxite industry represents the most important part of the industry sector, accounting for more than 15% of GDP and 70% of export earnings.<sup>20</sup> Suriname's economy has been and still is very dependent on other countries, its main trade partners being the Netherlands, the United States and countries in the Caribbean.<sup>21</sup> The most important development challenges for Suriname to grow economically seem to be responsible monetary and fiscal policies, including inflation control.<sup>22</sup>

<sup>18</sup> Bureau of Western Hemisphere Affairs, Us Department of State, August 2005, Background Note: Suriname, [www.state.gov/r/pa/ei/1893.htm](http://www.state.gov/r/pa/ei/1893.htm)

<sup>19</sup> European Commission, Last update May 2005, Country Overview of Suriname, European Commission, <http://europa.eu.int/comm/development/body/country>

<sup>20</sup> CIA, Webpage, updated 14 June, 2005, World Fact book, Country report Suriname, CIA.

<sup>21</sup> Brainencyclopedia. Suriname, Google, [www.brainencyclopedia.com/encyclopedia/s/suriname.html](http://www.brainencyclopedia.com/encyclopedia/s/suriname.html).

<sup>22</sup> Ibid and CIA, Webpage, updated 14 June, 2005, World Fact book, Country report Suriname.

### 3.5. The social and cultural situation

The estimated unemployment rate in urban areas was 17% in 2000 and in 2002, 70% percent of the population was living below the poverty line.<sup>23</sup> Poverty is being alleviated to some extent by remittances from relatives living abroad and is sometimes escaped through migration, mostly to The Netherlands. It is estimated that during the last decades, more than 50,000 Surinamese left their country and that currently almost 30% of all Surinamese live in The Netherlands.<sup>24</sup> In recent years, however, the admission to The Netherlands has become more difficult, forcing families to remain in Suriname and to face the socio-economic problems.<sup>25</sup> One-parent households (usually headed by women) suffer more from poverty. Of 80,000 persons receiving an allowance from the Ministry of Social Affairs and Housing, 60-65% are women.<sup>26</sup> This allowance is by far not enough and families are forced to explore non-formal socio-economic activities, in Suriname called "hosselen."

Another problem that is rapidly impacting in Suriname society is the problem of drugs. Surinamese territory is increasingly used for the import and transit of cocaine by foreign drug organizations, aided by Surinamese partners. There are several favourable circumstances for drug trafficking in Suriname: foreign drug organizations can easily operate in Suriname and the Surinamese waters and the interior are inadequately controlled.<sup>27</sup> In addition, the strategic position of Suriname on the South American continent, with direct connections to Europe, makes Suriname an important link between the drug producing and the drug-consuming countries. The drug traffic has led to a strong presence of cocaine in Suriname, a lower threshold for its use and a general increase of drug-related crime.<sup>28</sup>

In conversations with taxi-drivers and in the interviews taken with the respondents, drug trafficking was described as being a huge problem impacting on the attitude, values and conduct, especially of youngsters. One taxi-driver commented, "Everybody, nowadays, wants to earn money the 'easy-way'. They don't want to work anymore. They think: 'why go to school'? If there are so many people who get rich by doing drugs: they didn't study. Still they are rich!"

Suriname is proud of its cultural diversity and of the maintenance of cultural identity of the various sub-groups, which is generally respected by members of different groups. Especially in Paramaribo, there is a colourful abundance of churches, temples, mosques, clubs, social organizations and ethnic restaurants that attest to the diversity of the people. Taxi drivers will typically bring a tourist to see the unique phenomenon of a Jewish synagogue and a Muslim mosque standing brotherly next to each other in Paramaribo. One of the drivers commented: "The world can take the example of Suriname. Only here is it possible that Jewish and Arab people live in so great harmony with each other, respecting each other".

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<sup>23</sup> CIA, Web page, updated 14 June, 2005, World Fact book, Country report Suriname. This resource has determined the poverty line based on surveys of sub-groups, with the results weighted by the number of people in each group. The source doesn't state where (in terms of amount) the poverty line is drawn.

<sup>24</sup> Sranan Creole.com, updated March 2005, [www.peopleteams.org/sranan-creols](http://www.peopleteams.org/sranan-creols)

<sup>25</sup> European Community, Republic of Suriname-Country Strategy Paper and National Indicative Program. for the period 2001 – 2007. 4-12-01

<sup>26</sup> CIA updated, July 14 2005, World Factbook. Suriname. Pan American health organization (PAHO), Data updated for 2001. Suriname. <http://www.paho.org/english/sha/prflsur.htm>.

<sup>27</sup> Ibid

<sup>28</sup> Ibid

On the other hand, the ethnic integration is also considerable and intermarriage is common, with the exception for the Hindu ethnic group, where inter-group marriage is still considered mandatory. The ethnic diversity of Suriname is manifested in many cultural ways: in religion, language, architecture and food.

### 3.6. Demography and Health

The total population in Suriname has grown from 419,800 in 1999 to 438,100 in 2003 (Table 3) with a population growth rate of 1.1 in 2003. Life expectancy is relatively high (70.4), while the total fertility rate is relatively low (2.4). Although the amount of births attended by skilled health staff is high (91%), it seems that the under 5 mortality rate of 39 per 1000 children is high (table 3).

Table 3: Demography and Health in Suriname			
	1999	2002	2003
Total population	419.8 thousand	433.5 thousand	438.1 thousand
Population growth (annual %)	0.9	1.0	1.1
Life expectancy (years)	..	70.3	70.4
Fertility rate (births per woman)	..	2.4	2.4
Infant mortality rate (per 1,000 live births)	..	..	30.0
Under 5 mortality rate (per 1,000 children)	..	..	39.0
Births attended by skilled health staff (% of total)	..	..	91.0
Child immunization, measles (% of under 12 mos)	85.0	69.0	71.0

Source: The World Bank Group,

<http://devdata.worldbank.org/external/CPProfile.asp?SelectedCountry=SUR&CCODE=SUR&CNAME=Suriname&PTYPE=CP>

### 3.7. The situation of women

In Suriname, women have the right to equal access to education, employment, and property. Nevertheless, social pressures and cultural customs and traditions, especially in rural areas and among certain cultural groups, inhibit the full exercise of these rights, particularly in the areas of marriage and inheritance. This phenomenon has been described by several of the persons interviewed, among others the students of the University of Suriname and the president of the *Nationale Vrouwenbeweging*, Ms. Staphorst. In addition, women experience economic discrimination in access to employment and in rates of pay for the same or substantially similar work. Further, 89 percent of women are employed in entry-level positions, 9 percent have mid-level jobs, and 3 percent hold management positions. More than 60 percent of women worked in traditionally female administrative or secretarial jobs.<sup>29</sup> Ms. Staphorst explained that the situation of women in Suriname is troublesome, but that they are also “necessarily creative and resourceful in finding ways for *“hosselen.”*” She also reported that the principal concerns of women's groups are political representation, economic vulnerability, violence, and discrimination. Suriname laws do not differentiate between domestic violence and other forms of assault, and there is an absence of specific laws to protect women against sexual exploitation.<sup>30</sup> The abused woman is typically married, between the ages of 25 and 50, has two to three children, and is employed in a low-paying job.”<sup>31</sup> There were credible reports of trafficking in, especially Brazilian, women for prostitution to Europe and the United States.<sup>32</sup>

<sup>29</sup> US Department of State, Bureau Democracy, Human Rights, and Labor, March 31, 2003 Country Reports on Human Rights Practices, 2002., US Department of State . USA

<sup>30</sup> *Ibid*

<sup>31</sup> *Ibid*

<sup>32</sup> *Ibid*

## CHAPTER 4 : THE NATIONAL CONTEXT OF HIV/AIDS

### 4.1. The evolution of the epidemic in Suriname

The first case of AIDS in Suriname was diagnosed in 1983. In 1995, the cumulative number of persons living with HIV had increased to 514. In 2002, this total reached approximately 2500 persons. The real number of people living with HIV/AIDS is, however, believed to be three to four times higher than the official figures. This is due to limited HIV surveillance; the majority of registered HIV cases in Suriname are due to testing following clinical indications.<sup>33</sup> Since 1996, there has also been an accelerated increase in the annual number of new HIV cases, which has almost quadrupled within a relatively short period of time (table 4).

Table 4: Number of new infections in Suriname 1996-2002	
Year	New HIV+ cases
1996	104
1997	182
2001	272
2002	381

Source: WHO, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2002 Update, and National Strategic Plan HIV/AIDS 2004-2008, Suriname, 2004*

The annual increase of HIV tests was from 1326 in 1997 to 5625 in 2002, an increase that should be taken into account when interpreting the accelerated growth in the annual number of new HIV cases. In addition, the greater proportional increase in the number of women being tested is attributed to increased screening of pregnant women. The male-female ratio of people living with AIDS is between 1:1 and 1.5:1. The number of people living with HIV/AIDS (PLWHA) in Suriname was 5,200 [1,400 - 18,000] in 2003, compared to 4,100[1,300 - 13,000] in 2001. The adult HIV prevalence rate is currently 1.7% (table 5), which reflects a growth compared with the prevalence rate of 1.2 in 1995. Furthermore, between 1995 and 1999, the AIDS mortality tripled from 5.6 per 100,000 to 17.7 per 100,000. Since 2000, AIDS is the second leading cause of death in the age group 15-44 and the number of reported deaths caused by AIDS increased from 110 in 2001 to 132 in 2002.<sup>34</sup>

Table 5: AIDS in Suriname, 2003		
Adults and children (ages 0-49) living with HIV/AIDS	5,200	1400-18 000
Adults (ages 15-49) living with HIV/AIDS	5,000	1400-18 00
Adult (15-49) HIV prevalence rate	1.7%	0.5%-5.8%
Women (ages 15-49) living with HIV/AIDS	1,700	500-6100
Children (ages 0-14) living with HIV/AIDS	<200	
Adults and child AIDS deaths (ages 0-49)	<500	< 1000

Source: UNAIDS [2004 Report on the global AIDS epidemic](#).

<sup>33</sup> National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.

<sup>34</sup> National Strategic Plan HIV/AIDS 2004-2008, Suriname, 2004, referring to a research by Punwasi. W.: "Doodsoorzaken in Suriname 2001", BOG/Afd. Epidemiologie.

