

Guyana and Suriname

Country programme document 2012-2016

The draft country programme document for Guyana and Suriname (E/ICEF/2011/P/L.42) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

<i>Basic data† (2009 unless otherwise stated)</i>	<i>Guyana</i>	<i>Suriname</i>
Child population (millions, under 18 years)	0.3	0.2
U5MR (per 1,000 live births)	35 ^a	26
Underweight ^b (% , moderate and severe)	11	7 ^c
(% , urban/rural, poorest/richest)	7/12, ../..	7/8, 9/5 ^c
Maternal mortality ratio ^d (per 100,000 live births, adjusted, 2008)	270	100
Primary school attendance (% net, male/female)	96/96 ^{c,e}	91/90 ^{f,g}
Survival rate to last primary grade (% , 2006)	96 ^e	68 ^h
Use of improved drinking water sources (% , 2008)	94	93
Use of improved sanitation facilities (% , 2008)	81	84
Adult HIV prevalence rate (%)	1.2	1.0
Child labour (% , 5-14 years old, 2006)	16	6
Birth registration (% , under 5 years, 2006)	93	97
(% , male/female, urban/rural, poorest/richest)	92/95, 96/92, 87/98	97/96, 98/95, 94/98
GNI per capita (US\$, 2008)	1 450	4 760
One-year-olds immunized with DPT3 (%)	98	87
One-year-olds immunized against measles (%)	97	88

† More comprehensive country data on children and women can be found at www.childinfo.org/.

^a DHS 2009 Preliminary Report records 40 (per 1,000 live births) for U5MR.

^b Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

^c Data year is 2006.

^d The UN Interagency Group (WHO, UNICEF, UNFPA and the World Bank) produced internationally comparable sets of maternal mortality data, which account for the well-documented problems of under-reporting and misclassification of maternal deaths, including also estimates for countries with no data. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2008 are available at http://www.childinfo.org/maternal_mortality.html.

^e Survey data.

^f Net enrolment ratio, 2008.

^g 2008-2009 data for male/female is 97 per cent and 96 per cent respectively. *Source: Education Indicators Yearbook*, published by the Ministry of Education in October 2010.

^h 2008-2009 data is 51 per cent (last primary school grade 6) *Source: Education Indicators Yearbook*, published by the Ministry of Education in October 2010.

Summary of the situation of children and women

1. Guyana and Suriname are two neighbouring countries on the northern coast of South America. Guyana has a population of 766,000 of which 300,000 (39 per cent) are children.¹ Suriname's population of 517,052 includes 200,000 children (about 39 per cent).² Both countries are making progress towards the realization of children and women's rights, especially through the Millennium Development Goals but both

¹ Population figures for Guyana are based on the most recent census carried out in 2002.

² Population figures for Suriname are based on the most recent census of 2004.

face challenges in meeting the targets with equity. Preliminary data from the 2009 Guyana Demographic and Health Survey (DHS) show a general persistence of the disparities and inequities evident from the 2006 multiple indicator cluster survey (MICS). The most disadvantaged people in Guyana are those in the hinterland and in rural areas — 9.3 per cent and 71 per cent, respectively, of the country's population.³ Children make up 54.6 per cent of the hinterland and 44.7 per cent of the rural population.⁴ A high proportion of Amerindians in Guyana (69 per cent) reside in the hinterland, making them the most disadvantaged ethnic group in the country. In Suriname, the most disadvantaged children live in the interior, representing 10 per cent of the country's child population. The Amerindians (3.7 per cent) and Maroons (15 per cent) are the most disadvantaged ethnic groups. This reinforces the need for stronger strategic action as called for in General Comment No. 11⁵ and the Universal Declaration on the Rights of Indigenous Peoples, including special measures and fuller integration of their rights into the national and subnational development agenda.

