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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director

Assistance to the Governments of the English- and Dutch-Speaking Caribbean Countries*

Proposed UNFPA assistance: \$10 million, \$4 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources

Programme period 5 years (2002-2006)

Cycle of assistance Third

Category per decision 2000/19: B: Belize, Guyana, Saint Lucia
C: Jamaica, Suriname, Trinidad and Tobago
O: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Turks and Caicos Islands

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.5	5.5	8.0
Population and development strategies	1.0	0.5	1.5
Programme coordination and assistance	0.5	-	0.5
Total	4.0	6.0	10.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. The population of the English- and Dutch-speaking Caribbean countries, about 6.3 million in 2000, is projected to rise to 7.5 million by 2020. The principal population challenges facing these countries are the rapid spread of HIV/AIDS; early initiation of sexual activity and its inherent problems; the effects of out-migration on resources and on the social fabric of societies; gender inequality; and a rapidly ageing population.

2. The subregion is highly diverse, as evidenced by annual population growth rates ranging from 0.37 per cent in Barbados to 2.17 per cent in Belize. Disparities between and within countries are often masked by aggregated social and developmental data. The percentage of the population living below the national poverty line in category “B” countries ranges from 25 per cent in Saint Lucia to 48 per cent in Guyana; in category “C” countries, the percentage living below the poverty line ranges from 16 per cent in Jamaica to 39 per cent in Suriname. The average in category “O” countries in which UNFPA will be involved is 19 per cent. Poverty in these countries is compounded by the lack of sufficient human capital to support development initiatives.

3. Meeting the objectives of the International Conference on Population and Development (ICPD) and its five-year review (ICPD+5) remains a challenge. The HIV/AIDS epidemic represents a significant threat to all efforts at sustainable development, as the Caribbean subregion has the second highest rate of adult prevalence in the world (2.2 per cent) after sub-Saharan Africa. HIV/AIDS is the leading cause of death among people between the ages of 15 and 44. The prevalence of infection among 15- to 24-year-olds is estimated at 9 per cent. Every Government in the subregion has identified HIV/AIDS as a major development concern, and operational and fundraising activities have

been streamlined through the Caribbean Partnership Against HIV/AIDS, adopted by the Caribbean Community (CARICOM).

4. Migration both within and from the subregion has had a significant impact. As more women out-migrate, many households previously headed by women are no longer headed by a parent. The human resource base of many countries is also shrinking, as substantial numbers of well-qualified persons leave for better-paid jobs in North America and the United Kingdom.

5. Sexual activity in the subregion starts at an early age. A survey conducted in Jamaica in 2000 revealed that 28 per cent of young people had initiated sexual activity before the age of 10. Similar numbers prevail in several other countries in the subregion. Teenage pregnancies, most of which are unplanned, account for a significant proportion of total births, currently at 112 births per 1,000 women aged 15-19 in Jamaica. This figure stands at 57 per 1,000 women in Saint Lucia. Although research is scant, abortion rates among teenagers are thought to be very high in many of the English- and Dutch-speaking Caribbean countries. Youth are usually required to obtain parental consent for sexual and reproductive health services, but a number of Governments have begun to develop policy guidelines to address this situation.

6. The Caribbean region is, for the most part, in an advanced stage of demographic transition. Life expectancy at birth in Belize, for example, rose from 57.7 years in 1950 to 73.6 in 2000. The percentage of population of Belize over the age of 60 (only 9 per cent in 1950), is expected to increase to 21.7 per cent in 2050. Little attention has been given to this demographic shift, which, when combined with continued out-migration by the young, will make it increasingly difficult to provide necessary social services to ageing populations.

7. Gender inequities and inequalities persist in the subregion, despite the ratification of the Convention on the Elimination of All Forms of Discrimination against Women, the Beijing Platform for Action and similar international agreements. In a number of countries, laws have been enacted regarding domestic violence and child support, but their implementation and enforcement must be strengthened.