At the end of 2003 Suriname belonged to the top 15 HIV/AIDS prevalence countries in the non-African world. Together with the Dominican Republic, Suriname appears at the 8<sup>th</sup> place in this top 15 list (both countries have an adult prevalence rate of 1.7%).<sup>35</sup> Countries in the Caribbean and Latin America that rank higher than Suriname include Haiti (5.6%), Trinidad and Tobago (3.2%), Bahamas (3.0%), Guyana (2.5%), Belize (2.4%) and Honduras (1.8%). These data also show that Suriname's HIV prevalence is the 3<sup>rd</sup> highest in Latin America.

#### 4.2. The government response and political commitment

Since the first HIV/AIDS case was registered in 1983, the Ministry of Health has made efforts to create a mechanism for the HIV/AIDS approach in Suriname. The Ministry established early on a "dynamic *National HIV/AIDS Programme*."<sup>36</sup> *"The early initiatives, explains Ms. Christel Antonius of the Medical School of the University of Suriname, entailed a multi-sectoral, nation-wide approach, which resulted in the development and establishment of several governmental and non-governmental organizations, like 'Maxi Linder Association', which gives support to sex workers promoting safer sex and the 'Mamio Namen Project' and 'Claudia A.', which help people living with HIV and AIDS."*

While in the beginning the national response was overwhelming, in the following stage, however, this response suffered setbacks, due to both internal factors, including breaks in the national coordination committee, and external factors, including mainly the reduction of foreign financial support to the National AIDS programme.

Notwithstanding the setbacks, the 1990s have also been years of promising development of new ideas and new approaches. This development of ideas led to another national Plan: the *"National STI/HIV Programme,"* which, albeit with limited resources, *"has been able to maintain and improve a level of general HIV/AIDS awareness, nationwide."*<sup>37</sup>

Although the National STI/AIDS Programme was well-intended, it did not lead to the results so hoped for and the prevention objectives were not reached. Moreover, there have been almost no studies done with respect to the development of HIV/AIDS and the effects of the national programmes. In addition, there was *"a scarcity of resources for training health professionals in the areas of HIV/AIDS counselling, especially pre-test counselling, how to encourage partner notification and how to render support to affected and effected people living with HIV/AIDS, including the early diagnosis and treatment of opportunistic infections."*<sup>38</sup>

At the end of the 1990s, the awareness developed that more and better approaches were needed to put a halt to the rapidly developing HIV/AIDS epidemic. The Minister of Health appointed a Steering Committee, which facilitated the consultant of the Foundation Prohealth, Dr. Julia Terborg, in the development of a

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<sup>35</sup> PRB, 2005

<sup>36</sup> Mehamed Rakieb Khudabux, *Minister of Health of the Republic of Suriname, 2001, Speech of the, on the occasion of the twenty-sixth special session of the general assembly of HIV/AIDS, New York, 25-27 June 2001.*

<sup>37</sup> *Ibid.*

<sup>38</sup> *Ibid*

National Strategic Plan for HIV/AIDS in Suriname. To produce this Plan, a 'Situation and Response Analysis (SARA) on HIV/AIDS in Suriname' was conducted.

The SARA contained an extensive description of the development of the epidemic and the national response in Suriname since the beginning in 1883 until 2004 and of the economic, political, social and cultural context within which the epidemic manifests itself.<sup>39</sup> Based on the results of the SARA, and on other research reports, such as an analysis of the Surinamese legislation with regard to HIV/AIDS and an evaluation of the HIV/AIDS/STI surveillance systems, the National Strategic Plan (NSP) 2004-2008 (see picture) was developed through a broad process of National Consultation.



In August, October and November 2003 national consultation meetings and follow-up sessions were held, in which participants from the Government, NGOs as well as the private sector exchanged ideas with respect to the NSP.<sup>40</sup>

The NSP informs on the response of the Government in several stages of the development of the epidemic (table 6), proposes 6 strategies, 5 main priorities and objectives for each priority (table 7) and presents the estimated costs of implementation of the plan (US\$ 6,272,000) and an estimation of the contribution of the Government in this implementation (25% of the total projected costs).<sup>41</sup>

Table 6: chronological development of the national response to HIV/AIDS in Suriname	
Date	Details
November 1987	Appointment of the National AIDS Committee (NAC). Task: monitor medical and scientific development in the area of HIV/AIDS and advise the Ministry of Health on these issues
August 1988	Establishment of the National SOA <sup>42</sup> /HIV/AIDS Programme (NAP). Task: Execute tasks, as ordered by The Ministry of Health or the NAC, with respect to the prevention or combating of Aids
End of the 80s	Transference of NAP to the Dermatological Services and change of the name into the National SOA/HIV programme (NSHP)
Early '90's	Establishment of the Nickerie AIDS Team (NAT). Task: Decentralization of the NSHP to the districts to develop prevention programmes for district populations
May 1995	Establishment of the STI Task Force. Task: At first this task force had the responsibility to coordinate HIV/AIDS activities of primary health institutes aimed at the integration of HIV/AIDS in primary health care in Suriname. The body consisted of the heads of the 5 primary health care institutions and representatives of the University of Suriname.
September 2002	Establishment of the CCM by the Ministry of Health, "Country Coordinating Mechanism". Task: Submission of a project proposal on HIV, malaria and tuberculosis to the Global Fund on Tuberculosis.
July 2003	National workshop on the data of research on legislation, in conjunction with the already initiated adjustment of the SOA-act.
2004	Appointment of Steering Committee
2004	Implementation of the SARA
2004	Development of the National Strategic Plan HIV/AIDS Suriname, 2004-2008.
2005	Appointment of the National AIDS Prevention and Control Committee to implement the National Strategic Plan.

*National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

From the aforementioned institutions, only the National STI/HIV Programme and the CCM are still functioning. The National Aids Committee (NAC) and the STD Task Force Group are, although officially still in function, inactive or functioning on incidental basis.<sup>43</sup>

<sup>39</sup> *National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

<sup>40</sup> *Ibid*

<sup>41</sup> *Ibid*



Table 7: The National Strategic Plan HIV/AIDS 2004-2008 Suriname: Strategies, priority areas and objectives		
Strategies	Priority areas	Objectives
1. Institutional strengthening and capacity building	1. Coordination, policy formulation, legislation and advocacy	Development and strengthening of a mechanism for national coordination and multi-sectoral response
2. Strengthening partnerships	2. Prevention	Reduction of the risk of HIV infection among the general population and specific vulnerable sub-groups
3. Increased societal awareness and involvement	3. Reduction of stigma and discrimination of PLWHA	To stimulate social acceptance of PLWHA and their active participation in all phases of the national response.
4. Decentralization	4. Treatment, care and support	To improve the quality and lengths of life of PLWHA
5. Data collection and research	5. Monitoring and evaluation	To increase the availability of reliable data for effective policy development and monitoring
6. Behaviour Change Communication		

*National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

At present, the NSP forms Suriname's one agreed HIV/AIDS national framework. In 2004, the Surinamese government installed a multi-sectoral coordinating national authority of 6 members, the National AIDS Prevention and Control Committee, to execute the Plan. The president of the committee, Ms. Nandoe, represents the Ministry of Public Health in the Committee, while the Department of Education, the Department of Finance and UNDP are also represented.

The governmental response to the HIV/AIDS epidemic has also been given through the primary care institutions active in the field of HIV/AIDS, such as:

- The Foundation for the Regional Health Services (RGD), which focuses mostly on recipients of social welfare. Through 45 policlinics the RGD develops and implements special protocols with guidelines on screening, classification, counselling and treatment
- The Dermatological Services (DD): The DD offers free treatment of STI in their clinics in Paramaribo and in Nickerie.

### 4.3. Transmission of HIV

Due to social-economic status and social-cultural factors, women in Suriname form, beyond any doubt, a potential at-risk group (see chapter 3). HIV/AIDS cannot, therefore, be addressed as just another public health issue, but should be conceptualised as a symptom of underlying gender and economic inequality. In Suriname, the most vulnerable women are the street sexual workers (SW) with an adult prevalence rate of 22.2% prevalence (1996) (table 9). However, not only women are vulnerable and at risk in Suriname: in 1996 the HIV prevalence among men having sex with men (MSM) was 20.2% (table 9). Although the available data are outdated, and new studies are urgently needed among high risk groups to determine trends and current prevalence levels, the vulnerability of especially young men who have sex with men, is increasingly accepted as an important phenomenon requiring urgent action. One of the interviewed person stated:

<sup>42</sup> SOA= *Sexueel overdraagbare aandoeningen: Sexual Transmitted Diseases*

<sup>43</sup> *National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

*“Nowadays, the young male prostitutes, especially those from Guyana, are competing with female prostitutes in the streets of Paramaribo. They are very popular, both by men and women.”*

Table 9: HIV prevalence in Suriname in different years	
Club SW (1990)	2.5%
Street SW (1996)	22.0%
MSM (1998)	20.2%
TB patients (1999)	13%
Soldiers (1999)	1.4%
Prenatal care attendees (1986)	1.4%
SOA clinic visitors (1986)	0%
SOA clinic visitors (1989)	0.6 %
SOA clinic visitors (1991)	1.03%

*National Steering Committee HIV/AIDS Suriname, 2004, “Makandra wi sa feti AIDS.” National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

Another group at risk is young people: about 11% of new HIV infections in the first quarter of 2001 occurred in people under 20 years of age and, AIDS has become the second leading cause of death in the age-group 14-44 years.<sup>44</sup>

Although there are no detailed data available, the National Strategic Plan reports that sexual (predominantly heterosexual) contact remains the most common mode of HIV transmission. The largest part of people living with HIV is infected through sex, especially heterosexual contact. Blood donors are screened for HIV and the blood bank uses as much as possible regular donors, using strict selection criteria in the screening of blood donors.<sup>45</sup> The HIV prevalence among blood donors is, therefore, relatively low. In addition, there is little indication of HIV transmission through needle stick accidents. All hospitals work with a needle stick accident protocol. Of the reported prick accidents to date, no cases of HIV have been reported. As far as is known, there is no reporting of HIV infection among intravenous drug users.<sup>46</sup>

These data show that in Suriname HIV-prevention and support need to be especially focused on three groups, sex-workers (especially street workers), homosexual men and youth. Furthermore, because of the growing numbers of children with AIDS, special attention will need also to be directed to them.