2. The 2010 UNICEF-supported Situation Assessment and Analysis of Children and Women in Guyana indicates that while enrolment in early childhood development (ECD) programmes is low nationally (49.2 per cent), it is much lower in the hinterland (37 per cent). The MICS 2006 showed that 58 per cent of Afro-Guyanese children were in preschool programmes compared to 41 per cent of Amerindian children. Rural areas of Guyana have a primary school completion rate of 66 per cent compared to 85 per cent in urban areas with gender disparities to the disadvantage of boys, especially at the secondary school level where 73 per cent of girls of secondary-school age were enrolled in 2006 compared to 66 per cent of boys. Secondary retention rates from grade 7 in 2001/2002 to grade 11 in 2005/2006 showed substantial gender disparities, at 31.5 per cent for boys and 45.6 per cent for girls. Disparities at the secondary level are also linked to levels of poverty with net enrolment of children in the poorest quintile at 54 per cent, compared to 85 per cent in the richest (MICS 2006).

3. The proportion of underweight children under the age of 5 is almost 12 per cent in both the hinterland and in rural areas and less than 7 per cent in urban areas along the coast (Guyana DHS 2009). The proportion of births attended by skilled health personnel is only 76.5 per cent in the hinterland compared to the national level of 92 per cent. This contributes to the high maternal mortality ratio in Guyana. The proportion of children immunized against measles is 67.3 per cent in the hinterland and 75.4 per cent in rural areas compared to 82.7 per cent in urban areas and 80.3 per cent at the national level. Only 52.4 per cent of people in the hinterland have access to improved drinking water sources compared to the national average of 91.2 per cent, with 96.3 per cent in the coastal, 97.1 per cent in the urban, and 88.9 per cent in the rural areas. As per MICS 2006, 50.2 per cent of Amerindians in Guyana have access to improved drinking water, while for Afro-Guyanese it is 96.5 per cent and 97.6 per cent for Indo-Guyanese. According to the 2009 Guyana DHS,

³ Population figures for Guyana are based on the latest census carried out in 2002; population figures for the interior of Guyana include numbers for rural areas.

⁴ Calculation is based on figures from census data (number of children per region) and Guyana DHS 2009 data on distribution of population between urban and rural areas.

⁵ Committee on the Rights of the Child (Fiftieth Session, Geneva 12-30 January, 2009) General Comment No. 11 — Indigenous Children and their rights under the Convention. http://www2.ohchr.org/english/bodies/crc/docs/GC.11_indigenous_New.pdf.

the under-five mortality rate (U5MR) is 40 deaths per 1,000 live births — a slight improvement over the 47 deaths reported in the 2006 Guyana MICS which also recorded disparities in U5MR between the interior (64) and rural areas (50), compared to urban areas (34) and the national rate of 43. Afro-Guyanese have the highest U5MR with 62 per 1,000 live births, followed by Amerindians with 60 per 1,000 live births. Correct knowledge on the prevention of HIV/AIDS is generally high — 97 per cent for men and women who have heard about the epidemic (Guyana DHS, 2009). However, for women in the interior, it is 89 per cent.

4. Violence against, and abuse of children, including various forms of exploitation, are widely acknowledged as taking place in Guyana and may be more prevalent in hinterland communities. Anecdotal evidence suggests that in most cases, children are abused in their own homes by people they know, with 10 per cent of females and 19 per cent of males reporting sex before 15 years of age (Guyana DHS, 2009). The social acceptance of domestic violence is 44.4 per cent among Amerindian women compared to 22.1 per cent among Indo-Guyanese and 6.8 per cent among Afro-Guyanese women (MICS 2006).

5. In Suriname, the quality of, and access to, education remains the most significant challenge to the development and well-being of children, especially in the interior. Overall, 38.5 per cent of children aged 3-5 years attend preschool programmes but only 7.8 per cent do so in the interior.⁶ The national net primary school attendance rate is 97 per cent⁷ and only 55 per cent in the interior.⁸ Limited availability and poor quality of preschools and limited access to bilingual education are among the causes for high repetition rates (19 per cent) and poor net completion rates (51 per cent), especially in the interior (at 34 per cent and 18 per cent respectively⁹). Fewer girls than boys go to school in the interior (gender parity index 0.9) compared to coastal areas (gender parity index of 1.0¹⁰) where more boys than girls are dropping out. In the interior, 34 per cent of the teachers are not qualified to teach.¹¹ With only 49 per cent of all children of secondary school age attending secondary school (3 per cent in the interior),¹² the prospects for the majority of Suriname's young people are limited. Vocational training opportunities are also limited and the cost is prohibitively high.

