

**Assessment Report**  
**Meld Punten Child Protection Centers in Suriname**  
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**March 7, 2018**



# Table of Contents

Acronyms and Abbreviations.....	ii
1. Executive Summary .....	1
2. Background .....	2
3. Assessment Methodology .....	4
4. Findings.....	7
4.1 History: Meld Punten Formation and Evolution.....	7
4.2 Staff Collaborators and Stakeholders .....	10
4.2.1 Staff Composition and Challenges.....	10
4.2.2 Key Persons .....	12
4.2.3 Schools .....	13
4.2.4 Ministry of Social Affairs and Housing .....	13
4.2.5 Ministry of Health .....	14
4.2.6 Regional and Locally-based Leaders .....	14
4.2.7 Faith Communities.....	15
4.3 Risks and Vulnerabilities of the Target Population.....	15
4.3.1 Sexual Abuse .....	15
4.3.2 Corporal Punishment .....	16
4.3.3 Neglect.....	16
4.3.4 Behavioral Issues .....	16
4.3.5 Alcohol and Drug Abuse .....	17
4.3.6 Alternative Care .....	17
4.3.7 Children with Disabilities .....	18
4.3.8 Children’s Perspectives on Risks and Vulnerabilities .....	19
4.4 Operations of Meld Punten .....	21
4.4.1 Project Management .....	21
4.4.2 Enhancing Reporting Response and Use of Meld Punten .....	23
4.4.3 Operating Hours .....	23
4.4.4 Transportation .....	23
4.4.5 Activities.....	24
4.4.6 Case File and Services .....	25
4.5 Prevention and Awareness Raising.....	28
4.6 Monitoring and Evaluation .....	30
4.6.1 Recommended Vision, Mission and Strategic Goal for Meld Punten .....	30
4.6.2 Promise Keeping .....	33
4.6.3 Case Stories.....	34
4.6.4 Documenting Results.....	36
5. Looking to the Future: Recommendations for Meld Punten Project.....	38
5.1 Project Management and Case Management Supervision .....	38
5.2 Meld Punten Staff, Stakeholders and Capacity .....	39
5.3 Awareness Raising .....	40
5.4 Case Services and Operations.....	40
5.5 Monitoring and Evaluation .....	42

## Acronyms and Abbreviations

Bufaz	Bureau of Family Affairs (Ministry of Justice and Police)
CFGD	Child Friendly Group Discussion
CRC	Convention on the Rights of the Child
FGD	Focus Group Discussion
IKBeN	Het Integraal Kinderbeschermings Netwerk, in English: Integrated Child Protection Network
IGSR	Institute of Graduate Studies and Research (Anton de Kom University)
KII	Key Informant Interview
KPs	Key Persons (in Meld Punten)
MICS	Multiple Indicator Cluster Study (UNICEF)
MJP	Ministry of Justice and Police
MINOWC	Ministrie van Onderwijs en Volksontwikkeling (Ministry of Education, Science and Culture)
MOB	Medisch Opvoedkundig Buro (Medical Pedagogy Bureau)
MP	Meld Punt (“Reporting Point” in the Dutch language, this is an informal name for the child protection centers of this assessment Meld Punten is the plural.)
MSAP	Ministry of Social Affairs and Housing, also referred as Dutch acronym “SoZaVo”
NGO	Non-Governmental Organization
NPCO	National Program Coordination Office (of Meld Punten)
Stibula	Stichting Buurtwerk Latour (Foundation community work Latour)
STOP	Geweld tegen Vrouwen (Stop Violence Against Women)
UNICEF	United National Children’s Fund
VAC	Violence Against Children

## 1. Executive Summary

This assessment report reviews the experience of the pilot period of the “Meld Punten” child protection centers in the three Surinamese communities of Coronie, Apoera and Latour. The pilot is highly relevant to the child protection needs in these communities. “Meld Punten”<sup>1</sup> serve as a more accessible and effective alternative to crisis reporting to police stations. Schools are an especially important source of referrals and collaboration in child protection systems. Meld Punten (MP) are a very good fit with schools in all three communities and referrals from them to centers are occurring.

There is anecdotal evidence MP are having positive results on the wellbeing of at least some children in need of protection. For example, children are being removed from dangerous situations, perpetrators are being jailed, families are being strengthened and psycho-social health of children and health is improving.

In the remote area of Apoera, and in Coronie to a lesser extent, there is an absence of other service providers, particularly NGOs, to which children and families can turn to for help. Meld Punten help to fill this gap. In the urban area of Latour in south Paramaribo, families are struggling with behavioral issues of children. This includes challenges in parenting, domestic violence and neglect. Often these are families with economically-distressed female-headed households. Counseling and coaching, particularly in effective parenting, and referrals to service providers is needed in these situations. This includes assistance with alimony and guardianship.

MP are in a fragile state and need immediate strengthening. Staffing is shorthanded. For example, the center in Apoera is temporary closed due to an inability to recruit more than one staff person who is on leave. Expertise in counseling and coaching is lacking and in great demand in all three communities. Key Persons, volunteers recruited to support Meld Punten, are not sufficiently mobilized. These local leaders, staff and other stakeholders need systematic training in child protection, particularly early risk and vulnerability identification of children and families. Meld Punten need to develop inter-sectoral collaborative mechanisms to better strengthen families and support at-risk children. This should occur with other core ministries in child protection – first and foremost the Ministry of Social Affairs and Housing - but also the ministries of Health, and Sports and Youth Affairs.

A National Program Coordinating Office is recommended for Meld Punten in the Ministry of Justice and Police headquarters in Paramaribo to build capacity to address these challenges. The Meld Punten project management office in the Justice Region West office in Nieuw Nickerie played an important role in setting up the initial Meld Punten processes and can continue to provide case management supervisory support for the centers in Coronie and Apoera. This assessment recommends a year of strengthening the existing Meld Punten with the new Program Coordinating Office before new project sites are developed. This includes having a more effective monitoring and evaluation process to better understand and document the functioning and impact of the Meld Punten in their respective communities.

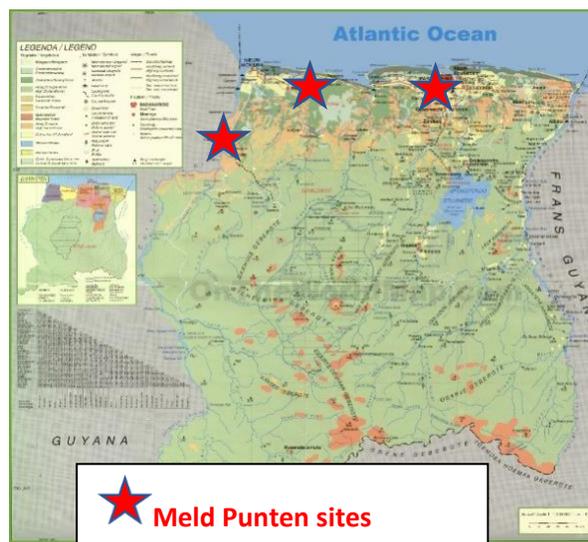
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<sup>1</sup> Translated from Dutch as “reporting points.” These centers have not been formally named, so for quotation marks are used at this starting point of the report, though the quotations will not be used hereafter in the report.

## 2. Background

In 2015 Ministry of Justice and Police established a pilot child protection center called a Meld Punt in the western, largely indigenous village of Apoera on the fringes of the Amazon jungle. Its creation was based on input from locals of many child abuse cases in their community.

Two additional Meld Punten were added in 2016, one in the coastal community of Coronie and another in Latour – an urban area in the south of the metropolitan Paramaribo area. These pilots are being established with UNICEF support in three diverse locations of Suriname. They exist to respond to the immediate needs of children in these communities and to learn lessons and assess the pilot model for applying to other regions of Suriname given significant and widespread child protection needs in the country.



This report assesses this first initial period of the pilot based on document review and qualitative fieldwork conducted in January and February 2018. It provides recommendations on strengthening the existing centers and informing the establishment of others.

There is a great need in Suriname for both national and locally-based child protection services and collaborative support systems. The last Multiple Indicator Cluster Survey (MICS) in Suriname reveals 86 percent of children aged 2-14 years were subject to at least one form of psychological or physical violence by a household member, with 60 percent some form of physical punishment. The figures of officially registered child abuse grew from 290 in 2010 to 792 in 2014 and then decreased by about 10% in each of the next two years.<sup>2</sup> However, those in government and civil society working on and researching child protection issues in Suriname believe abuse and violence is significantly underreported. This is due to attitudes on violence and abuse and the perceived need to report them, and a general lack of confidence the child protection system can protect and support victims and their families. A 2014 mapping of child protection study<sup>3</sup> describes Suriname as having one of the highest suicide rates in the world, including the proportion of young people committing suicide.

<sup>2</sup> Source: DCIV (Criminal Information Division Service) 2011 as cited in Final Report: Mapping and Assessment of the Child Protection System in Suriname. May 2014; Ministry of Social Affairs and Housing, Prepared by Julia Terborg, Center for People's Development.

<sup>3</sup> Mapping and Assessment of the Child Protection System in Suriname. May 2014; Ministry of Social Affairs and Housing, Prepared by Julia Terborg, Center for People's Development.

Preliminary results of recent but not yet published Violence Against Children (VAC) research confirms the MICS figures. Around 80 percent of caregivers of school age children say violence is used as a disciplinary method to correct certain behavior. As noted earlier, attitudes impact prospects for reporting and response to violence and abuse. The VAC study finds approximately two-thirds of children surveyed believe parents have good reason to spank a child at home and the majority are against a law to forbid corporal punishment. A majority of parents believe many girls who are sexually abused have brought it on themselves because of how they dress or behave. Three-quarters of parents in the survey say raising children now is much more challenging than before. Over half say parents are not spending enough time with children and 64 percent indicate if one gives children too much opportunity to give their opinion, they will misuse this.