#### **4.4. Behaviour**

In most countries, the HIV epidemic is caused and strengthened driven by behaviours that expose individuals to the risk of infection.<sup>47</sup> Information with respect to the level and intensity of risk behaviour related to HIV/AIDS is, therefore, essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical to assess changes over time as a result of prevention efforts. There is little research done in Suriname, however, with respect to high-risk sexual

<sup>44</sup> *National Steering Committee HIV/AIDS Suriname, 2004, “Makandra wi sa feti AIDS.” National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.*

<sup>45</sup> *Ibid*

<sup>46</sup> *Ibid*

<sup>47</sup> *UNAIDS/WHO Epidemiological factsheets. Suriname, update 2004*

practices. Sarafin<sup>48</sup> writes about studies done on typical methods used by men and women in Suriname to improve the quality of sexual relations, among others, the use of the so-called “bugru” (small metal balls which are inserted into the foreskin of the penis to increase sensations for both men and women) by men and the use of plants (which are boiled and the water used to wash the vagina) by women.<sup>49</sup> These practices put men and women more at risk of contracting HIV, as they may lead to a drying and tightening of the vagina and tears in the skin of the penis or vagina. More research is needed, however, to know whether these practices are widespread among youth.<sup>50</sup>

Promiscuity among men is high in all ethnicity groups in Suriname. Women seem to be increasingly aware of the high risks involved for their health, as consequence of the promiscuity of their men, and have, therefore, gradually changed their response to the infidelity issue. Says Dr. Terborg: *“In response to the male promiscuity, Creole women have become ‘pragmatic’. Nowadays they will encourage the men to use a condom when they (the men) go into sexual relations outside the marriage.”* In general, according to Terborg, women in Suriname are the most apt for change, because they are the ones who run most of the risks of irresponsible sexual conduct.<sup>51</sup> In addition, masculine promiscuity is increasingly matched with female promiscuity, especially among the Creole population. Terborg’s research<sup>52</sup> showed that Creole women, who tend to be very sexually active, demand to be sexually satisfied by her men. If he is not capable of doing so, she has the ‘right’ to look outside of her relation for another man and is ‘allowed’ to have extramarital relations<sup>53</sup>.

#### **4.5. Civil society response**

NGOs are the driving force in the prevention of HIV/AIDS and the support of people living with AIDS in Suriname. There are at least 10 NGOs (table 11) working, directly or indirectly, in the area of HIV/AIDS.<sup>54</sup> Regular UNAIDS Theme Group meetings are held to monitor progress of the various initiatives and develop joint strategies. In addition, there are networks such as: Suriname HIV/AIDS Network (SHAN), which unifies several NGO’s and has Stichting LOBI as focal point, and the Youth Impact Network (YON), which consists of representatives of youth organizations, active in HIV/AIDS-activities. The magnitude of the civil society response is relatively large, reaches out to several vulnerable groups, and covers many aspects of prevention, support, advocacy and educational activities (table 11).

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<sup>48</sup> Sarafin, I, *“Final report on findings: HIV/AIDS and Youth in Suriname.*

<sup>49</sup> *Ibid*

<sup>50</sup> *Ibid*

<sup>51</sup> Terborg referred her recent study *“Impact of the medical mission programme 1988-2003, in press, in which she studied the changes that took place in sexual conduct since 1998, when she did the research on sexual behavior and sexually transmitted diseases among Saramanca people.*

<sup>52</sup> *Ibid*

<sup>53</sup> In Suriname the term used for this is *“uitlopen”* (walking out)

<sup>54</sup> *Ibid.*

Table 11: NGOs active in the field of HIV/AIDS in Suriname					
Organization	Target groups	Programmes	Focus	Regions	Donors
<b>PRIMARY CARE INSTITUTION</b>					
The Medical Mission (MM)	Inland communities, Maroons and indigenous people	Implementation of a 5 year STI/HIV/AIDS programme through 48 health clinics and aid posts in the interior, from 1998 to 2002	Testing & treatment, Counselling, Training, Condom distribution and promotion, Research, Support	Regions outside Paramaribo	
<b>OTHER INSTITUTIONS</b>					
Stichting Maxi Linder Association	Street sex workers	Effective in reaching street sex workers, offering them not only shelter and support, but also educational programmes	Care, support & prevention	Paramaribo	Government Local & international donors Proceeds from paid service delivery
Stichting PEP-Sur and Youngsters of Red Cross	Youth, in-school as well as out- school	Offers youth-friendly programmes, using youth themes and youth language, among other things through theatre and songs, to reach youngsters	Prevention, Training in peer education, Edutainment, Advocacy	Paramaribo	Government Local & international donors Proceeds from paid service
Stichting Mamio Namen Project	People living with HIV and their families	Effective in reaching the target group, offering care and support.	Care & support Awareness in schools	Paramaribo	Government Local & international donors
Stichting "Claudia A."	People living with AIDS	Offers day-care and support for the target group	Training Care & support	Paramaribo	Government Local & international donors
Stichting Lobi (National family planning association)	Pregnant women and families Youth General public	Effective in reaching pregnant women and youngsters with respect to family planning, HIV testing for pregnant women and awareness raising	Prevention & testing Family Planning Condom promotion and distribution Research	Paramaribo	Government Local & International donors Proceeds from paid service
Het Parelhuis	Children living with HIV	Effective in caring for children living with HIV and integrating (why integrating?) educational and health care for these children	Care, testing & treatment	Paramaribo	International donors Proceeds from paid service
Surinaams Rode Kruis	General public Blood donors Youth	Effective in reaching the general public with respect to general health issues and awareness raising regarding HIV/AIDS	Counselling and testing Guarantee of safe blood Healthy Lifestyle program	Paramaribo and regions outside of Paramaribo	International donors Proceeds from paid service
Stichting Projecta	General Public		Advocacy Gender mainstreaming/training	Paramaribo	International donors Proceeds from paid service
Stichting Prohealth	PHC institutions Community groups in part. women & youth	Community health development and Research on sexual & reproductive health	Community health development and Research on sexual & reproductive health	Paramaribo and regions outside of Paramaribo	International donors Proceeds from paid service
Men mit Men	Men in general	Develops awareness raising programmes especially for men with respect to general health issues and HIV/AIDS.	Advocacy	Paramaribo	

National Steering Committee HIV/AIDS Suriname, 2004, "Makandra wi sa feti AIDS." National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008, Paramaribo, Ministry of Public Health, Suriname.

#### 4.6. International support

International donor response has been and still is important in the national response to HIV/AIDS in Suriname. International agencies like the Global Fund for HIV/AIDS, PAHO, World Bank, the Canadian Society for International Health (CSIH), Red Cross: all have played and continue to play a critical role, technical or financial, in the national response to HIV/AIDS in Suriname.

## CHAPTER 5 : IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR

### 5.1. Education in Suriname

The education system is highly centralized and is coordinated, managed and regulated by the Ministry of Education and Community Development (MOECD). The MOECD, rather than district governments, is responsible for the provision of education throughout the country. The MOECD is also the dominant financier of education services. The education system of Suriname comprises pre-school, primary, secondary, vocational and tertiary schooling. The secondary education consists of two levels: the junior secondary and the senior secondary school, which are both categorized systems (table 12). The number of compulsory school years is 6.

**Table 12: School type in Suriname**

School	Details
<b>Pre-school</b>	A two-year programme for four and five year old children, often offered in the same building as primary education, although with special trained teachers.
<b>Primary education</b>	A six-year programme (grades 1-6) offered to the age group 6-11, mostly in catholic schools. A nationwide examination is administered at the end of grade 6 in combination with sixth grade school performance. The "Primary School Leavers' Certificate" gives entrance to the Junior Secondary School, while the choice of junior secondary options depend of the examination scores.
<b>Junior secondary education</b>	A diversified three to four-years program, which represents the first level of secondary education. Depending of the test scores at the end of the primary school, the options of the students are: <ul style="list-style-type: none"> <li>- a four-year general education stream (MULO),</li> <li>- A four-year Junior Secondary General Vocational (LBGO) stream, which is a pre-professional stream leading to further education.</li> <li>- Three-year Junior Secondary Technical (LTO) schools.</li> <li>- the two-year Elementary Vocational (EBO) school, or Vocational Home Economics (LNO) school, or a Special Education (VBO) school.</li> </ul>
<b>Senior secondary education</b>	A diversified programme from two to four-year program. Depending of the test scores at the end of the junior secondary the options of the students are: <ul style="list-style-type: none"> <li>- a three-year senior secondary academic stream: Voorbereidend Wetenschappelijk Onderwijs (VWO)( (Pre-University College I), which offers academic programmes leading to university and ending with a completers' examinations in seven subjects</li> <li>- a two-year senior secondary general pre-professional stream: Hoger Algemeen Voorbereidend Onderwijs (HAVO), (Pre-University College II). The HAVO stream takes examinations in six subjects.</li> <li>- a two or four year vocational streams. Of these, the most prestigious is the four-year Technical College (NATIN), which is oriented toward technical trade skills</li> <li>- a four-year Teacher Training College (PA), where they can specialize in primary teacher training</li> <li>- a Commercial College (MEAO) for either a three-year programme in accounting and general management or a two-year programme in secretarial skills.</li> <li>- Junior Secondary level elementary vocational programme (EBO),</li> <li>- a vocational home economics programme (LNO)</li> <li>- a special education programme (VBO).</li> </ul>
<b>Tertiary education</b>	Tertiary education is comprised of two tracks: <ul style="list-style-type: none"> <li>- the University of Suriname: accessible for students who completed the VWO or who have completed a one-year preparatory course of study at the university which leads to full admission for those who complete the course, after completion of HAVO stream and the technically-oriented senior secondary (NATIN) schools</li> <li>- higher vocational education (HBO), which includes advanced teacher training: accessible only for students who completed at least the HAVO.</li> </ul>

*Source: Ministerie van Onderwijs, 2004, Sectorplan Onderwijs, 2004-2008, Paramaribo, Suriname.*

The highly segmented secondary education in Suriname, inherited from The Netherlands, affects the enrolment at the university level, because it leads to a heterogeneous input of students.