6. The 2011 *State of the World's Children Report* lists a U5MR of 26 deaths per 1,000 live births and infant mortality rate of 24 per 1,000 for Suriname. Improved water and sanitation is 87 per cent nationally and only 25 per cent in the interior.¹³ According to the Suriname 2006 MICS, 71 per cent of deliveries in the interior are carried out by skilled health personnel, compared to 90 per cent nationally; 44 per cent of girls in the interior (compared to 9 per cent nationally) had sex before the age of 15, and the number of children without adequate care in the interior is 19 per cent compared to the national level of 7 per cent. Adult HIV prevalence was estimated at 1 per cent¹⁴ of the population aged 15-49 in 2008, unchanged from the

⁶ MICS3, 2006.

⁷ *State of the World's Children*, 2009.

⁸ MICS3, 2006.

⁹ Ministry of Education and Community Development, 2009.

¹⁰ MICS3, 2006.

¹¹ Ministry of Education and Community Development teachers background document 2010.

¹² Ministry of Education and Community Development 2008-2009 Statistics Yearbook.

¹³ *Ibid.*

¹⁴ HIV/STI Surveillance Report 2004-2008, Ministry of Health, 2010.

2006 and 2007 estimates. Young people aged 25-29 had the highest number of new infections in 2008, and girls and young women were disproportionately affected.¹⁵ The 2010 progress report of Suriname called for by the 2001 United Nations General Assembly Special Session on HIV/AIDS shows a fall in the percentage of young people in Suriname aged 15-24 living with HIV, from 1.0 per cent in 2006 to 0.9 per cent in 2008 as well as an increase in the percentage of HIV-positive pregnant women receiving antiretrovirals for prevention of mother-to-child transmission (of HIV) (PMTCT), from 64 per cent in 2006 to 83 per cent in 2008.¹⁶ Only 39 per cent of the population has comprehensive knowledge of HIV prevention, while this rate is 17 per cent in the interior.

7. A recent study on child vulnerability in Suriname¹⁷ shows that the main vulnerability factors for children are poverty, large family size, trauma and stress in the family, child separation from primary care givers,¹⁸ poor quality of education, lack of leisure activities, and child labour. These factors exacerbate violence and abuse against children,¹⁹ together with low school attendance²⁰ and completion,²¹ violence and crime among youth, drug and alcohol abuse, teen pregnancies, risky sexual behaviour, and early marriage,²² especially in the interior.

8. The 2010 UNICEF-supported situation analysis for both Guyana and Suriname benefited from both countries' Millennium Development Goals progress reports and concluded that the key to accelerated achievement of the Goals with equity is targeted policies, legislation, and interventions focusing on disadvantaged groups. With regard to child mortality and morbidity, the situation analysis identified a need to focus more on largely preventable neonatal deaths and morbidity.²³ On education, the analysis identified weaknesses in the availability and quality of preschool opportunities and facilities and in quality and access to education in the interior. Other negative factors included corporal punishment, low ratio of trained teachers to students, student and teacher absenteeism, and inadequate water and sanitation facilities. With regard to HIV infection, alcohol abuse has been identified as a major social factor, in addition to deeper issues rooted in poverty, malnutrition, poor health, poor education, gender inequality, violence against women, stigma and discrimination. Stronger preventive initiatives, and further expansion in treatment and services are needed to address these problems.

¹⁵ Ibid.

¹⁶ 2010 Progress Report of Suriname pursuant to 2001 United Nations General Assembly Special Session on HIV/AIDS.

¹⁷ OVC [Orphans and Vulnerable Children] Study, UNICEF and Ministry of Social Affairs, September 2010.

¹⁸ 57 per cent per cent of children live with both parents nationally, and 43 per cent of children in the interior live with both parents.