A 2016 situational analysis of child and women in Suriname<sup>4</sup> reports that of the neglect cases being provided support by Ministry of Social Affairs and Housing (MSAH), many are from fragile single parent-headed households. The study also discusses what are thought to be an increasing number of sexual abuse cases that lack qualified child specialists and transport for fieldwork beyond the immediate vicinity of support services in Paramaribo. Should children need temporary shelter for protection, the 2016 situation analysis and 2014 child protection mapping study indicate temporary alternative care is seriously lacking in Suriname. Formal foster care is barely existent and overnight shelters and longer-term residential centers are not being monitored through existing national standards. The situational analysis also says, “Prevention services to avoid children becoming victims of abuse, neglect and exploitation or getting in contact with the law are limited and depend on NGOs.” At the same time NGOs are very strapped for financial resources.<sup>5</sup>

At an inter-ministerial conference on child protection held in November 2016, the Minister of Justice and Police stated there is a weakness in social work staff turnover and skills, particularly at the de-centralized level, and the levels of incest and abuse are high in the hinterland of Suriname.<sup>6</sup> A legal study conducted in 2013 by Suriname’s Institute for Graduate Studies and Research concludes, “investments are needed in parenting programs containing principles of education, psychology and alternative disciplinary methods.”<sup>7</sup>

“Suriname lacks an inter-ministerial framework that incorporates prevention and response interventions into one integrated approach. Key stakeholder groups providing services to youth may be keen and focused, but they all design their own programmes based upon its own mandate and/or mission. As a result, services provided by one service provider do not complement the services provided by another. In fact, even with the limited capacity available, two service providers may provide similar services.” - Situational Analysis of Women and Children in Suriname, 2016

<sup>4</sup> “Leaving no girl or boy in Suriname behind” FINAL DRAFT September 2016; Situational Analysis of Children and Women in Suriname – conducted for UNICEF and the Ministry of Social Affairs and Housing, by Denis Arends Consulting

<sup>5</sup> Information from NGOs in the field work leading to this assessment report

<sup>6</sup> From Report on High Level Conference on “Child Protection System” – Paramaribo 18 & 19 November 2016

<sup>7</sup> A Legal Study of Violence Against Children in Suriname, Mrs. M. Fokké – Manohar L.I.M. and Dr. E. Marshall, L.I.M. Institute for Graduate Studies and Research (IGSR), Anton de Kom University, June 2013

### 3. Assessment Methodology

The purpose of the assessment is to research the functioning of Meld Punten and recommend areas for improvement. The tasks identified in the Terms of Reference to the assessment are:

- Review of documents related to Meld Punten and child protection-related policies and legislation in Suriname;
- Conduct interviews and focus group discussions with practitioners and policymakers in Paramaribo;
- Conduct visits to three “Meld Punten” including interviews with professionals running centers, users, community leaders, practitioners and other stakeholders; and
- Write a short draft report with clear recommendations on the functioning of Meld Punten and suggested way forward.

This Meld Punten (MP) assessment has been conducted simultaneously with the design of a national workshop inaugurating the operational framework for Suriname’s intersectoral child protection network, known as IKBeN.<sup>8</sup> These two consultancy assignments are inter-related and inform each other. Assessing Meld Punten provides a context for the experiences and need for coordinated multi-disciplinary child protection services at the subnational level, while formation of IKBeN enables a focus on intersectoral child protection collaboration at the national level.



Key questions were developed and provided to UNICEF staff for comment, to guide the assessment. The categories of the study questions are:

- History
- The Team and Collaborative Stakeholders: Role and Responsibilities
- CP Cases: Risk and Vulnerabilities
- Case services/management and Procedural Capacity
- Prevention
- Monitoring and Evaluation
- Lessons learned and Looking to the Future (Recommendations for strengthening and expanding MP)

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<sup>8</sup> IKBeN is an acronym in Dutch: Het Integraal Kinderbeschermings Netwerk

The methodology of the MP assessment is qualitative, involving the following:

- **Document Reviews**

These reviews include site visits and status reports on the MP, child protection-related assessments and studies within the Surinamese context, and documents leading to planning for the IKBEn workshop.

- **Focus Groups Discussions (FGDs)**

- Parents – Discussions occurred with parent groups in all MP sites.

Parent FGDs, totals	Coronie	Latour	Apoera
Total parents: 26: 22 women, 4 men	8 women, 4 men	4 women	10 women
MP beneficiaries identified: 16	2	4	10

- Key Persons – these are individuals recruited as local supporters of MP. Their responsibilities include child protection awareness raising in MP communities, as well as reporting and responding to child protection situations.

Key Persons, totals	Coronie	Latoure	Apoera
Total: 18 7 women, 11 men	10 5 women, 5 men	1 male	7 5 men, 2 women
Composition	District Council members, nurse, teacher, regional development officials	NGO director	Pastors, teacher, Basja <sup>9</sup> , regional development official

- **Key Informant Interviews (KIIs)**

- MP project staff: interviews occurred with the staff of each site, and on two occasions with project management staff – once in Paramaribo and the other in the project management office in Nieuw Nickerie. The coordinator for Apoera was interviewed in Nieuw Nickerie where she is undergoing study.
- Teachers: a group of five teachers were interviewed in Apoera, and several teachers and school officials in the parent FGD in Coronie.
- Police: a group of four police officers were interviewed in their Apoera station.

- **Additional discussions**

- A discussion was held with ten child protection stakeholders in Nieuw Nickerie, including educators, NGO representatives and a health professional. This FGD had relevance to MP since some of the stakeholders work or have worked with children

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<sup>9</sup> Basjas are assistants to Captains, both of whom are elected in local communities to manage local communities respond to the needs of their local constituents. They are the most local of government representatives in Suriname.

from MP project sites. Additionally, their involvement with the MJP district office helped to form the basis out of which the MP pilot is designed.

- NGOs in Paramaribo: Staff from two organizations were interviewed: The NGO Rumas provides support to teenage boys with behavioral issues, and the NGO STOP (Stop Violence Against Women, Geweld tegen Vrouwen) provides services to victims and perpetrators of domestic violence.

- **Child Friendly Discussion Groups (CFDGs)**

- Discussion groups were held in each site as per the table below, utilizing a “spiderweb” tool that identifies child protection needs, ranks them in terms of urgency and solicits recommendations to strengthen MP effectiveness. Most of the children were in the 12-15 year old age group.

CFDGs, totals	Coronie 1 CFDG	Latoure 1 CFDG	Apoera 2 CFDG
Total: 41: 27 girls, 14 boys	11 girls	9 girls, 4 boys	7 boys, 10 girls

- **Case File Review and Case Stories**

Three diverse case story interviews were conducted, one in each MP site, along with their case files. The case file and project reporting forms were provided by the MP project management.

- **Participatory Findings Workshop**

A PowerPoint was developed to engage UNICEF, MJP and MP staff in providing input on the initial findings of the assessment.

The standalone appendices document to this assessment report includes the following methodology materials:

- The workplan to the consultancy;
- A table guiding the methodology preparation;
- Key questions to the assessment;
- Topical outlines to the focus group discussions and key informant interviews;
- Guidance in the used of the spider tool for the Child Friendly Discussion Groups; and
- Syntheses format for Child Friendly Discussion Group
- Syntheses format for case story reporting tool.



## 4. Findings

### 4.1 History: Meld Punten Formation and Evolution

In October 2015, the Minister of Justice and Police Mrs. Dr. Jennifer van Dijk- Silos visited Apoera where she heard about cases of incest, rape, prostitution and other abuse of children. She decided to set in motion a project the following month. In December the ministry signed an agreement with UNICEF for the Meld Punten project.

The project design is based, in part, on the model of work in the Department of Justice Region West,<sup>10</sup> of the Ministry of Justice and Police, in Nieuw Nickerie which sits in a building with other MJP units, including the courtroom. The office receives reports of child protection concerns from citizens (known and anonymous), NGOs, police, the school system and medical service providers in Nickerie, Coronie and Apoera. It then provides case services to address the protection issues. This includes situations involving alimony, custody, abuse, neglect, violence and out of home placement in alternative care such as shelters, children's homes and foster families. NGOs, such as WIN and the Mother and Heart Foundation, work directly with children, youth and families facing various challenges. These service providers explain community members often go to them for help first, because of the sensitivity of issues. If the NGOs do not have the capacity to resolve the problem and/or legally it must be reported to a government entity, then the case is referred to the Department of Justice Region West.

The Meld Punten model is a hybrid of the child protection stakeholders collaborating in child protection in Nieuw Nickerie. In the absence of NGOs in MP project site areas, particularly in Apoera and Coronie where there are no NGOs, the MP is intended to fill the role played by NGOs in Nieuw Nickerie as a child and family-friendly first point of contact for those seeking help. Individuals can walk into the MP office or call the coordinator. The MP are in a central location and are easily visible and accessible to the community, particularly in the small communities of Apoera and Coronie. In the urban area of Latour, the MP office is housed in the larger facilities of the Foundation Stibula, an NGO engaging youth in sports and other activities. The MP, like the office in Nieuw Nickerie, also receive reports of cases from schools and the police.



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<sup>10</sup> This department is a combination of three services of MJP: the Bureau for family Affairs (Bufaz), the Bureau for Free Legal Aid (Bureau Rechtszorg) and the Bureau for Victim Aid (Bureau Slachtofferhulp).

The MP model uses Key Persons to build support in child protection. Key Persons are recruited from various institutions with a presence at the community level such as regional development staff, locally elected council officers, teachers, nurses and NGO representatives. Their responsibilities are to assist in early identification and reporting of child protection situations in the community, to build awareness on child protection issues – including the purpose and benefit of using the centers. As in Nieuw Nickerie there is not a platform mechanism where by local stakeholders, including Key Persons, can meet regularly and coordinate child protection initiatives.

Community-based platforms to plan for and coordinate child protection stakeholders and initiatives do not exist in MP sites. Such a platform also does not exist in Nieuw Nickerie. These would likely be helpful, but would require staff time and expense to coordinate, and a process and training to implement.

Project management staff in Nieuw Nickerie (Justice Region West staff) adapted their pre-existing case file and reporting system to the MP (reviewed in the operations section of this report). Training and orientation occurred intensively for each site in the early stages of development in case documentation and management, including psychosocial assistance, conducting case research, preparing reports and written referrals, counselling plans and support to children at schools facing difficulties at home and with their families (call “zorgpupillen” services). Key Persons and other stakeholders in the community were included in some of these trainings and orientation on child protection issues.

A more systematic on-going formal training schedule and program is needed in the MP project sites, given the lack of skills and capacity in these areas.

Department of Justice Region West staff traveled to MP sites at least twice a month for these trainings and to provide hands on supervision and support to the initial cases being handled by MP. On a quarterly basis there has been monitoring and coaching in administrative duties, counselling and other casework. Later in the project period, this evolved to frequent telephone and mobile app support and through the mail. This early orientation and support was helpful according to MP site staff and stakeholders. However, all stakeholders interviewed in the assessment want a more systematic and on-going set of child protection-related training to build necessary skills for the casework

MP site staff explain they did not know what to expect upon opening of the centers. Many cases flooded into the MP of Coronie and Apoera. One MP site coordinator says, **“when we first started we thought it was just about sexual abuse, but now we know it is so much more.”** In Apoera there was immediate impact. A strong signal went out into the community when, in the first six months of operation, five sexual abuse perpetrators were jailed. However, a misconception arose in the community that the MP existed to take children out of families and place them in shelters rather than a more positive understanding that the MP exists to strengthen families, so children do not have to be separated unless they are at extreme risk. A Key

Person in Apoera says, a common joke among teenagers in Apoera is **“watch out, the MP may come get you.”** MP staff and community stakeholders say this misconception still exists to some degree. The dilemma is exemplified by a comment heard in the assessment that, **“people were afraid to report a family member before there was a center, now there is fear of removal to a shelter.”** Of course, there are situations when children need protection from a hostile home environment and short-term shelters, in the absence of family-based alternative, must fill this need. Coronie and Apoera do not have shelters in their areas.

The MP statistical summary of activity from project inception to the end of 2017 shows no children have been separated from families in Apoera or Latour, though 18 children from Coronie have been separated and placed in shelters of Paramaribo and Nieuw Nickerie.<sup>11</sup>

Key informant interviews and focus group discussions in Latour and Coronie indicate these communities generally have an accurate and positive understanding of the role of MP.