Suriname has achieved a widespread access to basic education. Net primary attendance in primary school in 1996-2003 is 88% for male students and 91% for female students (table 13). This is high compared to

countries like Haiti (52% and 57%) and the Dominican Republic (81% and 84%), but low compared to other countries like Colombia (90% and 90%), and Brazil (95% and 95%).<sup>55</sup> Gross enrolment in primary education in Suriname is 127 for males and 125 for females, while the net enrolment is 97 and 98 (table 13). The gross enrolment at secondary education level is 62 for males and 86 for females (table 13), showing a general trend of feminisation of students in secondary education .

<b>Table 13: Enrolment ratios for primary and secondary schools 1998-2002</b>		
	<b>Male</b>	<b>Female</b>
Net primary school attendance (%)	<b>88</b>	<b>91</b>
Gross primary school enrolment ratio	<b>127</b>	<b>125</b>
Net primary school enrolment ratio (1998-2002)	<b>97</b>	<b>98</b>
Gross secondary school enrolment ratio	<b>62</b>	<b>86</b>

Source: UNICEF, 2005, *Childhood under threat. The state of the world's children.*  
<http://www.unicef.org/sowc05/english/index.html>.

Notwithstanding the general broad attendance to education, the number of well-qualified graduates produced by the education system is low.<sup>56</sup> The system struggles with serious problems with respect to extremely high drop out and repetition rates, poor quality instruction, lack of educational materials and deteriorated school buildings. The system also faces more qualitative problems: the type of knowledge and skills students develop in schools do not fully prepare them adequately for the demands of work life.<sup>57</sup>

## **5.2. Higher education in Suriname**

Higher education in Suriname is provided by the following institutions:

- The Anton the Kom University of Suriname (ADEKUS): Suriname's only university. The university consists of three faculties, which offer several programmes
- The Institute for Advanced Training of Teachers (IOL). The IOL offers 18 studies
- The Institute for the training of teachers for Vocational Education (LOBO)
- The Academy for Higher Art and Culture (AHKCO). The AHKCO offers programmes in the areas of Visual Arts, Journalism, and Social Work.
- The Polytechnic College (PTC) of Suriname created in 1994. The Polytechnic College offers programmes in three areas: Infrastructure, Engineering and Computer science.
- The Foundation for Youth Dental Care (JTV). The Youth Dental Service Foundation has a training programme for dental nurses.
- The Foundation Central School for Nurses and Allied Professions offer training for nurses and nursing auxiliaries (AHKCO). The Nursing School has a new study programme for a bachelor's degree in Nursing.
- The Academy for education for Art and Culture (AHKCO)

The present study focuses primarily on the ADEKUS and in the second place on the IOL.

<sup>55</sup> Source: UNICEF, updated July 2004. *Childhood under threat. The state of the world's children.*  
<http://www.unicef.org/sowc05/english/index.html>

<sup>56</sup> , Interamerican Development Bank, February 1998, SURINAME. *EDUCATION SECTOR STUDY.*  
<http://www.iadb.org/regions/re3/su-edu.htm>

<sup>57</sup> *Ibid*

### 5.3. The Anton de Kom University of Suriname (ADEKUS)

#### 5.3.1. Basic facts

The University of Suriname, located in Paramaribo, was founded on November 1, 1968. In the beginning of the 1980s, the University was closed for almost a year and it was opened again on October 17, 1983 under the new name *Anton de Kom Universiteit van Suriname*. The then existing institutes of the University were reconsidered and some changes were made from 1983-1988. At present, the ADEKUS has a population of 3288 students, with a majority of female students (66%) (table 14).

Table 14: University of Suriname. Basic Facts	
Established:	1968
Status:	Autonomous (non-governmental)
Location:	University complex Leysweg, Phone: (597) 465558/ 493805 Fax: (597) 495005. Email: <a href="mailto:intec@uvs.edu">intec@uvs.edu</a>
Number of faculties:	3
Total staff:	Non-teaching personnel: 32 persons
Total teachers:	132 full timers and 133 part-timers = 256
Total students:	Faculty of Technical and Agricultural Science: 278 female/417 male students: TOTAL 695 Faculty of Social Science: 1535 female, 696 male students: TOTAL 2231 Faculty of Medical Science: 186 female/149 male students: TOTAL 355 TOTAL: 3281
% students female:	66%
Student/Teacher Ratio:	1 - 24 (full timers only) or 1 - 13 (full timers and part-timers)

#### 5.3.2. Structure and organization

The University Board is the highest governing body of the University and has the entire responsibility of the organization. The University has three faculties: the Faculty of Social Science, the Faculty of Technological Science and the Faculty of Medical Science. Each faculty offers a variety of programmes.

The university offers graduate degrees, but no postgraduate degrees.

The University of Suriname incorporates also 5 research institutes (table 16), each with its own objective and staff (table 15). Some of the research institutes are connected to a faculty.

Table 16: Research Institutes of the University of Suriname					
Centre for Agricultural Research in Suriname (CELOS)	Institute for Applied Technology (INTEC)	Bio-Medical Research Institute Prof. dr. Paul Flu (MWI)	Institute for Development Planning and Management (IDPM)	Institute for Social Science Research (IMWO)	Centre for Environmental research (CMO)
<i>Objective:</i> promoting agricultural scientific education and research at the Faculty of Technological Sciences.	<i>Objective:</i> executing research projects in the field of technology	<i>Objective:</i> promoting scientific education and research at the Faculty of Medical Sciences	<i>Objective:</i> supporting the development policy of the Surinamese government	<i>Objective:</i> executing social scientific research and rendering service	

Source: *Anton de Kom Universiteit van Suriname. Verslag over de periode september 2000-september 2003. Een verslag van het bestuur van de universiteit van Suriname.*

In addition, the University has the following institutes and centres:

- the Institute for Quality and Information Management (IKIM)
- The University Institute for Rights of Children (UK)
- The Institute for International Relations (IIR)
- The Institute for Development Planning and Management (IDPM)
- the Library of the Anton de Kom University of Suriname
- the University Computer Centre (UCC).

On-campus housing facilities are not provided for students. Instead, most students live with their parents or on their own. Foreign students, who meet the relevant minimum requirements, must master the Dutch language to be able to follow classes.

### 5.3.3. *Impact of HIV/AIDS on the University*

No data are available on AIDS-related absenteeism, student withdrawals or educator or student mortality related to HIV. *"We do not really have an administration with respect to student absenteeism, so it is of course difficult to know if students stay away because of AIDS,"* says one the deans of the University. And, *"there is of course also a lot of taboo regarding HIV/AIDS. So, students would not give having HIV/AIDS as a reason for their absence. AIDS triggers the feeling of isolation. If a student is affected by AIDS he or she would not want to talk about that,"* says another dean of the University. The main reason, however, for the absence of data on this issue cited by those interviewed was that although HIV has become a priority at the national level, it has not yet reached the doors of the University and that HIV/AIDS is (not yet) a problem for the University. *"HIV/AIDS is not really a problem for the university,"* says one of the interviewed persons. *"Of course we know that it is becoming a big problem in the society, but we do not experience the problem inside the university."*

None of those interviewed reported knowing of any student deaths related to HIV/AIDS or any student withdrawals due to the responsibility to care for family or friends living with HIV. In addition, as the University has no campus, typical high-risk behaviour that might occur in a campus setting do not have the chance to develop or are at least not observed during the daytime at the University. However, one of the University teachers mentioned that maybe transport out of campus and out-door activities could bring some risks.

Some of those interviewed, both students as well as faculty members, expressed believing that students at university level are informed, knowledgeable, and critical enough not to engage in high-risk behaviour that can lead to HIV/AIDS. *"The students at the university really know a lot about HIV/AIDS. They know how you can become infected, they know about condoms and the way to use them, and they will not endanger themselves,"* says one of the interviewed students. Another student said: *"The problem is not here with the university students. The real problem is with students at the 'middelbare school' (high school): they really do dangerous things, such as having sex with many partners and not using condoms properly."*

On the other hand, based on information gathered from more than one interview (within and outside the university), there are reasons to believe that university students might be more vulnerable than generally



thought. In three separate interviews, it was stated that it is commonly believed that some university students are engaged in escort services as call-girls, providing sexual services to clients.<sup>58</sup> Reasons given by the interviewed persons for this observed phenomenon include *the relatively high costs of study*. Although most students receive financial support from the government, interviewed university staff-members believe that the amount is not enough to cover all of the costs of study. This opinion is confirmed by the results of a satisfaction study under students of the Faculty of Social Studies: 52% of the respondents in this study reported to be unsatisfied with the college fee (SRD 350,-) and would like to see this fee reduced.<sup>59</sup>

One interviewed lecturer mentioned the so-called *demonstration effect* as another possible reason for the aforementioned phenomenon of students giving paid sexual services. In the Suriname society there are sharp contrasts between rich and poor, a situation that has worsened due to drug-traffic (see chapter 3). Many students come from relatively poor social backgrounds and might long for material goods such as beautiful clothes, jewellery, or a car, in exchange for sexual favours. In this context, the phenomenon of *sugar daddy*<sup>60</sup>, known in the Caribbean, is also mentioned. The interviews did not, however, present sufficient information to know how prevalent these behaviours might be and if these behaviours are manifested predominantly among certain ethnic groups and within specific age ranges.

The situation of the students in the university worries several of the lectures, staff members and the Student Dean. Says one lecturer: *"I think that we need to engage in serious research with respect to the social-cultural situation of our students. If it is true that students at our university, who are highly educated, engage in practices such as escort services, than there is something terribly wrong. We cannot close our eyes for this phenomenon, but need to look deeply into it"*. Several of the interviewed persons reported, however, that currently the support to students within the university is not adequate, nor enough, and that, consequently, the university has no way to really know which are the social-emotional problems of their students and how to reach out to them. This is confirmed in the aforementioned study on student satisfaction: only 34% of the students reported to be satisfied with the counselling and support of the teaching staff and 45% reported that teachers are not available when you really need them.<sup>61</sup> In addition, only 47% of the respondents were satisfied with the services offered by the Student Dean's Office and 22% were unsatisfied.<sup>62</sup>

During a telephone conversation with the Student Dean regarding the draft of this report, she volunteered information on what she described as a *'serious and problematic development'* in Suriname which has many people very concerned. She was referring to the phenomenon of suicide, which seems to be increasing in an alarming way in Suriname. In the ADEKUS there were recently two cases of suicide, which caused a tremendous shock in the organization and has led to the organization of a lecture on this topic. These regrettable events have also led to a renewed attention for the need of students for social-emotional

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<sup>58</sup> This issue was not confirmed by the management of the university.