¹⁹ 84 per cent of children experience some form of psychological or physical punishment (MICS3, 2006).

²⁰ 82 per cent in the interior, 94 per cent nationally.

²¹ Net completion rates: 46 per cent nationally, (6.5 per cent) in the interior.

²² Per cent married before age 18: 22 per cent nationally, 54 per cent in the interior.

²³ Key factors for attention include respiratory and diarrheal infections, access to improved water and sanitation facilities, more effective prevention. and management of nutritional deficiencies including anaemia, and better treatment of neonatal morbidity that could be addressed with improved intra-natal care. For older children however, accidents, suicide, and homicide which become increasingly prevalent as immediate causes of death need to be the areas for stronger preventive and, where necessary, curative initiatives.

9. The Guyana and Suriname 2010 situation analysis also identified the need for stronger protective environments, including social protection systems and supporting legislation, with attention to issues relating to child care, child abuse and juvenile justice. The impact of migration, especially on children left behind or relocated from rural to urban areas as well as the effects of children growing up in female-headed households and the situation of children of teenage mothers are also important areas for attention.

10. Climate change and natural disasters (especially flooding) to which both Guyana and Suriname are susceptible tend to displace families, adversely affect food security, disrupt economic activities, and interrupt the continuity of social services for children, especially in health and education. There is need to strengthen emergency preparedness and response so as to build protective environments for children.

11. The underlying challenges to the formulation and implementation of equity-sensitive programmes to benefit children in Guyana and Suriname are the weak availability of data and of information disaggregated by geographic location, gender, and ethnicity, especially for the hinterland/interior where the most disadvantaged children live. This is largely due to limited availability of capable in-country research partners.

Key results and lessons learned from previous cooperation: 2006-2011 (Guyana) and 2008-2011 (Suriname)

Key results achieved

12. The knowledge base on children was improved through key studies and surveys, including MICS3 in Guyana and MICS3 and MICS4 in Suriname and the comprehensive situation analysis documents in 2010 that helped to identify critical knowledge gaps in addressing underlying factors that negatively affect the formulation and implementation of inclusive policies and programmes for children.

13. In Guyana, the legislative environment for the protection of children was expanded with the passage of five new laws. A Child Care and Protection Agency and a Constitutional Commission on the Rights of the Child were established. Police and judicial officers were trained to conduct their duties with sensitivity to child rights. Work began on the development of ECD policy and standardization of professional development programmes for delivery of quality ECD services. Integrated maternal-child health strategies and national guidelines for nutrition in emergencies strengthened the base for work to achieve Goals targets 4 and 5 by focusing particularly on reducing disparities. Integration of health and family life education into the secondary school curriculum is giving the most disadvantaged girls and boys in 5 of Guyana's 10 regions knowledge and skills to reduce vulnerability to HIV/AIDS AND abuse, and to manage interpersonal conflicts.

14. In Suriname, the National Action Plan for Children (2009-2013) specifies responsibilities of each line ministry with regard to child rights. In addition, a legal framework for childcare (Raamwet Kinderopvang), key ECD legislation, and a law on domestic violence were finalized. As part of efforts to enhance protective services for children in conflict with the law, UNICEF-supported capacity-building initiatives in the justice sector strengthened the implementation of improved

childcare quality standards and the juvenile justice system's sensitivity to child rights. To increase equity and promote improved health outcomes among children and women in the interior, UNICEF supported the NGO, Medical Mission, to improve health promotion mechanisms. In the education sector, the child-friendly schools initiative was launched achieving 100 per cent coverage of primary schools by the end of 2010. A detailed school mapping exercise was completed in the interior to facilitate strategic planning and programme implementation.

Lessons learned

15. The paucity of data, analysis, and insight into patterns of deprivation and inequities, restricted achievement of optimal results for the most disadvantaged children in Guyana and Suriname. A UNICEF-supported mapping in 2010 showed that research capacity to fill knowledge gaps and to inform decision makers is limited in both countries and pointed to the need to source such capacity from the wider Caribbean subregion while forging stronger research collaboration between Guyana and Suriname to optimize use of scarce resources. Thus, best strategies to fill the gaps, create knowledge, and provide robust data and analyses on children and women in both countries will become cornerstones for effective advocacy and appropriate capacity-building as a cross-cutting issue in the new programme.