In all three MP project sites, the community is more likely now to report child protection issues to the MP rather than to the police. Reasons why, as conveyed through assessment interviews and focus groups include:

- Less stigma and visibility in going to the MP rather than the police;
- When coming to households, MP staff, though they may be police officers, are not in uniforms nor necessarily arriving in police cars;
- The MP are staffed with professionals who are trained better than police to deal with children and families in crisis; and
- The MP is staffed by women who are more inclined to listen, learn and consider a variety of options, rather than more direct approaches by police – or inactivity by police.

The MP are understood by communities as much better options than the police for dealing with challenging situations faced by children and families. This is one of the reasons MP were set up.

The MP got off to fast starts with local communities coming for help – particularly in Apoera and Coronie. The hope and expectation for the pilot was for reporting and services to occur especially for child protection issues of abuse, violence, neglect and exploitation. According to MP staff the number of such cases in the early period of operation was relatively high, at least in Coronie and Apoera. However, as MP settled into their work much of the services has involved MP casework in custody, alimony and registration. The previously mentioned MP 2016-2017 statistical summary is placed in the appendices to this report. The data from the report is re-organized below to show the following caseload distributions.

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<sup>11</sup> One child was placed in a shelter in Nickerie but has returned home since then.

Location	# of custody and alimony cases/% of cases	# of birth registration cases	# sexual abuse cases	# neglect cases	# Zorgpu-pillen* cases	Totals
Latour	229	11	06	7	66	319
Coronie	168	56	16	16	34	290
Apoera	130	77	16	2	0	225
<b>Total: #s &amp; %s</b>	527/63%	144/17%	38/5%	25/3%	100/12%	834/100%

\*students identified at schools with behavioral challenges receiving services from MP including counseling, coaching, parenting education, and other psychosocial support.

The large majority of MP cases deal with child custody and alimony (63 percent) and the second largest category is birth registration cases (17 percent). Psychosocial support to students identified with behavioral issues encompasses 12 percent of the cases. Sexual abuse (5 percent) and neglect (3 percent) are small in comparison to the other caseload categories. The project statistical summary data does not show when cases were taken up by the centers (the patterns of intakes) nor the active caseloads, though presumably this can be determined through MP intake forms and monthly reporting. It would also be important to understand the relative amount of time MP caseworkers spend on the caseload categories. The big differences between abuse, violence, neglect and exploitation cases vs. custody, alimony and registration cases require further analysis to determine the implications for the pilot. For example, given the hope and expectations for MP, should there be more cases of abuse and neglect being reported and responded to with services? If so, why is this not occurring? The monitoring and evaluation system should be capturing these details.

Contrary to initial hope and expectations, the number of abuse and neglect cases handled by MP is tiny compared to custody, alimony and registration cases. This requires further study and additional monitoring tools to determine implications for the pilot and the need and challenges that may exist in MP communities for reporting abuse, violence and neglect.

## 4.2 Staff Collaborators and Stakeholders

### 4.2.1 Staff Composition and Challenges

The composition of MP site staff is highlighted in the table below.

MP-related Location	Number of staff	Professions/Skill base
Nieuw Nickerie Project management	3	Project manager, Caseworkers, Administration in the Justice Region West
Coronie – MP Site	2	Police officer/Caseworker
Apoera – MP Site	1	Police Officer
Latour – MP Site	2	Previous Bufaz staff, Caseworkers

The staff in Latour have backgrounds in child protection since they worked previously in the Bufaz office in Paramaribo, but the police officers recruited for Coronie and Apoera had little if any previous background in social services to children and families. Though initial orientation to the project occurred, both police officers in these two offices explain that in addition to the assistance they got from Justice Region West staff in Nickerie, it took a great deal of their own self-initiative and on the job learning as the projects got underway.

All the stakeholders interviewed in the assessment believe the MP are understaffed to handle the necessary child protection awareness raising, prevention and case work needed in local communities.

The desired staffing for the MP model, as explained by the project manager, should be one police officer, a case worker with social service skills, a jurist to handle legal aspects of casework, an administrative staff and a driver. However, the MP budget limited the maximum number of staff to two at each Site.

In Apoera only one individual was able to be recruited. This left the MP vulnerable to closure should the staff leave to pursue other endeavors. This did indeed happen as the officer left for Nickerie after approximately a year's MP work to advance her education for a higher rank in the police force. This caused the office doors to be closed until her return.<sup>12</sup> resulting in limited casework coordinated via mobile phones and over the internet with the site coordinator while she was doing her studies, and also casework assistance through project management staff in Nickerie and volunteers in the community. This is not an effective way to provide case services for a project intended to have walk-in value.

The inability to recruit at least two individuals for the Apoera MP resulted in the office being closed temporarily. This is a significant setback for services in the area. MP staff recruitment processes must be reviewed and strengthened for MP to successfully expand to other remote locations like Apoera.

Apoera stakeholders say the MP lost credibility and confidence in the community due to office closure. Not being able to recruit and train at least a two-person staff places the pilot in jeopardy.

The MP project manager explains the staff shortcoming in Apoera by government bureaucratic recruitment inefficiencies combined with Apoera's remote location that makes it unattractive for new staff to move to. This is a significant obstacle to overcome if MP are to expand to other remote locations in Suriname. It is important to remember these locations are thought by many in Suriname to have some of the highest rates of abuse and neglect in the country.

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<sup>12</sup> The Apoera site coordinator is expected to return to Apoera within several months of the assessment, and resume work for at least two years.

The pilot design of having police as MP staff has strong merit. Police officers bring with them power, influence and the potential for action. They can mobilize their peers in the police force if need be. By wearing civilian clothes and operating out of a different facility than the police station, they minimize the wide-spread stigma and distrust of police by the public. Officers in Apoera police station acknowledge people are much more willing to go to the MP than to them, and they are strongly supportive of the MP. It fills service gaps they are not well staffed or trained for, such as cases of neglect and the need for counseling and coaching.

***When MP doors are closed, people won't report.*** – Stakeholders in

Apoera

At a minimum, at least three MP staff are needed per site to provide backup when staff go on leave, to divide up responsibilities and provide teamwork when more than one staff is needed for a case.

#### 4.2.2 Key Persons

The pilot design calls for recruitment and orientation of “Key Persons” (KPs) who have responsibilities to raise awareness on the MP and child protection more generally, and to encourage reporting. A few KPs interviewed in the assessment are providing direct services such as counseling and coaching and assistance with transportation. KPs come from local district councils from the Ministry of Regional Development, schools, medical facilities and NGOs.

Key Persons are underutilized in MP. Large numbers of KPs are not active in the project, they have not received requested ongoing training and there are no platforms for them and other stakeholders to organize their work and support in child protection.

Though significant numbers of individuals have been recruited to serve as KPs, their mobilization, use and potential is limited. As an example, in Apoera, only three of the original 16 recruited KPs are actively involved but their contribution is invaluable in the absence of the direct presence of the site coordinator who is studying in Nickerie. Though KPs received initial MP orientation, all KPs are requesting on-going systematic training in child protection – particularly in counseling and coaching and in early identification of risk for vulnerable children and families. Key Persons across MP sites also recommend the following to strengthen the MP child protection model:

- More MP staff to handle caseloads and build stakeholder involvement and collaboration;
- Systematic awareness raising strategies and activities in the local communities;
- Greater availability of temporary shelters for children in need of temporary protection;
- Community-based and healthy activities for children; and
- Opportunities for vocational and skill training for children and youth.

#### 4.2.3 Schools

The MP have established important working relationships with schools in local communities. In Coronie and Latour, MP staff regularly visit schools to raise awareness of teachers, administrators and pupils. In Apoera, a principle is an active Key Person in the project. The MP is partnering with schools to identify children with behavioral issues (zorgpupillen) and then assess if this is coming from home situations, including parenting issues, that interfere or threaten mental and physical development of these children. Plans are then made to improve the wellbeing of the children such as through counseling, coaching parenting education and family strengthening. Home visits to these families are made as needed on a regular basis.

MP relationship with schools is a project strength. Building upon this natural fit in child protection will help to maximize MP potential in local communities.

By the end of 2017 100 students have been identified in the schools through this partnership, about two-thirds in Latour and one-third in Coronie. When deeper trauma is identified, in Latour children and/or the parents or caregivers are referred to the Ministry of Social Affairs and Housing for support or to psychologists. In Coronie, the referrals are made to counselors at an NGO. Apoera lacks this capacity.

All teachers and school administrators interviewed in the assessment are highly supportive of the MP as a mechanism to assist schools in child protection responsibilities. The Ministry of Education, Science and Culture (known as the Dutch acronym MINOWC) is planning to establish Care Coordinators through its system to provide social services to at risk children. None of the schools in the MP project areas yet have Care Coordinators. The MP are filling this gap, to varying degrees. Even if and as the Care Coordinator system develops, MP will be an important collaborator.



#### 4.2.4 Ministry of Social Affairs and Housing

There are five ministries identified by the Government of Suriname as core ministries in child protection. In addition to the MJP and the MINOWC, these are the ministries of Social Affairs and Housing (MSAH, also with the Dutch acronym SoZaVo), Ministry of Health and the Ministry of Sports and Youth Affairs. The MSAH has specialized departments to directly assist at risk children and families, including Youth Services working primarily on cases of neglect, a “Categorical” Social Work bureau which has responsibilities that include residential care (children’s homes) and support to persons with disabilities, and Field Offices to administer social safety net support across the country. The latter has approximately 60 offices and 800 staff. Each of these entities receive referrals and are involved to varying degrees in case assessment and direct services. The MSAH is the government institution most strongly mandated to support at risk children and strengthen families through counselling and social protection.

The MP in Latour, due to its proximity to national offices in Paramaribo, on occasion links its cases to Youth Services staff. However, when MP staff in other sites are asked about case collaboration with MSAH the response is that this does not exist. One factor for this service deficit is that the Field Office for Apoera is many hours away and would come at great cost and time commitment. According to the MP project manager, SoZaVo also does not have counselling and family coaching service capacity in Nickerie or Coronie. The MP pilot design, therefore, did not come with formal collaborative mechanisms with the MSAH.

MP are not formally linked through a protocol with the MASH. This is a missed opportunity for two of the leading child protection ministries to collaborate in supporting at risk cases of children and strengthening families in local communities.

#### 4.2.5 Ministry of Health

There is some coordination of casework with medical facilities in MP site areas, particularly in services related to abuse and domestic violence. However, access to psychological assistance available from the Medisch Opvoedkundig Buro (MOB - the Medical Pedagogy Bureau) is weak. MP staff say the MOB wait lists are extensive. People are allowed five free visits to the MOB. People can also go to other psychologists, aside from those at the MOB, though upfront cash is required and is an obstacle for many.

Community-based health centers and Suriname Medical Mission units are an important, but relative weak source of referrals and assistance for MP beneficiaries.