<sup>59</sup> Anton de Kom Universiteit van Suriname, Instituut voor Maatschappelijk Wetenschappelijk onderzoek (IMWO), Mei 2004, *"De Spiegel. Een tevredenheidsonderzoek onder studenten van de FmijW"*, Suriname.

<sup>60</sup> This phenomenon refers to the sexual relation between mostly an older man with a young girl, where the first offers material goods, gifts etc, in exchange for sexual favours from the latter.

<sup>61</sup> Instituut voor Maatschappelijk Wetenschappelijk onderzoek (IMWO), Mei 2004, *"De Spiegel. Een tevredenheidsonderzoek onder studenten van de FmijW"*, University of Suriname.

<sup>62</sup> *Ibid*

counselling and care: the ADEKUS is at the moment preparing the start of a university-wide “psycho-social unit” to render this service to students.

Furthermore, in more that one interview the remark was made that there are socio-cultural factors that might make certain groups of students more vulnerable than other groups with respect to matters of sexuality, especially within university educational structures (even without a campus). In this case, reference was made explicitly to Hindustani girls, who are known to have been educated based on strict obedience and moral rules, in sharp contrast to Hindustani boys, who are allowed liberties that are not granted to the girls. When the Hindustani girls enter the university, many of them experience a freedom they have never experienced before. One of the interviewed students said: *“The problem with the Hindustani girls is that they don’t know how to deal with boys and they don’t know when and how to say NO. Creole and Javanese girls generally don’t have that problem.”* More than one respondent reported that some Hindustani girls are brought to the university in the morning by their parents, and a few moments later being picked up by their boy friends. These behaviours are not typical for Creole girls, as believed by both students as faculty, who seem to be more mature and free in their sexual conduct. There are also no data available with respect to the impact of HIV/AIDS on perceived quality of education. With respect to stigma and discrimination, however, students and teachers of the university noted that HIV+ people suffer from lower social status and appreciation.

#### 5.4. The Institute for training of teachers for secondary (IOL)

##### 5.4.1. Basic facts

The IOL was established in 1969, when the so-called “Didactisch Instituut” was transformed into a teacher training institute for teachers for secondary education. In 1982-83 the IOL moved to the complex of the ADEKUS<sup>63</sup>, but does not belong to the University. Although both institutions form part of higher education in Suriname, they are governed by two different bodies and are under two different regulations. Currently (2005), the IOL has 1700 students (table 17). The age-range of the students is 18 - 25 years.

Table 17: The institute for advanced training of teachers (IOL). Basic Facts	
Established:	1969
Status:	Autonomous (non-governmental)
Location:	University complex, Leysweg, Paramaribo
Number of faculties:	3
Total staff:	N/A
Total teachers:	N/A
Total students:	1700
% students female:	N/A
Student/Teacher Ratio:	N/A

<sup>63</sup> The web-site of the University of Suriname is: [www.uvs.edu](http://www.uvs.edu)

5.4.2. *Structure and organization*

The IOL offers 18 different studies in 6 categories (table 18)

Table 18: types of studies offered in the IOL.					
Pedagogical studies	Languages (Dutch, Spanish and English)	Social Sciences	Science	Natural science	Creative arts

5.4.3. *The Impact of HIV/AIDS*

According to the Director and Department Coordinators of IOL the effects of HIV have not yet been felt yet in a massive way. However, there have been reported cases of student mortality: in an interview with the director and the coordinators of the departments, they reported on the death of two or three students due to HIV/AIDS in the past two or three years. The interviewed persons stated that in general the institute has little information on personal affairs of the students. When asked whether there are data on AIDS-related absenteeism, the answer was that until now the administration on absenteeism is not that specific that the reason for the absenteeism can be detected.

### 6.1. HIV/AIDS Policies and Plans, training and education, programmes and services.

#### 6.1.1. *The University of Suriname*

The University of Suriname does not currently offer any specific programme or curriculum on HIV/AIDS, nor courses that integrate HIV into the curriculum, with the exception of the Medical Faculty. *"We offer our third year students a Public Health Seminar. Within this seminar we offer, for four years already, a section on HIV/AIDS,"* explains Christel Antonius Smits, head of the Public Health Department of the Faculty of Medical Science. *"This seminar offers information on ways to prevent HIV/AIDS, the routes of transmission and we invite our students to talk freely and openly about HIV/AIDS."* While the Faculty of Medical Science has some years already experience with this type of programmes, there is, however, an absence of these programmes in the other faculties.

The President of the University believes that the reason why most of the faculties do not offer courses on HIV/AIDS is because of the general complaint that the programmes are already overloaded. *"The Deans many times comment that there is little space within the programmes to add additional topics and new areas of studies. At present, the faculties do not have concrete plans to incorporate the HIV/AIDS theme in the curriculum."*

This opinion is confirmed by the following expression of the Dean of the Faculty of Technical and Agricultural Sciences: *"We really don't have space left for life skills training in our programmes. When we started with the bachelor-master structure in the University of Suriname, we had to force a programme of 4 years in 3 years. There is no way that we can add new themes to the programme."*

The possible impact of restructuring the curriculum on the focus and orientation of the Universities programmes has also been brought forward by the Dean of Faculty of Social Science: *"The University of Suriname has changed. Before the university closed down<sup>64</sup> it was different. We used to focus more on general orientation of the students. Things changed after the university opened up again. Nowadays we are more oriented towards the statement of educational objectives, in terms of knowledge and skills. We are less focused now on a more general preparation and education of our students for life in the society. This happened already before we had to cut down the programme. When we had to state the objectives of the programme, we have started to focus more on measurable outcomes of education and less of general preparation of the students."*

These opinions expressed by the Deans create the impression that in recent years the University of Suriname has moved towards a more technical approach of educational planning and structuring of its programmes, creating fewer opportunities for broad-based educational programmes.

Furthermore, the reasons given for not having explicit HIV/AIDS programmes were the same as those for the absence of data on the impact of HIV/AIDS on the university: the belief that HIV/AIDS is not yet

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<sup>64</sup> *The University of Suriname was closed for a few years because of unrest in the country.*

relevant for the university community. Explaining why the University has not yet responded to the HIV/AIDS situation and why no structured internal response has been offered yet, the Dean of the Faculty of Technical Science stated: *"What normally happens is that one starts to respond only when the problems present themselves. As long as we don't really feel the problem in the university, as long as we don't see a real impact, it is difficult to expect a response and to expect deep reflection about the issue."*

Elaborating on the possibilities of incorporating the HIV/AIDS theme in the Universities' programmes, the Dean of the Faculty of Social Sciences said: *"We have 5 programmes in our faculty. I tend to say that it is not necessary to include the HIV/AIDS theme in all of the programmes, with the exception of sociology, where the AIDS theme could be part of the theme of Gender of Medical Sociology....If we add the HIV/AIDS theme in all of our programmes, it would be purely to provide comprehensive training.."*

Obviously, there is no consensus within ADEKUS with respect to the question of including the HIV/AIDS theme in the curriculum. While these answers of the Deans do not reflect a strong need to move towards the inclusion of the HIV/AIDS issue in their programmes, on the other hand, in more than one interview, other respondents of the University stated that they do feel that this is important and urgent.

This was especially brought forward by the Student Dean, who has recently participated in workshops offered by the Department of Education on the incorporation of *life skills* in the school curriculum. *"We need to incorporate programmes in the university that focus on life-skills,"* she stated emphatically during the interview, *"...programmes that are holistic and that train students in a wide variety of skills that he/she needs in life and in work. Such a programme will be very useful in the context of HIV/AIDS education"*. To make her point further with respect to the importance of life skills training, she added: *"These life skills programmes should start from the lower levels in education and should continue all through the education system, including the university level."*

The lack of consensus with respect to this issue may be based on a fundamental difference in opinion with respect to the task and responsibility of the University towards its students regarding the preparation for life and for society. While the Student Dean stresses the responsibility of the University to offer opportunities for personal development and enrichment of the students and for a better preparation for life, the Dean of the Faculty of Technical Science, however, thinks that *«.life skills and preparation for life programmes should be concentrated in primary and secondary education, it is not really a core task of the university.»*. This opinion is also expressed by a student who stated *"Life skills programmes for University students? Don't you think that by the time a youngster reaches University, it is little late to offer life skills programmes?"*

With respect to future incorporation of HIV/AIDS in the programmes, it seems, however, that most Deans realize that in the long run the University cannot stay in an isolated position with regard to the HIV/AIDS reality in the Surinamese context as a whole and within the University. *"The University will have to allow a shift towards a more explicit presence in the Surinamese society: offering more support to the society,"* says the Dean of the Social Faculty.

As for the opinions of the interviewed students towards the question if the University should offer explicit HIV/AIDS related programmes, after a short hesitation, one of the students said: *Yes..., yes... maybe it is important that the University offers more programmes regarding HIV/AIDS*” And then, contradicting herself: *“No, I still don’t think that it is strictly necessary to give more information on HIV/AIDS in the University. There is really a lot of information. Students know a lot already.”* Another student, however, reacted to that, saying: *“Well, you can never have enough information. But maybe it is not the lack of information that is the problem. What really happens is that although there is information on HIV/AIDS, the real problem is with respect to the acceptance of the HIV/AIDS reality all around us. How to deal with HIV/AIDS? There is the problem of stigmatising people with HIV/AIDS. What we need to focus on is the stigmatisation problem.”*

Listening to the students, one might wonder if indeed the HIV/AIDS epidemic is experienced as a problem by the ADEKUS and if it is at all something they are familiar with. Christel Antonius Smits of the Faculty of Medicine Science thinks it is. She states: *“Four years ago, when we asked our students if they know someone living with HIV/AIDS, almost 100% would say no. When we put the same question now, 25% of the student answer affirmative. HIV/AIDS is getting closer, also to our students.”*

#### 6.1.2. *The Institute for Advanced Teacher Training (IOL)*

As is the case with ADEKUS, the IOL there does not have at present a specific, institution-wide, policy and plan with respect to HIV/AIDS either, although there has been training offered to two (2) of the teacher trainers who have participated in workshops organized by an international organization. However, there was no information provided with respect to the content or outcome of the workshops, neither with respect to the ways that the acquired information is being incorporated into the teaching practices of the teachers.