16. Logistical difficulties in reaching the hinterland or interior for programme delivery to address disparities in Guyana and Suriname were recurrent experiences during the previous cooperation. Therefore, creative alternatives, including new technology, in areas such as education, need to be strongly explored and deployed during the new programme.

17. The need for stronger leveraging of resources and expansion of partnerships that permit children's issues to be embedded in the work of national and international agencies (including United Nations agencies), bodies, and institutions that may not have child rights in their mandates is an important lesson learned.

The country programme, 2012-2016

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Guyana</i>		<i>Suriname</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	<i>Regular resources</i>	<i>Other resources</i>	
Strategic planning, monitoring, and evaluation for equity-focused and gender-sensitive fulfilment of children's and women's rights	1 000	5 000	1 550	2 500	10 050
Evidence-based policies and programmes for equity-focused and gender-sensitive action on survival, development, protection and participation of children and women	500	5 000	1 350	4 700	11 550
Cross-sectoral costs	2 250	1 500	850	1 300	5 900
Total	3 750	11 500	3 750	8 500	27 500

Preparation process

18. This CPD is the culmination of work started in 2010 with UNICEF-supported situation analyses in Guyana and Suriname. In Guyana, the situation analysis process benefited from extensive consultations with the government officials and civil society, including residents of the hinterland. Outputs of the process were used as key inputs for development of the programme. Despite the challenges posed by the 2010 elections and the installation of a new government in Suriname, the consultative situation analysis process (that was highly participatory with engagement of the Government and society) provided useful inputs for the subsequent development of the programme.

Programme and component results and strategies

19. The overall goal of the programme is to contribute to the progressive realization of children and women's rights in Guyana and Suriname as enunciated in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, with special focus on disparity reduction, elimination of inequities, and enhancement of inclusiveness. The strategic contribution of UNICEF will be in capacity-building for Government and civil society for planning, implementing, monitoring, and evaluating equity and gender-sensitive policies, legislation and programmes for children and women. UNICEF will also focus on catalysing stronger results-based linkage between downstream and upstream initiatives.

20. While the expected results are similar for both countries, strategies for achieving them might sometimes be different. The programme will be guided by the human rights-based approach and the strategic monitoring and normative role of UNICEF in middle-income countries. It will have an equity focus to increase its impact on children living in the interior of Suriname and the hinterland of Guyana. As cross-cutting strategies, the programme will focus on strengthening national and local capacity for results-based planning, monitoring and evaluation. The strategic use of communication for development will be promoted for behavioural change in the areas of health and education. Sharing of innovative initiatives through South-South cooperation will be promoted, including through a strategic partnership with the Caribbean Community (CARICOM). The programme will contribute to, and benefit from, multi-country Caribbean initiatives in education, protection, and data collection and management. Disaster risk reduction will be part of selective strategic interventions.

Relationship to national priorities and the UNDAF

21. Guyana's poverty reduction strategy paper and low carbon development strategy are organized around four national priorities: governance, inclusive growth, sustainable environment, and human and social development. The Guyana 2012-2016 UNDAF mirrors these priorities, which have been agreed to with the Government, and the CPD aims to incorporate the child rights components of these strategies.

22. In Suriname, where elections and the formation of a new Government have resulted in a delay in the development of the CCA/UNDAF, the statement of Government policy 2010-2015 acknowledges high levels of inequality and outlines the Government's development priorities, which include protection of children,

reform of the education and health systems, youth development, and the orientation of the Suriname foreign policy towards development cooperation. This CPD and the draft UNDAF results are aligned with these Government priorities.