#### 4.2.6 Regional and Locally-based Leaders

These leaders have been appointed as key persons to MP. Regional leaders can play a relevant role in building awareness about MP among subnational institutions, while Captains and their Basja assistants are local leaders whose relationship with MP is essential. The Basjas interviewed in the assessment understand the MP to be of high relevance to their responsibilities. Captains and Basjas are involved in resolving disputes and addressing social challenges at the most basic level local communities. They want to refer cases they cannot resolve to MP. There is some evidence this is occurring. They request training from the MP project in early identification of risk and in learning how to communicate better with children and families in crisis.



#### 4.2.7 Faith Communities

All stakeholders in MP areas acknowledge communities of faith can play an important role in child protection and thus are highly relevant to MP operations. The role of pastors in Apoera stands out. Of the five remaining and active Key Persons, two are pastors and one is a pastor's wife. In the absence of an open office, they have remained active in child protection. Two church communities have provided temporary informal fostering for children needing protection. The pastors also help with counseling and coaching, though this is self-learned, and they request formalized para-professional training to develop their skills.

Key Persons and other Stakeholders are all requesting systematic paraprofessional training in the areas of counselling, coaching and early identification of risk. One pastor in Apoera in discussing this need says, ***“we had one family where every member tried suicide.”*** In the absence of training, many are forced to self-create these skills. Investment in a trainer of trainer program, coordinated inter-sectorally, can be very beneficial for building capacity in a potential 'child protection army' across Suriname, involving teachers, Captains and Basjas, health workers, NGOs and others. Not only would there be skill development, but a more mobilized group of community stakeholder would exist for prevention and case reporting in child protection.

#### 4.3 Risks and Vulnerabilities of the Target Population

Neglect, behavioral issues and sexual abuse are the most frequent risks identified in the assessment by key informants and discussion groups of children, parents and MP Key Persons in the assessment.

##### 4.3.1 Sexual Abuse

In Apoera and Coronie there is great concern of older men chasing after girls for sexual relationships. Commentary from the girl's discussion group in Apoera is ***“this happens a lot.”*** A Key Person in Coronie says, ***“I am ashamed for what is happening in the community.”***

A related issue is teen pregnancy identified as a problem in traditional communities in and around Apoera. Children, parents and KPs all identify awareness building as essential to preventing abuse, including the need to find effective communication and messaging venues for parents and in schools. The recent, but not yet published Violence Against Children Study, confirms this, with 80 percent of surveyed mothers believing there should be sex education in schools from the 5<sup>th</sup> primary school level onwards. A similar percentage indicate they know where to go if someone in their family is abused – with 45 percent indicating this should be brought to the police, 37 percent talking to a parent, 17 percent to a service provider and 12 percent indicate they would do nothing. Fifty four percent of respondents believe if sexual abuse is reported, they fear family interference in the matter.

The MP statistical summary since the project started shows Apoera and Coronie have the two largest sexual abuse caseloads with 16 in each site. Six cases have come through the Latour MP.

The extent of reduction in sexual abuse in MP communities is not clear. However, police and KPs in Apoera believe early prosecutions of perpetrators because of the presence and activities of the MP in the community, has resulted in a decrease in abuse with potential perpetrators more fearful of being reported and convicted. Respondents in Coronie are less sure. In both communities, reports of sexual abuse have decreased to MP, though more in depth research is required to determine the cause of this.

#### 4.3.2 Corporal Punishment

Parents, KPs and children in MP sites all report corporal punishment continues to be common in schools and within households as a disciplinary measure. Most people have the attitude there are times when such punishment may be necessary. This is confirmed in the national VAC study. A discussion group with girls in Apoera secondary schools indicates corporal punishment does not occur in their schools. This is confirmed by teachers. However, there is anecdotal evidence from MP staff that a child was recently slapped in a primary school.

#### 4.3.3 Neglect

Parents and KPs in Coronie and Latour identify neglect as a significant risk in their communities. The MP statistical summary shows these two sites have the two largest caseloads (16 and 7 cases respectively) with only two cases being responded to in Apoera.

Female-headed households of women are a vulnerable group at higher degree of risk of child neglect in all three MP sites. This is common in many countries. The families have absentee husbands or unmarried fathers. The mothers may be leaving children at home alone without appropriate care as they pursue livelihoods, they may have high degrees of stress and other physical and psychological complications and/or they may be young mothers with little parenting experience.

Economically distressed female-headed households have higher degrees of child neglect risk. Early identification of these families and the provision of inter-sectoral support, including social protection support, is important to prevent neglect.

#### 4.3.4 Behavioral Issues

Families are also struggling with behavioral issues in MP sites, particularly in Latour and Coronie. This also appears to be associated with a family demographic of economically-distressed female-headed households. In Latour, parents and staff associate this risk sometimes with crowded living conditions where several families may be living together in one household. This can drive children, particularly boys, out to the streets and groups or gangs of young persons where there is greater risk of theft, fighting and substance abuse.



One mother commenting on the behavior of a 10-year-old boy, says ***“I never thought they could be so young, doing this sort of thing.”***

Behavioral issues affect children’s attendance at schools and there is greater risk of dropping out of school. Parents may deal with these stressful conditions through corporal punishment and lack an understanding of effective parenting in these difficult situations.

Economic distress drives many of the social realities placing children at risk. In addition to tight housing, other examples described by stakeholders in the assessment are:

- Girls having greater temptations to associate with older men with money and thus be at risk of sexual abuse;
- Children left at home while parents are working; and
- Stealing and theft by children placing them in conflict with the law.

#### 4.3.5 Alcohol and Drug Abuse

Substance abuse was not an issue commonly recognized by MP stakeholders in the assessment when asked to describe underlying factors to abuse, neglect and violence. However, upon closer questioning significant issues were raised, including growing use of substances at younger ages and an association of alcohol use with domestic violence. The Apoera MP site coordinator says, ***“When I was younger I worked at the main store in the village. When employees got paid at the lumber mill (the biggest wage employer in the region), so many came to the store and spent much or even most of their earnings on alcohol. This has to have affected the livelihoods of their families and caused significant problems.”***

#### 4.3.6 Alternative Care

The need for temporary and protective shelter and care is a significant problem in the child protection system of Suriname. There is a significant disparity on the use of alternative care<sup>13</sup> in the MP sites. All 18 children placed in children’s homes for shelter from MP sites are from Coronie. In Latour, the MP staff are very hesitant to use shelters out of concerns over this type care and the potential for greater abuse in these environments.

The placement of so many children from Coronie into children’s homes raises serious concerns since the wellbeing children in these shelters is not being monitored by a knowledgeable authority, there does not appear to be re-integration plans for these children and there is a lack of family-based alternative care not just in the region surrounding Coronie, but nationally. However, MP face a dilemma about where to place children who need to be separated temporarily from dangerous family environments.

<sup>13</sup> Alternative care is an internationally recognized term meaning overnight care for children by caregivers who are not the parents of the children. This can be through fostering, guardianship, group home, shelter or institutional care (commonly but usually inappropriately called “orphanages” since most children are not orphans). Alternative care can be short or long term; it can be formal as recognized and regulated by an officially recognized authority, or informal such as kinship care or Kweekje in Suriname. “Residential care” is a broad-based term that applies to all overnight centers, short or long term, including children’s homes in Suriname

No children in any of the MP sites have accessed formal foster care; however, in Apoera several children have been taken into informal fostering (not monitored or regulated by an officially recognized authority) by families affiliated with churches.

Currently in Suriname there are no government run temporary shelters/children's homes, though several are apparently being planned for. A national policy for children's home standards was developed in 2014. Unfortunately, there is no monitoring of these standards occurring currently. The 2014 Suriname child protection mapping report and a follow up study on children's homes by the same author<sup>14</sup> provides insight into the dilemmas surrounding children's homes. These studies identify 31 children's homes with two-thirds of them based in Paramaribo. About half are run by a diversity of religious communities, while others are run by individuals or NGOs. Eight of the homes care specifically for defined vulnerable groups including younger children (age 0-6), those with HIV, and those acting as a crisis shelter or clearing house.<sup>15</sup> Three centers are short term crisis centers (up to three or six months stay). Three facilities are explicitly defined as temporary crisis centers. The 2014 mapping study concludes the organizations running the children's homes, "are struggling with many structural barriers in keeping the homes open and providing quality care. Most face a shortage of qualified personnel to provide guidance and counselling to the children (related closely to the lack of funding) and to ensure the health and safety for all the children. There is often little or no systematic effort to reintegrate children with parents or other family members."

#### 4.3.7 Children with Disabilities

National and subnational child protection authorities identify individuals with disabilities as a high-risk group in need of protection. Several children with disabilities were reported by KPs in Apoera as receiving MP support. The MP statistical summary does not track children or their caregivers who have disabilities. This population, like economically distressed female-headed households, has potential to benefit from MP collaboration with the Ministry of Social Affairs and Housing to provide social protection support.

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<sup>14</sup> Dr. Julia Terborg, Anton de Kom University

<sup>15</sup> A children's home for sexually-abused children did exist several years ago but is now closed due to financial shortfalls.

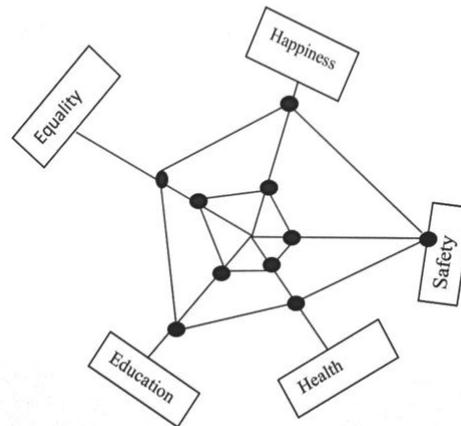
#### 4.3.8 Children's Perspectives on Risks and Vulnerabilities

Child friendly participatory discussion groups occurred in the assessment in each MP site as discussed in the methodology section of this report. Four discussion groups occurred, each facilitated for children to identify their child protection needs, the relative urgency of these needs and suggestions for MP to strengthen child protection in their communities. A spider tool was developed, out of which the spider web lines are drawn based on five child protection-related topics: happiness and sadness (as a proxy for psychosocial health, and access to help), safety (discussed as physical safety in the community and in homes, and where one turns to for assistance), health (discussed as access to what it takes to have physical wellbeing), education (safe and comfortable schools), and equality (understanding and realizing rights as children, and being listened to and taken seriously by adults).



All the spider illustrations and the syntheses of the discussion groups are provided in the appendix to this report. The results from each discussion group were remarkably similar. Therefore, a consolidated spider illustration can be made and is shown below as representative of the input received from the children. The dots on the spider are both the average (mean) and the median (most frequent) results from the data of all the children's groups.<sup>16</sup>

Consolidated Spider Tool All Meld Punten Sites



<sup>16</sup> Each point on the spiders are given a number. Average or mean is determined by adding up the number per child protection category and dividing by the number of discussion groups; median is determined by which number occurs most frequently. If the mean and median are similar, then this means there are not significant variations between one discussion group and the other.