The IOL does offer in all of its programmes a segment focussed on personal development. In this part of the programme there is some attention devoted to HIV/AIDS. However, no information was provided with respect to how this segment is presented, how the topic of HIV/AIDS is covered, what teaching strategies are employed, how students perceive this segment of the programme and how well prepared and trained the teachers consider themselves to teach the segment. Although the need for more training of the whole team of IOL teachers was expressed, no details were provided with respect to the focus or content of this training or with regard to other type of support needed.

The IOL also reported on their participation in the programme of the Ministry of Education with respect to Life Skills. The interviewed teachers seem to be very enthusiastic with respect to the possibilities of incorporating the acquired information in the curriculum of all programmes offered in the IOL. It is to be expected that within this framework more attention will be given in the future to preparing students for life-issues, like HIV/AIDS. At the other hand, they did not express a clear statement with respect to the need to include HIV/AIDS in the programmes for a better preparation for life of the students. One of the interviewed person stated that *“the only motive that we could have to include HIV/AIDS in our programmes, is because our students will be working as teachers with the most vulnerable group: the pupils of secondary education.”*

## 6.2. **Community outreach and institutional leadership on HIV/AIDS**

Although there is no university-wide policy towards HIV/AIDS, the University of Suriname has delivered support with regard to the HIV/AIDS epidemic, especially through the Faculty of Medicine. It is well

known in the HIV/AIDS field that Dr. Del Prado, formerly connected to the Faculty of Medicine and now living abroad, has been one of the first and most important advocates and researchers in the field of HIV/AIDS in Suriname.

In addition, scholars like Cristel Antonius-Smits, head of the Department of Public health, and Ingrid Krishnadath, Lecturer in the Epidemiological Division, are involved in national activities in the field of HIV/AIDS, such as the National Steering Committee, and have been members of several working groups who have played important roles in the development of the national HIV/AIDS plans and programmes. Furthermore, the University of Suriname has delivered scholars who today play an important role in the field of research and advocacy regarding HIV/AIDS, including, among others, Dr. Julia Terborg, today the president of Prohealth, and Ms. Staphorst, today president of the largest women organization of Suriname.

*“The community outreach has been up to now a matter of individual action. We know there some of our students are involved in the activities of Maxi Linder. And one of our students is Youth Ambassador of the CARICOM and is involved with HIV/AIDS campaigns,”* reported on the interviewed persons. However, no more information was offered with respect to possible other off-campus community-based activities of the students.

As a logical consequence of a general lack of attention with respect to the HIV/AIDS epidemic in the ADEKUS, there have been no clear initiatives to develop or promote leadership with respect to the institutional response on the epidemic. There are no explicit programmes or structures in place to develop leadership in the field of HIV/AIDS and there was no information available on students conducting prevention activities on campus, offering peer education or organizing support groups.

### **6.3. Research and data on HIV/AIDS**

At present, neither the University of Suriname, nor the IOL have an institute-wide research programme specifically focused on HIV/AIDS. However, in the Faculty of Medicine there are initiatives for research on HIV/AIDS, although no details were provided with respect to the type of research conducted or the dissemination of the results. No information was provided either with respect to the availability of data regarding HIV in the university for students and staff, or with respect to student research on HIV/AIDS.

The president of the University informed that the university has been approached by the Foundation Lobi to collaborate on a study on condom-use in the Suriname community. He is positive with respect to the idea of the University rendering the service to the community in research on HIV/AIDS. No information was provided, however, with respect to the timing of the study and about other studies.

The IOL did not report research activities in the field of HIV/AIDS.

The lack of institutional community outreach of the University with respect to the HIV/AIDS epidemic is regretted by many of the interviewed persons outside the university, who see an important role for the University in the field of research, advocacy and education.

Ms. Jenny Simons, a medical doctor who is Member of the Parliament and former president of the NAC, says: *“The University can and should give an important contribution to research with respect to HIV/AIDS in Suriname. There are so many studies to be done: we really have a serious lack of reliable data on the development of the*

*epidemic, the situation of specific groups, and the influence of context factors. The University has the experts who can do this research. The University should also provide training, such as training of counsellors and health educators, with a bachelor's degree.*

The president of Prohealth, Dr. Terborg, who conducted most of the research in the field of HIV/AIDS, also mentioned the need for more involvement of the University of Suriname, especially in the field of research. The president of Foundation Lobi spoke about concrete proposals for research to be conducted by or in collaboration with the University of Suriname. He was positive about the possibilities to collaborate with the University.

#### **6.4. Partnerships and networks**

Neither the IOL nor the University have at present structural partnerships and networks focused on HIV/AIDS. The University of Suriname has been invited by the Board of UNICA to join the organization. The president of the University reported to be positive with respect to membership to the UNICA. The membership has not been formalized yet, however. The University has cooperation agreements with several universities abroad, including The Netherlands.

#### **6.5. Conclusion**

Neither the IOL nor the University have, at present, structural programmes and services directed specifically to HIV/AIDS. In the IOL, though, the respondents commented on the need to respond to the stigmatising that, according to them, is clearly present in Suriname society with respect to people living with HIV/AIDS. However, the IOL does not currently have the organizational structures to offer any kind of care and support to students: there is no Student Dean, no mentor system, and no social worker. The IOL has been talking for years already about the need to create an internal structure for student care, but has not been able to create this structure as yet. This issue is considered high priority in the IOL.

None of the institutes of higher education provides health services to students and staff or other services related to HIV/AIDS. There are also no systems in place to protect students and staff from HIV infection, although the president has mentioned the possibility of offering the possibility of condom distribution on campus. As mentioned before, the ADEKUS is currently planning the start of a university-wide 'psycho-social unit' for student-care and counselling services to students. This unit could offer a possibility for a structured provision of student care in the area of HIV/AIDS.

Neither the University of Suriname, nor the IOL have explicit programmes or activities in the field of non-formal HIV/AIDS education on the campuses, such as IEC campaigns, billboards with HIV-related information, periodic activities (on World AIDS Day, for example, or International Women's Day, or International Human Rights Day, etc.). However, the students reported initiatives from the on-campus student organization, especially on behalf of new students, in which aspect of the HIV/AIDS aspects are offered.



### 7.1. Problems, weaknesses and threats

The information presented in chapter 6 shows that the response of higher education in Suriname on the HIV/AIDS has not yet developed into a strong, holistic and structured response. Taking into account the current and future alarming HIV/AIDS reality in the country, this response must be expected of the two most important institutes of higher education in Suriname, the ADEKUS and the IOL.

Currently neither the ADEKUS, nor the IOL offer comprehensive educational programmes on the HIV/AIDS: not to their own students, nor to the society. Many reasons are probably responsible for this lack of institutional response, among them:

1. The absence of a shared vision regarding the role of the higher education in the Surinamese society. In the interviews with all of the respondents there was a remarkable silence with respect to the responsibility of institutes of higher education to give a systematic and development-oriented contribution to the society and to help develop in-depth knowledge critical understanding of the social reality in Suriname.
2. The lack of a shared educational concept with respect to the goals of higher education, which is, of course, related to the first point made. The respondents made almost no reference with respect to the responsibility of institutes of higher education to form leaders, who are able and willing to face in a knowledgeable, critical, creative and courageous way, the many serious challenges in the Surinamese society of today. It was remarkable that only a few of the respondents were really in favour to include general and personal education of the students in the programmes, as a necessary component of higher education. Important philosophical, emotional, social and ethical issues and dimensions of learning, teaching and instruction in higher education seem to be neglected, in favour of a more technical approach of curriculum and instruction.
3. Consequently, there seems to be little student-centeredness in the institutes of higher education: Although there has made a promising beginning with a survey among students to know about their satisfaction with respect to the service the ADEKUS offers, and soon a university-wide "psycho-social unit" will be set up in the ADEKUS, at the other hand, currently there are almost no structures, procedures or processes in place to really implement student-centred policies. At present, the institutes have almost no structure at their disposal to really get to know the students and to effectively help and support students in solving problems in both student life as well as in personal life.
4. In addition, there might be a lack of awareness and knowledge with respect to the gravity of the social-economic problems of the society in general and of the explosively developing HIV/AIDS epidemic in particular in the staff of both the ADEKUS as well as the IOL. Moreover, most respondents in the ADEKUS seem to believe that the University is and will stay unaffected by the HIV/AIDS epidemic. There seem to be also a lack of awareness of the potential vulnerability of higher education students for HIV/AIDS, but also of the important leading role that especially

higher education students, as future leaders in society, can (and should) play in the national advocacy with respect to HIV/AIDS.

5. Furthermore, there is possibly too little dissemination and sharing of 'best practices', ideas and suggestions within the organizations with respect to HIV/AIDS. For example: interventions that have existed for some years in the Medical School with respect to education and advocacy regarding HIV/AIDS have not been effectively disseminated and shared within the organization and with other institutions of higher education.
6. Finally, the necessary organizational infrastructures and processes for an effective institutional response regarding HIV/AIDS have not yet been put in place to make a structural response possible and feasible.

Consequently, the ADEKUS and the IOL have not been able yet to build a knowledge base with respect to HIV/AIDS education on tertiary level, to raise awareness under the students with respect to the threatening development of HIV/AIDS in their society and to effectively change possible high-risk behaviour. Neither have the institutions taken structural steps towards reducing HIV/AIDS-related stigma and discrimination among students and teaching staff and to manage the potential impact of the HIV/AIDS on the education sector. Furthermore, no university-wide research agenda and research programme have been developed with respect to HIV/AIDS in Suriname and no data-base has been created with respect to the epidemic: neither for the use of students and educational staff, nor for the society at large.