Relationship to international priorities

23. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and will contribute directly to the achievement of the Millennium Development Goals with equity. As recommended by the Committee on the Rights of the Child in its 2004 Concluding Observations for Guyana and in its 2007 Concluding Observations for Suriname, the programme will focus on monitoring the situation of children, generation and dissemination of stronger knowledge, capacity-building, communication, legislation and policy, and partnerships for children's rights. The programme is also aligned with regional policy frameworks, such as those of CARICOM.

Programme components

24. The aim of the **strategic planning, monitoring and evaluation for equity-focused and gender-sensitive fulfilment of children's and women's rights** programme is to strengthen systems for continuous monitoring of the situation of children and women, based on reliable disaggregated statistics for evidence-based decision making, monitoring of the implementation of the recommendations of the Convention on the Rights of the Child and to support the Convention reporting process. The programme will focus on producing critical analysis and knowledge on issues affecting children such as: the causes of child and maternal mortality; disparities in, and poor quality of education; gaps in the legal and policy base for child protection; mitigation of and adaptation to climate change; and factors within Guyana and Suriname that prevent participation of children and young people in decision-making. It also aims to monitor and analyse resource allocations, with priority given to the most disadvantaged groups of children.

25. The programme will support line ministries, the Bureaus of Statistics and child rights statutory bodies to: strengthen availability of quality disaggregated statistics and analysis in all areas covered by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, with special attention given to the disadvantaged in the hinterland and the interior; and to increase insight on the contributing factors and root causes of child mortality, modes of HIV transmission, school dropouts, abuse and exploitation of children, and obstacles to effective participation.

26. For both countries, the programme will provide support for the implementation of national household surveys and the strengthening of administrative data systems, particularly in the hinterland/interior, while also continuing to create evidence through studies on themes where knowledge gaps exist and evaluations of national programmes and policies. Technical support will also be provided for monitoring the implementation of the Convention on the Rights of the Child.

27. *Expected results:* By 2016, the Governments of Guyana and Suriname have in place systems for continuous monitoring of the situation for boys, girls and women in the general population, in the hinterland and rural areas of Guyana, and in the interior of Suriname, based on reliable disaggregated data. Both countries are using

the data to formulate and continuously update equity and gender-sensitive national and subnational plans to guide progress in the survival, development, protection and participation of children and women at the aggregated level and among disadvantaged groups, based on the Convention of the Rights of the Child and the Committee on the Elimination of Discrimination against Women.

28. The **evidence-based policies and programmes for equity-focused and gender-sensitive action on survival, development, protection and participation of children and women** programme will use evidence obtained as part of the first programme to drive equity/gender-sensitive legislation, policies, and programmes to achieve the Millennium Development Goals targets for children and women at both the aggregate level and among the disadvantaged, particularly those in the interior of Suriname and the hinterland and rural areas of Guyana.

29. Education, including ECD, will be the key priority involving the creation of school environments that encourage children, especially those residing in or are from the hinterland/interior to transition to secondary education and complete adequate levels of secondary school, with particular focus on boys in the coastal areas in both Suriname and Guyana and girls in the interior of Suriname. Priority will be given to support for the re-design of the curriculum for improving the quality of education and relevance to life; knowledge generation and management of the issues of transition to all levels of the school system; alternative pathways for learning (including innovative technologies); and guidance and counselling in the school system. This programme will further aim to enable young children to access preschool education and early childhood development.

30. With an overall clear-cut goal to combat violence and enhance the child protection environment at all levels in both countries, the programme seeks to ensure that effective and evidence-based policies, mechanisms, and systems are in place to prevent, detect, and address all forms of abuse, and mitigate the social impacts of neglect and exploitation of children. In particular, the programme will support the strengthening of national child protection systems to cover the interior locations of Suriname and Guyana in partnership with local governments, local and international NGOs, and indigenous and community leaders.