The inner ring of the spider illustration identifies how much of each category the children have, identified as “none, a little bit, its ok, and we have a lot of this.” For example, “we have a little bit of happiness.” The outer ring shows the urgency, and this is simply a ranking with the highest point being the most urgent and lowest, the least urgent. The consolidated spider above shows children:

- “Having a little bit” of safety and health;
- Happiness and education as in between “a little bit” and “it’s okay;” and
- Equality as “it’s okay.”

The input of children in MP areas validate the need for MP in their communities. Safety (including abuse and violence) is identified as in short supply and the most urgent of child protection needs. The children’s psychosocial health is also a highly ranked need.

Each discussion group ranked safety as the most urgent and most ranked happiness as the next most urgent. Equality and health were ranked as the least urgent.

The following table summarizes this same data, though in a different format.

Need and Urgency in Child Protection Needs, Children Discussions Meld Punten Sites of Coronie, Latoure and Apoera						
Need	Need, we have...	Most Urgent	second	third	forth	Least urgent
Safety	a little bit	4				
Psychosocial	little bit- ok		3		1	
Education	little bit -ok			3	1	
Health	a little bit		1	1	1	1
Equality/ rights	its ok				1	3
	(average)					
Need scale: none at all, a little bit, its okay, we have a lot of this Gender difference: boys health is less of a concern						

The children in discussion groups provide the following recommendations to strengthen MP activities in their communities:<sup>17</sup>

- Children need awareness raising on protection issues, primarily in schools and through recreational activities including in neighboring towns. This includes greater awareness on child rights and where to get help.

<sup>17</sup> These recommendations are integrated into the recommendations section later in this assessment report.

- There is a need for more child friendly institutions such as in the police force.
- There is also a need for activities to be coordinated directly at the MP site since MP sites activities should not just be dealing with crisis situations. This will help reduce stigma for people going to MPs.
- In Apoera, the MP needs to strengthen its credibility: ***“We need our MP back and have the doors open.”***
- MPs need to be open after school is out, including expanding safer environment for child activities after school.
- Something needs to be done about the availability of drugs in our communities.
- Safe and appropriate alternative care is needed children when it is dangerous for them to stay at home.
- MP need to work with health, legal and other institutions to be responsive to reports of problems encountered by children and families have – this means timeliness of response, effective follow-up and quality of service.
- Counseling and coaching skills by service providers are needed for both parents and children.
- Vulnerable populations, such as immigrants from Guyana and those lacking registration and IDs, need medical cards.

#### 4.4 Operations of Meld Punten

##### 4.4.1 Project Management

Meld Punten project management occurs out of the Department of Justice Region West in Nieuw Nickerie, based on adaptations of the child protection systems set up there. Three staff devote time to the Meld Punten project in this office, but they also have case responsibilities for children and families living in Nickerie. The staff of the Justice Region West office who support the MP project manager are one male caseworker involved with intakes and investigations and discussions with men, and another female staff person who handles gender-based violence situations and administrative duties.

MP project management out of the Justice Region West office is a logical fit for the MP pilot start up with its relative access to Apoera and Coronie. A number of service providers based in Nickerie have worked in Coronie in the past or currently extend their services there do there is good knowledge of this region.

There was rationale for the Latour MP to be initially managed from Nickerie to have the same orientation and casework systems set up as the other MP sites. However, Latour is in the national capital area with its relative abundance of child protection support services. Case management supervision and overall coordination can potentially be handled more efficiently through MJP structures in Paramaribo. The MP project manager in Nieuw Nickerie recognizes this and has a request into MJP leadership to make a final decision on this change.

Understanding the distinction between project management and case management supervision is important, as the operational structure of the MP project is determined for the future. Case management supervision is the support provided to caseworkers in their casework. This includes reviewing and approving case action plans for highly at-risk cases, ensuring effective staffing and teamwork on cases, hands on training, advocacy with other service providers in the casework, case problem solving and ensuring good mental health of MP caseworkers given the challenging nature of their work (preventing “secondary trauma” in the work force).

As MP evolve into the future with the potential of more MP sites, it is more logical that overall project management occur out of MJP offices in Paramaribo. However, case management supervision does not necessarily have to be handled out of Paramaribo. For example, case support for Apoera and Coronie can continue out of the Nieuw Nickerie Justice Region West office.

Project management is different from case management supervision. Project management can include:

- Managing donor relations;
- Establishing project strategies, goals and objectives for the project based on input from site coordinators and case management supervisions, and key stakeholders;
- Managing recruitment, placement and evaluation of staff (evaluation of staff can include input from case management supervisors);
- Coordinating systematic orientation and training programs for staff and key stakeholders to the project;
- Consolidating and coordinating the project-wide monitoring and evaluation activities, including MP project reporting;
- Ensuring efficiencies within the MJP to minimize administrative and operational obstacles that may adversely impact the ability of MP to provide effective direct support to project beneficiaries; and
- Developing and managing protocols with MP partners and inter-sectoral collaborators.

If and when MP expand to other sites, centralized project management out of Paramaribo should be considered. Case management supervision systems can perhaps exist in subnational offices to ensure the best access to and support to individual MP sites – such as the Justice Region West office in Nieuw Nickerie continuing to support Coronie, Apoera and other new MP sites in proximity to Nickerie.

As project management is centralized, the staff in Nieuw Nickerie, Coronie and Apoera will be valuable in helping to orient and train staff and stakeholders in new sites – including setting up cases service reporting systems.

#### 4.4.2 Enhancing Reporting Response and Use of Meld Punten

A key objective for MP is to serve as a central close-by location in a community for reporting on child protection issues. As one MP staff person says, ***“Our role is to be a contact point for reporting.”*** Once contact is made, services are then directly provided and coordinated through the MP through case meetings, referrals, counselling and other support to children and families. Children, parents and stakeholders interviewed in the assessment all agree there is an important need in each community for an active child protection walk-in center. MP need to be child and family-friendly with confidential meeting rooms, space for activities and welcoming and empowering attitudes of MP staff and volunteers. A police officer in a currently an all-male station in Apoera says, ***“If there’s a lady there, people will be freer to talk.”***

Community stakeholders in the assessment also stress the importance of MP staff being trained professionals able to handle sensitive child protection and families in crisis caseloads. This includes handling cases confidentially to build confidence in the community and skills in counseling and coaching.

#### 4.4.3 Operating Hours

The MP centers are normally open until 3 p.m. and are closed on weekends. This is consistent with standard government operating hours. Nevertheless, a child protection center that is best serving the needs of children should remain open later in the afternoon for children to access the center after school, and/or for adults who otherwise work until later in the afternoon. MP staff also need to have contingency plans for covering emergency needs of children and families after office closure time.

Government human resource systems need to accommodate for MP remaining open later in the work day to cover afterschool needs of children and ensuring community access to MP staff in emergencies 24/7/365 through formal contingency plans.

A Key Person to a MP says, ***“if you want to improve the MP then you must change the operating hours since many problems happen at night.”*** This sentiment is being expressed by all civil society stakeholders in the local communities of the MP.

#### 4.4.4 Transportation

Ready and available transportation in child protection service systems is a persistent challenge in many middle and lower income countries globally. This includes the cost of transportation for staff and budget for transportation needs of beneficiaries when they do not have the resources.

In each MP site, staff and stakeholders describe lack of transportation as a significant obstacle. The budgets are limited, transport must be borrowed from other government entities such as the police or Ministry of Defense. The police vehicle in Apoera was not operational in Apoera during the assessment field work visit. A police officer there says, **“how do we support MP when our own car isn’t even working?”** Staff frequently use their own vehicles and for transportation costs out of their personal expenses.



The assessment was not able to determine the extent to which the lack of transportation serves as an obstacle in MP services. However, it is clear transportation resources are in short supply in the MP system. Budgets should exist at a level to ensure, at a minimum, transportation costs are ample enough to cover the costs of responding to serious cases of abuse, neglect and violence and to handle a robust set of activities to raise awareness in child protection to promote prevention.

#### 4.4.5 Activities

Child and family-friendly access and use of MP is an important part of encouraging reporting from the community on child protection issues. Information sources in the assessment say with certainty that people in MP communities are more willing to come to MP than to contact police in many or most child protection situations. However, in some communities there is stigma in coming to MP since it is generally known services there are for children and families in sensitive crisis situations. To minimize the stigma, MP can serve as centers to raise awareness on many child welfare issues in the community – and change a perception some may have that MP are only dealing with sensitive crises.

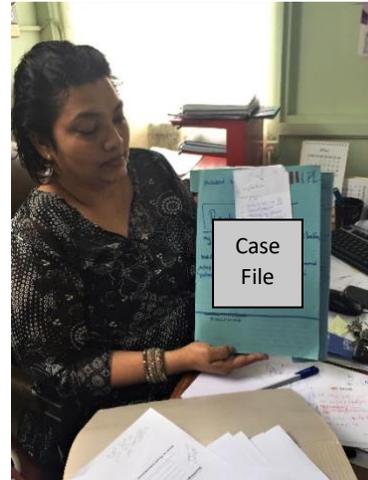
Children and parents in MP communities recommend preventative awareness raising and other activities be promoted at MP centers. This can help overcome stigma some may have in coming to centers for assistance. A MP Key Person says, **“We need activities for children. If we do this, they will come to the center.”**

MP offices can also be in a building or facility where there are a variety of organizations serving community needs. This set up exists in Latour, with the office located at Stibula (Foundation for Community Work Latour), a NGO which engages children and youth in activities.

#### 4.4.6 Case File and Services

At least one case file per MP project site was reviewed in the assessment, along with the forms developed by project management for MP casework and reporting. The findings below are based on this minimal review. A more thorough review should occur if a National Program Coordination Office is set up and a systematic process of overall project strengthening begins.

The MP case management system is adapted from the one used in the Department of Justice Region West. It is a hard copy system with forms that include case tracking through an Intake Formulier (Intake Form,) and a more comprehensive Advies Rapport (Advise/Recommendation Report).



Each time the caseworker meets with the beneficiary, an intake form is filled out providing up to date information on the case and action required, including those from other service providers.

The "Advies Rapport" is the investigation into the child protection issue. This document provides valuable case information and is used in legal and administrative proceedings requiring authorization. It summarizes the results of an investigation based on interviews of persons close to the case, such as a victim, parent, caregiver, neighbor or teacher. It provides a recommendation for response and action while also identifying when follow up should occur.

Staff associated with the MP project indicate information on cases is also exchanged over the internet, through telephone exchanges and through mobile apps. Logs of case discussions over the phone are presumably kept, though this was not verified in the assessment.

Case files also include copies of documents such as identification cards and other forms arising out of case management, such as authorizations or proof of birth or

A case management file system ideally needs to have the following:

- Identification of risk and vulnerability;
- A case action plan based on risks and vulnerability, including referrals that are needed;
- A system for documenting intakes with the client and updates to the case situation and case service approaches;
- Official documents and approvals as required by legal procedures, such as authorizations of the clients or service providers when needed; and
- Documentation of wellbeing and reduction of risk, and case closure.