In short, the institutions have not been able yet to prepare their students for their future roles as professionals, family and community members living in a world with HIV/AIDS. Neither have the ADEKUS and the IOL been able yet to play the role of reliable and critical 'partner' in the field of HIV/AIDS.

The aforementioned situation creates the impression of a serious form of *denial of reality* and of little interest and compassion within the institutes of higher education in Suriname with respect to HIV/AIDS. If this is the case, then both institutes run the risk of, at least, social passivity and indifference, and, at worst, social irresponsibility.

## **7.2. Possibilities and opportunities**

Notwithstanding the problems, weaknesses and threats facing the ADEKUS and IOL with respect to their capacity and willingness to respond effectively to HIV/AIDS in the country, at the other hand, there are many possibilities and opportunities that can be put to use. Among others:

1. The ADEKUS has five (5) research institutes with a tradition and broad experience in social research, and can count on the presence of experienced and knowledgeable scholars in the field of HIV/AIDS. These research structures can be used in the design and implementation of research and developmental models in the field of HIV/AIDS.
2. There is the willingness for change in the teaching staff and the management of the institutions. Especially those who work more closely with the students, like the student dean of the ADEKUS, have valid and important experience and information with respect to how to reach the students.

3. The institutions can count on a team of well trained scholars, who are certainly able and capable to give the necessary academic contribution to the national response to HIV/AIDS.
4. The ADEKUS and IOL can tap into the rich experiences of many of the NGO's and Government agencies and be inspired and motivated by these institutes which have been working relentlessly in the field of HIV/AIDS in Suriname.
5. In addition, there is a formal and common national framework for action, the National Strategic Plan, which states clear priorities, strategies and objectives for the coming years with respect to HIV/AIDS. The ADEKUS and the IOL could take this framework as guideline to develop programmes and strategies with respect to education, research and service to society.

### 7.3. Conclusion

The ADEKUS and the IOL can be potentially an important and critical actor in the national response with respect to HIV/AIDS. Although at present none of the institutions have developed a structural response, there are certainly many possibilities and opportunities to do so. However, the key-factors that will determine if the institutions will be able to offer an effective response, include, among others, explicit statements of commitment of the Board and management of the institutions to the cause of HIV/AIDS, institutional strategic plans with respect to the response to HIV/AIDS, and awareness programmes and training of teaching staff and students to facilitate an effective and successful implementation of the Plan.

Kelly and Bain (2004) stated clearly that there several reasons why tertiary level education institutions, especially, those in a society affected by HIV/AIDS must respond to HIV/AIDS in their country. "No institution is immune for the disease. In a society that experiences HIV/AIDS, no institution can regard itself as an AIDS-free enclave," they declare.<sup>65</sup> This reason surely apply for ADEKUS and IOL who are surrounded by a society in which the HIV/AIDS has taken alarming proportions.

In addition, *"The mandate of service to society demands the engagement of every tertiary level education institution with HIV/AIDS. Tertiary level institutions exist so that they can meet society's need for knowledge, understanding and expertise, for the greater part in well-defined areas. In regions such as the Caribbean, where they serve societies in which HIV/AIDS has become a crucial public concern, these institutions are duty-bound to respond to the needs of a society for HIV/AIDS related scholarship and skills."* <sup>66</sup> In the case of Suriname, where there are only a few education institutions at tertiary level, this social responsibility is even greater.

Finally, *"Tertiary level institutions are crucial agents of change and providers of leadership directions for society. Whether one is talking about behaviour change, the eradication of stigma and discrimination, care and support for those infected or affected by the disease, or treatment for those who are ill, every successful response to HIV/AIDS requires new ways of going about things and the leadership that will guide and inspire individuals, communities and*

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<sup>65</sup> Kelly, M. and Baine, B. (2004), "Education and HIV/AIDS in the Caribbean", Kingston/Miami, Ian Randle Publishers, UNESCO Office for the Caribbean and International Institute for Educational Planning, page 206.

<sup>66</sup> *Ibid*, page 206

*society to adopt those new ways. Every tertiary level education institution has a crucial role to play in this domain, serving as a role model, as a facilitator, and as the source of new knowledge, understanding and skills.”<sup>67</sup>*

The critical awareness of this type of responsibility will guide the ADEKUS and IOL to develop the institutional response the Surinamese society is expecting from its higher education institutions.

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<sup>67</sup> Ibid. pa. 206.

## CHAPTER 8 : RECOMMENDATIONS

Based on the information gathered (chapter 3, 4, 5 and 6) and the lessons learned (chapter 7), the recommendation for the University of Suriname and the IOL are the following:

- Develop an explicit commitment at management level with respect to the institutional response to HIV/AIDS and present this commitment statement both to the population of the institutions, as well as to the society of Suriname. This commitment statement is the most urgent condition for the institutions to engage full heartedly in the interventions needed.
- Organize as soon as possible training and information sessions for student leaders, deans, teaching staff and research staff with respect to the current state of the HIV/AIDS in Suriname and its social and economic impact on the Suriname community. Involve government and community leaders working in the field of HIV/AIDS to facilitate these sessions: for example leaders of Prohealth, Stichting Lobi, PEP-SUR, the Women organizations, Foundation Maxi Linder, Man Mit Man, and the Department of Health.
- Develop an institutional Strategic Plan that describes for a period of three years the strategies to be employed, the priorities to be set and the objectives to be reached with respect to the response on HIV/AIDS. Develop this Plan through an interactive process, with the involvement of students, teaching and non-teaching staff of all faculties and base this strategic plan, among other things, on the information presented by the National Strategic Plan on HIV/AIDS. Seek for synergy between the IOL and the ADEKUS: as both institutions share the same facilities, this should be feasible.
- Create as soon as possible an institutional HIV/AIDS commission, with representation of students, teaching and non-teaching staff, that will be in charge of the implementation and monitoring of the Institutional Strategic Plan. The Commission will report directly to the presidents of institutions.
- Create as soon as possible internal structures for the assessment of student's needs and student's problems in the field of health and socio-emotional development. This includes an improvement of existing structures and the development of new structures. Involve student leaders in the new set-up of student services. Offer further training to the Student Dean and create a staff of student counsellors.
- Organize as soon as possible institution-wide brain-storming sessions for students with respect to the HIV/AIDS epidemic: develop the awareness regarding their potential vulnerability with respect to the epidemic, as well as with respect to their responsibility as future leaders in the national response on the epidemic. Involve peers in the organization and facilitation of these sessions, for example PEP-SUR, Red Cross Youth and the National Youth Assembly.
- Continue with research on satisfaction of students, expand these studies to more aspects of student life and involve students in the implementation of the recommendations.
- Conduct as soon as possible a study with respect to the possible involvement of students in escort services and discuss the results and a plan of action with students of all faculties;
- Create an institutional agreement for cooperation with the National AIDS Prevention and Control Committee with respect to the implementation of the National Strategic Plan on Aids in Suriname.

Identify the specific priority areas of the NSP, which the University can sustain with concrete programmes and activities of research, education and training.

- Create an institutional agreement of cooperation with a few NGO's working in the field of HIV/AIDS, such as the Foundation Maxi Linder and the Foundation Claudia M which can be offered service with respect to organizational management and other types of development oriented support. The Foundation Het Parelhuis can be offered service by the students of the institutions: for example students of the Medical School or students of the IOL.
- Create general and explicit structures of service learning of both students and teaching staff with respect to community based organizations working in the field of HIV/AIDS.
- Develop a more year university-wide interdisciplinary research programme and agenda with respect to HIV/AIDS in Suriname. Base this research agenda, among other things, on the objectives and activities described in the NSP and include research projects that explore gender-specific and cultural-specific aspects of the HIV/AIDS epidemic. House the coordination of this is programme within the Institute for Social Research in the University, but create an interdisciplinary team that monitors the implementation of the program. Dedicate a specific part of the research programme to the Interior of Suriname: how can the research contribute to solutions for the HIV/AIDS problems and challenges in the Interior of Suriname?
- Design and implement research within the institutes of higher education on HIV/AIDS morbidity and mortality among students and staff, AIDS-related absenteeism, stigma and discrimination among persons living with HIV/AIDS. Develop and implement recommendations based on the results of this research.
- Develop explicit programmes for the training of teachers to educate children and youngsters with respect to HIV/AIDS.

Aforementioned recommendations entail a 'systemic' change of the institutions of higher education in Suriname, including changes concerning:

1. *Identity of the institutions:* the vision, mission, goals, objectives, guiding values and principles need to be geared towards HIV/AIDS;
2. *Organizational structure and culture:* there needs to be more student-centeredness and better possibilities for effective organizational learning, planning and implementation;
3. *Substance and tasks of the institutions:* There need to be:
  - *a curricular incorporation of essential aspects in all programmes*
    - = HIV/AIDS: information, but also awareness and focus on changes in behaviour
    - = focus on emotional, ethical and spiritual dimensions of development
    - = leadership training
  - *sustainable research, relevant for the society in general and for HIV/AIDS in particular;*
  - *social service to the society, on all levels (student, staff and institutional) which can effectively sustain the national response to HIV/AIDS.*

Fragmented and isolated interventions will result in the effective institutional response Suriname is expecting from its institutions for higher education.