31. The programme will also support the responsible authorities to design and update, operationalize and implement existing policies and programmes aimed at reducing child and maternal mortality in the hinterland of Guyana and the interior of Suriname and ensuring that children and mothers can access quality health and nutrition services by scaling up antenatal, neonatal and child survival interventions, including immunization, young child feeding, micronutrient supplementation and food fortification, integrated management of childhood illnesses, and PMTCT. The integration of behavioural change communication (including the use of innovative technologies) will promote behaviour and social change; raise awareness; and generate political support and community action, including advocacy for an equitable national development agenda. Access to safe drinking water and sanitation facilities for the hinterland and interior communities will be addressed through support for the revision and implementation of water and sanitation norms and standards, including in schools.

32. This programme also seeks to create an environment that empowers children and adolescents to be proactive and to participate in decision-making processes that affect their lives, both at school and in their communities. It will contribute to

further increasing knowledge on prevention of HIV among adolescents and young people and to improve access to quality youth- friendly health services where adolescents and young people could also discuss aspects of sexual and reproductive health. Attention will also be paid to policies and systems for stronger emergency preparedness and response, as well as climate change, with a special focus on the disadvantaged areas.

33. Leveraging child rights and gender issues will be pursued through the work of other United Nations agencies and international and local organizations. Partnerships with such organizations will also be a key element of the country programme's strategy, especially for more effective emergency preparedness and action to mitigate effects of natural disasters.

34. *Expected results:* By 2016, Guyana and Suriname have completed implementation of respective evidence-based and equity and gender-sensitive programmes of action to achieve the Millennium Development Goals targets on survival and development; protection; and participation of boys, girls, and women in the general population, in the hinterland and rural areas of Guyana and in the interior of Suriname. Both countries are implementing a post Millennium Development Goals target date programme of action for achieving progress with equity in the survival, development, protection, and participation of children and women, based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Cross-sectoral costs

35. Cross-sectoral costs will cover recurrent costs for activities not directly attributable to one programme, such as external communication and advocacy; planning, monitoring and evaluation; emergency preparedness and response, including inter-agency work on addressing the impact of climate change; and coordination with multilateral finance and donor agencies. To strengthen the contribution of UNICEF in both Guyana and Suriname, an integrated two-country programmatic framework and coordination structure is presented in this CPD, completing the process initiated in the previous programme of cooperation and following recommendations of the midterm review. This approach will allow for a more efficient sharing of cross-sectoral functions and release more of the regular resources for programme implementation.

Major partnerships

36. Strong inter-agency partnerships will continue with United Nations agencies within the frameworks of the respective UNDAFs in Guyana and Suriname.

37. Collaboration will continue with line ministries, the respective child rights commissions and ombudspersons, as well as the judiciary at the central level. Major partners will also include NGOs, civil society, faith-based organizations, adolescent groups, academic institutions, the media, and the private sector. The relationship with the Ministry of Amerindian Affairs and the National Toshias Council and Indigenous Peoples Commission in Guyana will be strengthened as part of the strategy to reach children in the hinterland. UNICEF in Guyana and Suriname will also continue with, and strengthen, existing partnerships with the Caribbean CARICOM Secretariat, the United Nations Commission for Latin America and the Caribbean, the Inter-American Development Bank, Peace Corps (in Suriname),

programme of the United States Agency for International Development and President's Emergency Fund for AID Relief (PEPFAR), and other development organizations at the regional and subregional levels.

Monitoring and evaluation and programme management

38. In both Guyana and Suriname, the Government coordinating partners for joint monitoring are the respective Ministries of Foreign Affairs. Implementation of the programme of cooperation will be monitored through joint annual reviews and a midterm review of progress in 2014.

39. Creation of strong monitoring and evaluation systems as a prerequisite for decision-making is a programme component in itself. An integrated monitoring and evaluation plan will guide the Roll Back Malaria programme and the coordination of major research, studies, surveys, and evaluations. Priority action will be taken to ensure the availability of disaggregated data for monitoring all programme results as outlined in the results matrix. To the greatest extent possible, studies and evaluations will be conducted jointly with the Government and other United Nations agencies. Specific emphasis will be placed on tracking progress of the fulfilment of children's rights in the hinterland and rural areas of Guyana and the interior of Suriname with the aim of tracking the extent to which national policies and programmes are addressing equity issues and reaching the most disadvantaged within each country.