A caseworker and the case worker's supervisor should be able to pick up a case file and navigate effectively through the file to determine the status of a case, as per the above components. The case file and information management system should have procedures to safeguard files, including their confidentiality.

other registrations and medical reports.

The MP case management file system is basic and functional. The intake and investigation reports provide for some or most of the essential ingredients as listed in the shaded information box above. In two out of the three case files reviewed understanding the case and tracking of services was possible. In a third case file, significant information was missing.

There are more effective and integrated systems for case management files and system management that should be assessed as the MP system moves into its next phase of development. Developing such systems takes significant time, financial resources and training and are not recommended until there is greater stability in the MP project. Examples for strengthening include moving to an electronic case file system with appropriate safeguards for storage and confidential access to the files by authorized personnel; a tool that identifies case risk and then leads the caseworker in developing a case action plan based on child and family strengths and vulnerabilities; formal and common referral forms for inter-sectoral case coordination, and a case reporting system that clearly documents wellbeing and protection case outcomes that also feed into a monitoring and evaluation system for the project.

The assessment is not clear as to how extensively the monitoring forms are used nor their value. Some planning and reporting documents are obviously needed for the MP project. However, caution should be taken so as not to not overburden staff with excessive documentation or micro-management, since the number of staff at each site is small.

Additional forms used by MP to monitor project activities include:

- A day by day overview of the number of incoming cases organized per category of child protection risk (i.e. abuse, neglect, etc.) per MP site;
- A monthly overview of cases per MP site;
- Documentation of referrals of cases and reporters (“melders”) of cases per site;
- Documentation of category of child protection risk with case numbers, names and other summary data such as date of intake and status per MP site;
- A weekly planning calendar for each MP site;
- A weekly reporting form submitted by each MP site to project management; and
- A daily log of production/activity for each MP site.

The assessment has not seen a summary of active caseloads for MP project sites, nor is there a system for knowing how much time caseworkers spend on various types of cases. This type of reporting may exist. It appears there is enough data coming into the MP project management office through the above monitoring forms to document this important data. Ideally this type of information should determine the caseworker staffing levels needed in each MP site based on caseload characteristics.

The casework statistical summary is accumulative since the project startup date. More regular statistical summaries are needed if they do not already exist, at least on a quarterly basis.

The MP case management file system is basic, though it has a number of the essential components necessary to plan for and track case services. Only when the MP project is on firmer ground and has greater project management human and financial resources, and more caseworker staff at the site level, should there be a process of strengthening the case management file system.

The project statistical summary provides important information on the referral destinations of casework. These are highlighted in the table below. What stands out in the data is the great number and diversity of referrals made from the Latour MP project site since there are many more sources of referral support existing in Paramaribo. According to the data, only two referrals were made from Apoera (for psychological counseling) and nine out of Coronie for counseling – aside from the 18 children referred to shelters/children’s home.

The lack of referral destinations out of Apoera and, to a lesser extent, out of Coronie, is a serious concern for the MP project. The consequence of this is that MP staff and informal, self-trained support providers are being used to fill these support gaps - if the gap is even filled. Inter-sectoral, multi-disciplinary support is needed in these project sites such as from the social affairs and health sectors.

Aantal verwijzingen naar de/ Number of references to...	Apoera 02	Coronie 45	Latour 16
(Phycologist)	02	Not present	02
Family coaching by NGOs	not present (in the community)	not present	07
SOZAVO - Jeugdzorg (MSHA department Youth Care )	not present	not present	06
Min of Education, Science, Culture/ re- enrollment at school			02
/Counselor group (behavioral issues + trauma)	not present	9	
/placement shelter/children’s home	0	18	0
Children were placed in institution with consent of parents	0	18	0
Children were placed in institutions by the attorney general	0	0	0

It is essential for project reporting to document how cases arrive at the MP sites. This provides perspective on the working relationships with other key formal professional referral sources and more generally how well the community is aware of MP and their usefulness, and the patterns of reporting child protection concerns.

With each new intake to a MP, the following should be documented and reported in the MP statistical summary:

- The referral source such as the police, school, clinic, Child Helpline, NGOs, faith-based organizations;<sup>18</sup>
- The cases coming in from the community, including neighbors, Key Persons and/or other populations; and
- The number of walk-in cases, and those making contact through email or telephone.

#### 4.5 Prevention and Awareness Raising

Case service response and prevention are inter-related in community-based child protection. Every contact a MP makes with community members, every piece of news or messaging either directly or indirectly to individuals or groups, should be prevention-oriented.

This starts with the community knowing about the MP and having a balanced and accurate understanding of their purpose. This includes reducing the risks for abuse, neglect, violence and exploitation to children by strengthening families that have known vulnerabilities. Examples of these families includes those with economically distressed female-headed houses, those having individuals with disabilities, and families with children not regularly attending school.

Prevention also means key community stakeholders in regular contact with and access to families and children have a basic understanding of early identification of risk, what their role and responsibilities are in reporting this, and how the MP can assist in this reducing the risk. All of this comes with awareness raising by the MP project though regular and targeted orientation of key stakeholders and a community-based MP communication strategy with promotional resources and activities. This, of course, takes project management and staff time, strategy development and financial cost.

Misconceptions about the role of MP can keep community members away from centers and limit their use to only when crises are at a high point. Prevention means MP are understood by the community to engage children and families in learning, activities and early identification and reporting of child protection issues before they escalate.

There is only a vague awareness about the purpose of the centers among children in MP sites.

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<sup>18</sup> This information is available on the intake form and is listed in the monthly statistical reports, according to the MP project manager. This is also true for cases coming from sources in the second bullet point.

Essential to prevention is the community being able to successfully access key government services in Suriname. The core ones for child protection, aside from justice and police are, health, social affairs (including financial and other safety-net support for vulnerable populations), education (safe and community-involved schools), and activities for children through the Ministry of Sports and Youth Affairs.

The assessment finds that in MP sites, particularly in Coronie and Apoera, there is limited access to the government support that is supposed to reduce risk and vulnerability and prevent child protection issues from reaching crisis levels. Most notably lacking are services and support through the Ministry of Social Affairs and Housing. This is a serious gap that must be addressed for MP to be successful in both prevention and response to child protection concerns.

In February 2017 a report was released by the Institute of Graduate Studies (IGSR) of Suriname based on a rapid assessment of Knowledge, Attitude and Practice (KAP) on child rights in Nieuw Nickerie and three villages in and around Apoera.<sup>19</sup> The KAP findings are consistent with findings in this assessment and earlier discussion in this report on preliminary VAC study findings. Among the KAP study findings is that rights are understood by children mostly as material related such as access to education, health and housing - and less so on such issues as the right to participation. The KAP assessment says adults and children, “in the villages (of) Apoera, Washabo and Section are familiar with and positive about the reporting center. Because of the small scale of the community there is fear of lack of confidentiality and possible negative consequences of reports.”



Key interviews and group discussions in MP site communities indicate the following levels of awareness and knowledge of MPs:

- In Coronie, most of the community knows about the MP and is relatively comfortable in accessing the center;
- In Latour, a busy urban area, the MP is not generally well known by the community, though there is word-of-mouth knowledge through individuals who have accessed center services. One parent says “**now that I know about the MP, I tell others about it;**”

<sup>19</sup> Research Report, Rapid Assessment Knowledge, Attitude and Practice, Children’s Rights, Nieuw Nickerie and Kabalebo/West Suriname (Apoera, Section and Wasabo Villages - Julia Terborg, Institute for Graduate Studies (IGSR), February 2017

- And in Apoera, much of the local population knows about the center, though the community is recovering from a misconception that the MP exists to take children out of their homes.

It is not surprising most children in assessment discussion groups knew the locations of MP since talking about the centers is why they were invited for discussions. However, the children have vague ideas on the purpose of MPs. The greatest awareness among children interviewed in the assessment exists in Coronie and Apoera (small communities without few support providers) while children in Latour seem to have the least awareness.

Awareness levels for children about the purpose and function of MPs needs to increase for them to be effective centers to serve their protection needs.

#### 4.6 Monitoring and Evaluation

Monitoring and evaluation (M&E) is an integral part of an organization and its programs and projects. It is not simply a set of reporting mechanisms to satisfy donor or governing body requirements. Ultimately, evidence-based knowledge from M&E allows a project to continuously stay focused and steadily improve on the quality and impact of its purpose. The “why” and purpose of a project needs to be clearly defined.

Few things in the world are as important as protecting children from abuse, violence, neglect and exploitation. Monitoring and evaluation tells us how well we are doing and how to strengthen activities.

##### 4.6.1 Recommended Vision, Mission and Strategic Goal for Meld Punten

The Meld Punten project does not have a guiding set of statements identifying why the centers exist and what they do. Meld Punt – meaning “reporting point” in the Dutch language – implies a place for community members to come to report a case or get assistance through professional help in how to deal with it. This need was initially identified out of a visit to Apoera by the Minister of Justice and Police in 2015 who heard alarming stories of young people experiencing sexual abuse in the community. The idea was to have a safe place for children to come and report abuse and receive support. Other child protection needs in the community exist and Meld Punten could also potentially address these concerns. One Meld Punt site coordinator, in talking about the startup period for the project, says they knew the centers would be dealing with abuse cases, **“but we had no idea about how many cases of neglect there would be.”**



After approximately 18 months of operation, why Meld Punten exist and what they can potentially do can be succinctly defined and help guide their development. The following are recommended:

**Vision** – is what MP strive for and why...

***Children are growing up in safe and nurturing families and communities for them to reach their full potential.***

**Mission** – is the core purpose of MP in the form of an action statement...

***Meld Punten are locally-based centers out of which communities and institutions are mobilized and services provided to protect children and strengthen families.***

**Strategic Goal** – defines what is to be achieved and for whom, and how this is done...

***Multi-disciplinary services and support are coordinated to prevent, encourage reporting and provide responsive services to children at risk of or experiencing abuse, violence, neglect and exploitation to improve their wellbeing.***

A M&E system is formulated around the vision, mission and strategic goal of an organization, program or project. All objectives, strategies, activities, indicators, results and impacts should be consistent with and justified within these guiding statements.

The recommended **Strategic Goal** defines what child protection is: it is preventing and responding to abuse, violence, neglect and exploitation. Responsiveness means timing and quality of service. Multi-disciplinary service is the project approach, in recognition that nearly all seriously at-risk cases require at least two or more types of service, such as economic, physical health, shelter, or psychosocial support (such as counseling, coaching and parenting education).

The recommended **Mission** says the project is locally-based in the realities of each community and highlights the importance of both institutional (organizational) and civil society involvement in the project approach.

The recommended **Vision** stresses the importance of safety and nurturing care to give children the opportunity for fulfilling lives over the long-term.