## BIBLIOGRAPHY

- Anton de Kom University of Suriname, 2005, *Anton de Kom Universiteit van Suriname. Verslag over de periode September 2000 – September 2003*, Paramaribo, Anton de Kom University of Suriname.
- Anton de Kom Universiteit van Suriname, Informatie-bulletin van de Universiteit van Suriname. General Information bulletin, vol 7, no. 1
- Anton de Kom Universiteit van Suriname, Instituut voor Maatschappelijk Wetenschappelijk onderzoek (IMWO), Mei 2004, *“De Spiegel. Een tevredenheidsonderzoek onder studenten van de FmijW,”* Suriname.
- Brain encyclopedia, on Suriname
- *Bureau of Democracy, Human Rights, and Labor, March 31, 2003, Suriname. Country Reports on Human Rights Practices, 2002*, US Department of States
- CIA, 2005, *World Fact book*,. *Country report Suriname*, CIA
- CIA updated, July 14 2005, *World Factbook. Suriname. Pan American health organization (PAHO), Data updated for 2001. Suriname. <http://www.paho.org/english/sha/prflsur.htm>*
- Dieleman, J, *De echte man. Voor mannen die echt man willen zijn en voor vrouwen die een echte man zoeken”*
- *Intermarican Development Bank, February 1998, SURINAME, EDUCATION SECTOR STUDY, Intermarican Development Bank ,*
- FOCUS, Information bulletin from the IKIM (Institute for Quality Assurance of the University of Suriname). Vol 1, nos. 1,2, 3, 4 and 5
- European Community, 2001, *Republic of Suriname-. Country Strategy Paper and National Indicative Programme for the period 2001 – 2007*, European Community.
- Foundation for Family Planning Lobi, Tan ibi, blijf leven (“Stay alive”). Information bulletin on HIV/AIDS
- IV InSite. Centre for HIV Information. SURINAME. Comprehensive Indicator report.
- Mehamed Rakiieb Khudabux, Minister of Health of the Republic of Suriname, 2001, Speech of the, on the occasion of the twenty-sixth special session of the general assembly of HIV/AIDS, New York, 25-27 June 2001.
- National Steering Committee HIV/AIDS Suriname, 2004, *“Makandra wi sa feti AIDS.” National Strategic Plan for a multi-sectoral response to HIV/AIDS in Suriname 2004-2008*, Paramaribo, Ministry of Public Health, Suriname
- Man mit’ Man, AIDS stopt bij mij! An information paper for Christian men.
- Man mit’ Man, 101 tips, om je liefde te tonen zonder seks en om beter te communiceren.
- PAHO-Suriname, [www.paho.sur.org](http://www.paho.sur.org)
- Sarafin, I., *Final report on findings: HIV/AIDS and Youth in Suriname.*
- Terborg, J., *Draft report on baseline community adolescent survey. Suriname Asher Pilot programma. Component of the regional pilot adolescent/youth sexual and reproductive health care for the Caribbean region.* Prohealth, February 2001
- Terborg, J., *Sexual behaviour and sexually transmitted diseases among Saramanica and Ndjuka Maroons in the hinterland of Suriname.*
- Terborg, J., 2001, *Report on Base line Community Adolescent survey*, Stichting Prohealth
- Terborg, J., May 2002., *Situatie en response analyse van HIV/AIDS in Suriname*, Paramaribo, Suriname, Stichting Prohealth.
- Terborg, J., in press, *“ Impact of the medical mission programme 1988-2003*, Prohealth, Suriname

- Khudabux, M.R., 2001, *SURINAME. Address by the minister of Health of the Republic of Suriname, His excellence Mohamed Rakieb Khudabux on the occasion of the twenty-sixth special session of the general assembly on HIV/AIDS*, New York, 25 - 27 June 2001.
- Kelly, M. and Baine, B. (2004), *“Education and HIV/AIDS in the Caribbean,”* Kingston/Miami, Ian Randle Publishers, UNESCO Office for the Caribbean and International Institute for Educational Planning.
- *Ministerie van Onderwijs, 2004, Sectorplan Onderwijs, 2004-2008, Paramaribo, Suriname.*
- Pan American Health Organization, 1998, *Health Situation Analysis and Trends Summary. Country Chapter Summary from Health in the Americas., SURINAME. GENERAL SITUATION AND TRENDS*, PAHO.
- Pan American Health Organization, Data updated for 2001, Country Health Profile. SURINAME.
- Sarafin, I, *“Final report on findings: HIV/AIDS and Youth in Suriname.*
- Stichting Maxi Linder Suriname, *Stichting Maxi Linder Association: Information brochure.*
- Stichting Maxi Linder Suriname, *Sero positief + je leven is teniet. Hoe verder? ...*
- UNAIDS/WHO Epidemiological fact sheets. Suriname, update 2004
- UNAIDS. 2004. Report on the Global AIDS Epidemic. Geneva: UNAIDS.  
<http://www.unaids.org/bangkok2004/report.html>
- UNAIDS/PAHO Suriname, November 2004, *Fact sheet on HIV/AIDS Care and Treatment. Update,,* UNAIDS/PAHO Suriname
- UNAIDS AIDS epidemic update: December 2004
- UNAIDS Country profile: 2004. Report on the global AIDS epidemic. SURINAME
- UNICEF, updated July 2004.. *Childhood under threat. The state of the world’s children.*  
<http://www.unicef.org/sowc05/english/index.html>,
- UNESCO, 2005, Guidelines for UNESCO Review of Universities’ Responses to HIV/ AIDS
- UNESCO, 2005, Study Protocol for UNESCO Review of Universities’ Responses to HIV/ AIDS
- UNECO, 2005, UNESCO Review of Universities’ Responses to HIV/ AIDS. Ten Tips for Effective Case Studies
- US Department of State, Bureau Democracy, Human Rights, and Labor, March 31, 200, *“Suriname. Country Reports on Human Rights Practices, 2002.,* US Department of State . USA
- Venema, A., and Bouters, L, December 1999, *“By teenagers, for teenagers: a peer education programme in Suriname,”* Paramaribo, PEP-SUR..
- Venetiaan, R., 2005, Statement by his excellence Runaldo Ronald Venetiaan, president of the Republic of Suriname and Chairman of the Conference of Heads of Governments of the Caribbean Community, at the inauguration of the Caribbean Court of Justice, 16 April 22005, TRINIDAD AND TOBAGO.  
<http://www.caricom.org/speeches/ccj-inauguration-venetiaan.htm>
- WHO, The WHO Country report on Suriname
- World Bank Group, World Development Indicators database, April 2005
- WHO, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2002 Update*
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## APPENDICES

### APPENDICE 1: PREPARATION FOR THE RESEARCH

Aspect	Details
<i>Study of the UNESCO documents: analysis of the case study methodology of the UNESCO</i>	<p>The following documents have been studied:</p> <ul style="list-style-type: none"> <li>- Guidelines for UNESCO Review of Universities' Responses to HIV/AIDS</li> <li>- Study Protocol for UNESCO Review of Universities' Responses to HIV/AIDS</li> <li>- UNESCO Review of Universities' Responses to HIV/AIDS. Ten Tips for Effective Case Studies</li> </ul>
<i>Development of resume of the study protocols</i>	<p>Based on the study of the above-mentioned UNESCO documents, a 'mind-map'- style resume was developed with respect to the following aspects of the review</p> <ul style="list-style-type: none"> <li>- National Context of HIV/AIDS</li> <li>- Impact of HIV/AIDS on the Education Sector</li> <li>- Institutional Response of Universities</li> <li>- Lessons Learned</li> <li>- Recommendations for Action</li> </ul> <p>The mind-maps served as visual tools for the rest of the preparation of the review</p>
<i>Internet-research</i>	<p>An intensive Internet research was done to find documents related to the HIV/AIDS situation in Suriname. The following documents were found and downloaded.</p>
<i>Study of the institution under study</i>	<p>The web site of the University of Suriname was explored to gain information on the structure, organization and activities of the University.</p>

### APPENDICE 2: PERSONS CONTACTED

Institute Anton de Kom University of Suriname (9 interviews)		
Name	Title	Date of interview
Dr. Glenn Rusland	President of the Board	Monday, April 4 and Thursday, April 7
Drs. Rodgers	Coordinator, International Affairs	Monday, April 4
Drs. Allan Li Fo Sjoie	Vice-chairman of the Board, Head of the Department for Quality Assurance (IKIM). Chairman of the National Institute for Environment and Development (NIMOS)	Monday, April 4
Ms. Yvy Lo Fo Sang, MA	Coordinator Research, Department of Quality Assurance (IKIM)	Monday, April 4
Dr. Threes Gemin-Cirino	Coordinator Quality Assurance, Department of Quality Assurance (IKIM) (IKIM)	Wednesday, April 6
Dr. Martinez	Dean of the Faculty of Technology	Wednesday, April 6
Mr. Dinesh Sewkaransing, Msc	Vice-secretary of the Faculty of Technology	Wednesday, April 6
Dr. Leeme	Dean of the Faculty of Social Sciences	Wednesday, April 6
Dr. Christel Antonius	Coordinator, Public Health Department, Faculty of Medicine	Wednesday, April 6
Dr. Ingrid Krishnadath	Faculty member, Epidemiology Department, Faculty of Medicine	Wednesday, April 6
Dr. ing. Edgar Akrum	Coordinator, Institute for Social Science Research	Wednesday, April 6
Ms. Van Dijk	Coordinator, Student Affairs	Wednesday, April 6
Students: (3: 1 female, 2 male)	Faculty of Technology and Faculty of Social Sciences.	Wednesday, April 6
Drs. August Boldewijn	Lecturer, Faculty of Social Sciences and Chairman of the Innovation Committee of the Faculty of Social Sciences	Sunday, April 3
The Institute for training of teachers for secondary education (IOL)		
Name	Title	Date of interview
Mr. drs. A.D. Marshall	Director	Thursday, April 7
Ms. Jenny Joans	Coordinator, Economy Department	Thursday, April 7

Mr. Jan van Ewijk	Coordinator, Chemical Science Department	Date?
<b>Department of Public Health</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Dr. Marthelise Van Eersel	Director	Thursday, April 7
<b>Foundation Pro Health</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Dr. Julia Terborg	Director	Thursday, April 7
<b>National Women Federation</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Dr. Siegmien Staphorst	President	Monday, April 4
<b>Stichting Maxi Linder Association (SMLA)</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Ms Juanita Alterberg	Director	Friday, April 8
Ms Muriel van Russel	Health Worker for the SLMA	Friday, April 8
<b>PEP-SUR (Peer Education Program-Suriname)</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Ms Maggy Schmeitsz	Advisor	Friday, April 8
<b>Foundation for Family Planning Lobi &amp; SHAN</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Dr. Glenn Leckie	President of both Foundations	Tuesday, April 5
<b>Stichting Proyecta</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Sharda Ganga	Coordinator and Director	Tuesday, April 5
<b>Het Parelhuis</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Mr. Bischof	Director	Tuesday, April 5
<b>Parliament</b>		
<b>Name</b>	<b>Title</b>	<b>Date of interview</b>
Ms. Jenny Simons	Member of Parliament, former Coordinator of the National AIDS Programme in Suriname	Wednesday, April 6