Well-functioning monitoring and evaluation is important for MP because it can:

- Provide for project learning on program strengths, weaknesses, needs and opportunities - and for changes that need to take place for project improvement and effectiveness.
- Help identify the most valuable and efficient use of resources;
- Better ensure effective and efficient use of resources and provides accountability to donors so they can know a project is meeting its purpose;
- Inform with data and other evidence the design and development of additional and future projects;
- Strengthen decision-making on program management, planning, capacity building, service delivery, and broader policy and advocacy issues;
- Provide a basis for determining if improvement is occurring in the wellbeing of beneficiaries and in challenges that need to be overcome to better ensure wellbeing outcomes;
- Involve measuring changes in knowledge, attitudes, behaviors, and skills of beneficiaries, and in community norms and utilization of services;
- Provide accountability to government stakeholders (who have ultimate responsibility to uphold laws and protect people's rights) to know if a project is meeting its legally approved purpose and utilizing its resources appropriately;
- Inform advocacy strategies and thus government stakeholders on necessary policy and practice environments; and
- Build greater confidence among beneficiaries that their needs are being met through project activities of relevance to them. based on their input and experiences.

The MP project has monitoring and reporting activities but does not have a basis for evaluation since no formalized objectives or target indicators have yet been developed. The existing monitoring involves the planning and progress reports described in the operations section of this report. A statistical summary sheet identifies the number of cases per MP site by category of risk and referral destinations. This is a cumulative summary since the project started.

According to MP staff, visits by project management occurred approximately twice a month in the first half year of the project but have been less frequent since then with contact now occurring mostly over the phone, through apps or email.

Site visit reports exist for both project management and when UNICEF visited MP. The UNICEF report content is very limited for Latour (December 2016) but is much more comprehensive for Apoera (May 2017) and consistent with many of the findings of this assessment of this report. The report from MP project management for Apoera is very limited. The site visit was not able to engage in its intended meetings because a drowning had just occurred in the river, and all relevant stakeholders were focused on this situation.

Monitoring site visits and reporting on MP activities has been limited due, at least in part, to staff shortages. Project monitoring, particularly in its early stages, should be frequent and systematic – particularly when staff and stakeholders are new to more formalized child protection activities. Both UNICEF as a donor, and MP project management should have a more regular presence in the MP project sites.

At the most basic level and at the current time, the MP monitoring and evaluation system should have the following:

- Regular monitoring visits that help with planning, building relationships and casework;
- Standard reporting formats for monitoring, including identification of challenges, recommendations for project strengthening and setting of and reporting on objectives;
- And quarterly statistical reporting on project indicators (such as the statistical summary sheet with some additional indicators, see operation section of this report), along with a brief narrative of activities over the previous quarter.

#### 4.6.2 Promise Keeping

The most effective way to evaluate quality in a service project is to establish mechanisms for input from the recipients of services. This can be called a beneficiary-based accountability framework. A “promise keeping” tool is recommended for MP that first establishes what the beneficiaries can expect (the “promises”) from MP.

An example of a promise keeping card is shown in the side illustration below. It is provided to a beneficiary (approximately 10 years of age or older), or a care giver of a beneficiary who cannot read or understand the card.

The card describes the values and principles the MP intends, even “promises,” to keep regarding its direct services and support. The content of the promise keeping card is developed with input of staff and beneficiaries. It is user-friendly to be understandable for both children who can read and adults. It is constructed in a way that is small, sturdy and easy to carry around in a purse, backpack or handbag.

The promise keeping process can move beyond carving out beneficiary understanding and expectations of the MP, to monitoring and evaluating beneficiary satisfaction of services provided and quality of support.

At this transition point in a case, a person trained in using the promise keeping tool coordinates input back from the beneficiary on the various levels of satisfaction based on what exists on the promise keeping card and other simple questions relating to wellbeing outcomes. A simple numerical system of calculating satisfaction can relatively easily measure quality of service.

The tool can be adapted to identify certain promises,

services and support; results from each MP; and overall program metrics on promises and services. Like all monitoring and evaluation mechanisms, promise keeping satisfaction it is not meant to be a punitive process but rather a learning experience informing program quality and strengthening capacity to improve quality.

Developing and setting up the promise keeping process will take time, human and financial resources and testing. This includes training in how to administer the tool, quality control in its evaluation functions and how the results can be reported and inform program quality. Setting up and utilizing this M&E tool is not recommended until a National Program Coordination Office is set up with a M&E Officer. The Promise Keeping process can be assessed by the UNICEF Suriname program for broader application to its priorities in other sectors.

#### 4.6.3 Case Stories

A system for selecting, reporting and learning from case stories brings to life the child protection issues encountered by children and families and their service and support experience as coordinated by the MP. A case story summary exists at the end of this section, and case stories drafted according to a recommended format for M&E can be found in the appendices to this report.

Case stories should be reported concisely (approximately 2-3 pages only) according to a specific format enabling project learning – including the components listed in the side illustration below. Both successful cases and those not resolved should be included in a case story M&E system to provide a well-rounded assessment of case services.

A representative diversity of case stories can be reported based on risk and vulnerability categories. For example, stories should be developed on cases of neglect, sexual abuse,



domestic violence, those involved in alternative care, custody issues, school dropouts, behavioral issues, economically distressed single parent households, and alcohol and drug abuse.

At this time, at least one case story should be produced per MP site per quarter. Developing them can initially be the role of project management staff as site coordination staff learn the process to carry this on. Ideally, a M&E specialist in a future National Program Coordination Office should manage this process to minimize bias in the reporting. An inventory system for the stories can be developed to enable easy access and learning from the stories. It can be organized per risk/vulnerability category. As with all M&E activities, confidentiality and other ethical guidelines are needed for the case story system.

Opportunities to maximize use in case stories in M&E include:

- Providing real life context in program progress reports and to illustrate lessons learned, quality of response and challenges children and families have in casework;
- Use in quarterly reporting and annual planning processes to set priorities and objectives around program strengths and weaknesses;
- Use in assessments of specific program activity, for example counseling, coaching, early identification and shelter needs;
- Service approaches for all staff and stakeholders to learn from;
- Use as examples to identify wellbeing outcomes;
- Use in capacity building in case coordination and relationship building with inter-sectoral stakeholders and other partners;
- Identifying strengths and weaknesses in referral pathways; and
- Identifying needs and outcomes when approaching donors for support.

#### Case Story Format: An Example...

- Family composition: numbers and ages in family, geographic area (consent is needed for picture);
- Background summary on the child protection situation;
- How the case came to MP (walk in, referral source, neighbor, KP, Basja, school, etc.);
- The risks and challenges facing the child &/or adult, family;
- The MP response: who, what, timing of response;
- External referrals and assistance;
- Initial results? Any change in wellbeing?
- Continued follow-up needed for what risks? Longer term responses; and
- Lessons learned for the MP project from this

### A Real-Life Case Story Summary Example from a MP site

(see full Case Story in the appendix to this report)

A mother in a MP site found her daughter with a mobile phone she did not have the money to buy or use. She went to the school and found out that her daughter may be in a relationship with an older man. She contacted the village Captain who referred the case to the Meld Punt. After some meetings with the daughter, the MP verified the daughter was having a sexual relationship with an older man who the family knows, and this man has HIV. The MP moved decisively on this case: building trust with the daughter so the truth was revealed, the perpetrator was arrested and jailed, transportation and medical assistance was provided to the teenager who fortunately did not get HIV. Counseling is being provided by a local church pastor. Both the mother and daughter's stress and anxiety levels have gone down, and they are putting their lives back together.

This case suggests a lack of early identification of risk at the school (either through peer or school reporting), but once the mother found out about her daughter, the direct MP service and referral process moved quickly leading to protection and improvement in the wellbeing of the daughter and mother. The mother says the counseling is really helping her and her daughter. There are no trained counsellors in Apoera, it is being done by the MP and local pastors who are requesting formal training in such skills.

#### 4.6.4 Documenting Results

##### *Wellbeing Outcomes of MP Beneficiaries*

The ability to clearly identify wellbeing outcomes in case services is a foundation to any M&E system. Wellbeing outcomes are not indicators of activities or outputs of work, such as numbers of trainings or events coordinated. Nor are they necessarily identification of the types of cases a project is involved with. They are the real-life outcomes as to how MP services result in the improvement in wellbeing in children and their families.

This assessment identifies what appear to be wellbeing outcome results through case stories and interviews with staff and other stakeholders. In addition to the case story above, examples include:

- In Apoera, children were taken into caring informal foster care for protection and later re-integrated back into their family in a safer environment than what existed previously;
- Five perpetrators were arrested and jailed in Apoera thus reducing sexual abuse risk to the victims;
- A parent in Apoera says, ***"I was the first person to go into the MP and now I'm a happy family."*** This is an indication of improvement in the psychosocial health of a beneficiary, though a more formal measurement of improvement would be needed in a properly functioning M&E system.

- In Coronie, a toddler was separated from an unsafe home environment, placed in a temporary shelter and then returned to the birthmother who is in a more stable home situation with relatives.

#### *Project Impact*

Project impact is different from wellbeing outcomes and are also very important M&E indicators. Impact is verifiable wider changes (either positive or negative) in child protection systems or practices for groups of beneficiaries, local communities or nationally. An example is a project has informed or influenced the development of a policy or law that better protects children. Another example is service centers have an integrated multi-sectoral approach to services that is now a standard operating procedure of benefit to target beneficiaries. Additional examples include reporting of child protection issues are increasing, and rates of teen pregnancies and school dropouts are going down.

The assessment finds there are results occurring in communities due to MP activities. These include improvement in wellbeing outcomes for beneficiaries and impact on systems and practices involving child protection issues. These results show the pilots are working to some degree and suggest that with project strengthening more and greater results can be identified through an effective M&E system.

MP stakeholders in the assessment report a variety of impacts that may be occurring, but need to be verified through an M&E system:

- More people are willing and are indeed reporting child protection issues to MP;
- Schools are regularly reporting and connecting with the MP on child protection issues;
- Attitudes in some communities are changing on early marriage since this is understood as against the law and a prosecutable offense;
- Corporal punishment is no more being practiced in at least some schools; and
- One group of Key Persons say, ***“the presence and warnings and threats of taking children away have led some parents to take better care of their children.”***

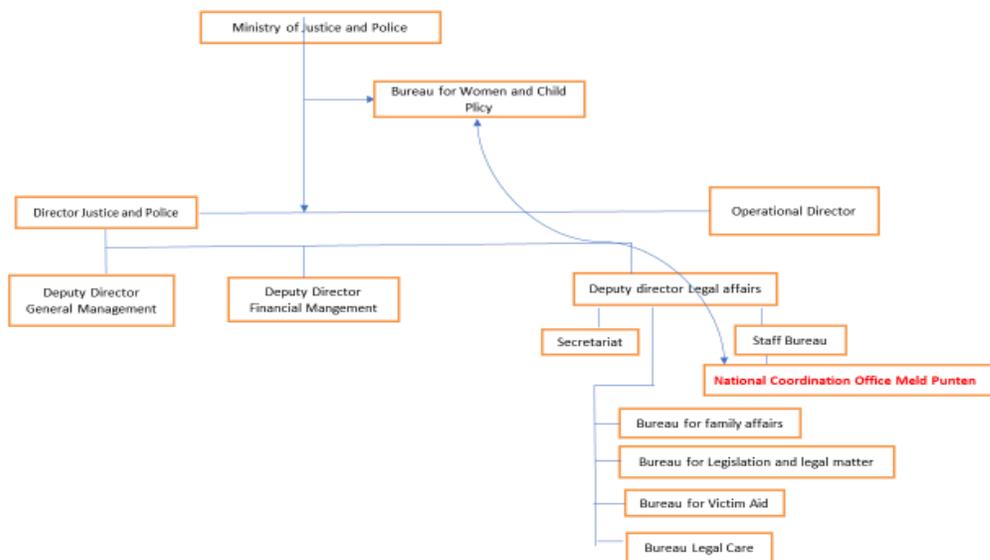


## 5. Looking to the Future: Recommendations for Meld Punten Project

### 5.1 Project Management and Case Management Supervision

1. A National Program Coordination Office (NPCO) for Meld Punten should be set up as soon as possible with project management responsibilities. Initially, at least a MP National Program Coordinator and a Training and Capacity-building Officer should be hired in the national office, with responsibilities not just for MP but also applicable to IKBeN priorities. A third Monitoring and Evaluation Officer should be considered eventually in this office.

One option for consideration of placement of the NPCO within the MJP can be seen below.



2. The MP NPCO is recommended for consideration to be placed in the MJP headquarters in Paramaribo, under the direction and structure of the Onderdirecteur Rechtsaangelegenheden (ODRA, Deputy Director of Legal Affairs) under which all the service providing provisions occur. (see the above organogram).
3. Meld Punten should undergo at least a year of strengthening with the NPCO before expanding to other locations. In this time additional personnel at MP sites should be recruited and hired per recommendation # 6 below, initial and systematic training should be set up for staff and stakeholders and initial project monitoring and evaluation should occur to better determine patterns of referrals and caseloads.
4. Case management supervision for Apoera and Coronie should remain from the Nieuw Nickerie Justice Region West office, with supervision for Latour occurring out of the NPCO or some other national unit in the MJP or MSAH with case management supervision experience. The current MP project manager and Justice Region West staff in Nickerie, with

their MP experience, should be a part of future training and capacity building teams coordinated out of the NPCO.

5. As new MP sites are being considered, the availability and engagement of case management supervisors for the casework is essential and should be formalized. This may come out of national offices or through subnational entities such as Field Offices of the Ministry of Social Affairs and Housing conditional to their location, training and capacity to provide supervision.

## 5.2 Meld Punten Staff, Stakeholders and Capacity

6. Each MP site should have at least three staff, including a police officer, a social worker and a third staff person to be determined based on the local needs of each site. This could include a jurist or an additional social service caseworker. This level of staffing is necessary to ensure necessary multi-disciplinary casework approaches, enable effective teamwork for casework and necessary awareness raising/prevention activities, and avoid MP temporary closure by having a critical mass of staff if go on leave or change positions.
7. Staff recruitment and retention challenges need to be addressed in the relevant ministries of MP to better ensure effective staff levels exist at MP sites, particularly those in more remote areas.
8. The Meld Punten project should develop a protocol with the Ministry of Social Affairs and Housing to provide a qualified social worker for each project site to coordinate family strengthening, coaching, counseling and connecting cases to social safety-net and protection resources of the MSAH and other ministries. This should occur as soon as possible and will be an important indicator of inter-sectoral multi-disciplinary collaboration in child protection consistent with the principles and objectives of the recently formed national Integrated Child Protection network (IKBeN).
9. Though less immediate, additional protocols should be considered and developed for MP with the ministries of Education, Science and Culture; Health; and Sports and Youth to strengthen the multi-disciplinary case service and support approaches.
10. The roles, responsibilities and accountability of Key Resource persons to MP should be reviewed with participatory input from KPs and finalized in a resource that KPs commit to. The ideal composition and size of KPs per MP site should be determined by MP staff and key collaborators, based on local contexts.
11. The KPs should constitute a platform of key stakeholders in local communities who come together at least quarterly to plan for and coordinate child protection activities. This would enhance engagement and activity of KPs. Child/youth participation is highly encouraged within KPs, perhaps drawn from student leaders in secondary schools. Should youth participate as KPs, the KP process needs to be youth-friendly. This will require training and preparation to encourage and maximize their participation and not result in tokenism.

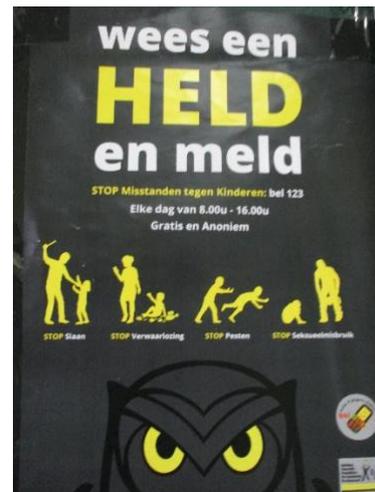


12. A strategic, systematic and on-going training program should exist for the MP system and its stakeholders, including KPs. This should be coordinated through the NPCO of the MJP. Priorities for training as identified by stakeholders in each MP site include early identification of risk, and paraprofessional counseling and coaching communication techniques. Ideally, a trainer of trainer program should be set up, with application not just to MP sites but for other child protection stakeholders in Suriname both in government and civil society. Perhaps this could occur through IKBeN with immediate application to MP.

### 5.3 Awareness Raising

13. If and as MP are set up in new locations, it is essential the correct understanding is built of the MP role in the community to avoid the perception MP are punitive (such as to separate children from families). The messaging, based on what should be an eventual communication strategy for MP developed out of the NPCO, should be positive and preventative, including the role of strengthening families and child protection in communities.

14. Posters, fliers and other resources should be developed over the next year, consistent with the communication strategy, and utilized extensively in schools, but also in community and activity centers, medical facilities, government offices, police stations, businesses and other locations where families and children often access. Consideration can also be given to jointly promoting Suriname's national Child Helpline and other help points.



15. The name for the project should be reconsidered. Though it is known by national stakeholders in child protection, the term "Meld Punten" may not convey the best brand in local communities, consistent with the image the centers want to portray.

### 5.4 Case Services and Operations

16. MP should eventually develop a system of identifying the most vulnerable children and families in their surrounding communities. Among the top of the list are economically distressed single parent households (usually female-headed households), families with persons having disabilities, families with adults who are abusing alcohol and drugs, children who are not living with their parents but under formal or informal guardianship, and families with children who are out of school. Initiatives to identify and positively engage these vulnerable families can be coordinated inter-sectorally through KPs and other stakeholders over the medium-term of the project, and through early identification of risk training and orientation.

17. Over the medium to longer-term of MP development, the case file system should be transformed to an electronic file system that clearly links risks to case action plans based on child and family strengths and vulnerabilities. A case log should show the chronology of contact and actions on the case, for ease of review by case management supervisors, and so

the wellbeing status of a case to be monitored. It is recommended this process be either informed by or developed in conjunction with the standardization of a national child protection case management file system, as coordinated through IKBeN.

18. Alternative care for children who need to temporarily reside outside of parental care is a serious issue in Meld Punten communities. Consistent with strategies developed through IKBeN, the standards of care in children's homes need to be operationalized to ensure care is up to standards, children are not suffering in the homes and there are clear action plans for them to be re-integrated back into local family-based care arrangements. Additionally, in each MP site strategies should be developed for formalized foster care over the medium and longer-term. At a minimum, there should be regular monitoring and support for at risk guardianship and informal foster care arrangements.
19. As soon as possible, a follow up strategy and action needs to occur on the 18 children referred to shelters/children's homes from Coronie, if this is not already occurring. Perhaps, this should be a joint initiative serving as a pilot between the MP, MJP Bufaz bureau in Paramaribo and the MSAH Categorical Social Work Bureau. At a minimum, an update about children should be documented and, ideally, a children's home visit should occur by a qualified social worker(s) to monitor these children's wellbeing and begin the discussion of the children's longer-term plans in their best interest.
20. Meld Punten operational hours need to be adjusted so centers are open for a sufficient time after school to encourage access and activities for parents and youth. Additionally, there needs to be formalized contingency plans for MP staff to be accessible through mobile networks or in person, if need be, over times when the office is not open such as at night, weekends or over holidays.
21. Each MP should have meeting rooms where discussions with children and parents can be held confidentially.
22. Reducing stigma for individuals to come to MP is important in the setup of the centers. A factor to consider is locating MP where it is understood by the community there are a diversity of activities and services for the general public, so it is not assumed individuals are coming to the location because of a sensitive issue and/or domestic problem.
23. A transportation budget for MP should be based on the realities of what is necessary to meet the needs of caseworkers responding to priority child protection needs in local communities (including transportation for staff and victims), and for prevention and awareness building activities. Consideration should be given to setting up transportation providers in local communities who can be trained in providing child protection-friendly



services and engaged to be ready at a moment's notice to respond to transportation needs. This type of service development is a medium to longer-term recommendation.

## 5.5 Monitoring and Evaluation

24. The vision, mission and strategic objective should be finalized for Meld Punten. Draft guidance on these for consideration can be found in Monitoring and Evaluation section of this report.
25. The level of reporting of child protection situations (abuse, neglect, violence, exploitation) is a key indicator of relevancy for a locally-based child protection center. More needs to be known and studied about the pattern and track record of reporting child protection issues with the MP presence in local communities. Over the next year, the project should start monitoring and reporting on this in a systematic way. An important question to determine, with implications for MP project viability and effectiveness of the operational model, is on MP impact on reporting of serious child protection situations. For example, the patterns of reporting could be due to the level of confidence in the response system, stigma in reporting, knowledge and understanding of MP purpose, or actual increases or decreases in abuse, violence, exploitation or neglect.
26. Progress reports on MP should be developed at least quarterly, beginning as soon as possible. This should include statistical summaries and a brief narrative describing challenges, successes and planning for the coming quarters. At least one case study should be provided with each quarterly report. Formats for the quarterly reports and case studies should be reviewed with participatory input from MP caseworkers, training and feedback provided in their development (see M&E section and appendices to the report for a suggested case story format and examples of case stories from each MP).
27. The statistical summary report should provide information on new, active and closed caseloads and a review of how beneficiaries and users of MP come into the system – for example walk ins or referrals identified by sectors such as schools, police, clinics, KPs, helplines, Captains, family members and neighbors. The statistic summaries need to be reviewed for their accuracy and logic to ensure effective reporting on total caseloads and child protection service categories.
28. Over the medium and longer-term to the MP project, a promise keeping accountability framework should be developed, as well as a documentation systems of beneficiary wellbeing outcomes and system impact of the MP. There are simple M&E tools that can be adapted by the M&E Officer of the MP project in the NPCO (see M&E section of this report). UNICEF and IKBeN may have an interest in supporting the development of these mechanisms as pilots for other programming as well.

29. In the planning for the IKBEN Child and Youth Event, young people from MP sites should be considered for participation. Many insightful and talented children and youth were in the discussion groups of this MP assessment.

30. An independent outside evaluation of the MP project should occur in one year's time after the National Program Coordination Office becomes operational.