8. One of the challenges in the subregion is insufficient institutional capacity in “B” countries in the area of policy development and implementation. Awareness of and commitment to population issues are limited. While much sociodemographic data exists, collection methods have not been standardized, and the capacity and mechanisms for data analysis and dissemination are limited.

II. Past cooperation and lessons learned

9. The second programme of assistance to the English- and Dutch-speaking Caribbean countries focused most of its reproductive health assistance on three countries: Guyana, Jamaica and Suriname. Emphasis was given to the implementation of demonstration projects with an integrated, inter-institutional approach. Advocacy was added to the programme to promote implementation of the ICPD Programme of Action as well as the Key Actions for the Further Implementation of the ICPD Programme of Action. This approach was only partly successful in terms of ensuring the sustainability of activities, as the necessary linkages between subregional activities and national needs were not fully established. These limitations will be addressed in the new programme, which assumes a multi-tiered approach.

10. The implementation of demonstration projects in the area of adolescent sexual and reproductive health has resulted in strengthened political will for integrating these services within primary health care systems in Guyana, Jamaica and Suriname. Enhanced recognition of

adolescent sexual and reproductive rights, and policy changes to foster their institutionalization, have occurred in all three countries and have led other agencies working in these countries to emulate the programme.

11. The advocacy subprogramme has made decision makers, the media and civil society more aware of the population challenges facing the subregion. It has helped to initiate networking activities among parliamentarians and young people. Although work with these two groups has resulted in the development of subregional action plans, there has been little follow-up at the national level, and few mechanisms have been established to foster national ownership of these initiatives.

12. The population and development strategies subprogramme has led to the institutionalization of a diploma course in population and development at the University of the West Indies. Most of the professionals from Guyana, Jamaica and Suriname who have taken the course have returned to their respective institutions to apply their new knowledge and skills in research and data management.

III. Proposed Programme

13. The UNFPA country office for the English- and Dutch-speaking Caribbean countries, located in Jamaica, has participated in the formulation of common country assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs) with all United Nations country teams in the subregion. UNDAFs for Belize and Suriname have not yet been completed. In Jamaica, UNFPA harmonized its programme cycle with UNDP and UNICEF. The objective common to all six UNDAFs that is relevant to the UNFPA programme is poverty reduction and the attainment of an optimum level of human and social development.

14. The overall goal of the proposed UNFPA programme is to contribute to reducing poverty

and improving the quality of life of the population of the English- and Dutch-speaking Caribbean countries by promoting sexual and reproductive health and rights, gender equality and equity, and by integrating population-related factors into development strategies and plans.

15. The overarching strategic approach of UNFPA is to focus on sustainability through capacity-building and the promotion of intersectoral and inter-institutional collaboration to support Governments in implementing the ICPD Programme of Action. Strategies will be implemented primarily within the framework of the various efforts of United Nations country teams to contribute to national development agendas. Also critical will be alliances with regional bodies such as CARICOM, the Organization of Eastern Caribbean States and the University of the West Indies.

16. Two subprogrammes are proposed: one in the area of reproductive health and the other in the area of population and development strategies. Each will be supported by cross-cutting advocacy strategies. The programme will be carried out simultaneously at three levels: country, subregional and cluster. Country-specific projects in sexual and reproductive health, with special attention to HIV/AIDS prevention, will be supported in the “B” and “C” countries using regular resources, and in other countries as co-financing funds become available.

17. At the subregional level, an additional focus will be given to advocacy for HIV/AIDS prevention within the context of the CARICOM Regional Strategic Plan for HIV/AIDS. Due to limited resources, activities in the area of population and development strategies will focus on a cluster of countries, among them Belize, Guyana and Suriname, and the countries of the Organization of the Eastern Caribbean States.

Reproductive health

18. The expected outcome of the reproductive health subprogramme is to contribute to strengthened policy and programme frameworks in support of sexual and reproductive rights, with special emphasis on adolescents.

19. The expected outputs of the reproductive health subprogramme are: (a) increased availability and accessibility of high-quality, youth-friendly and gender-sensitive reproductive health services within primary health care systems in “B” and “C” countries; (b) improved national capacities for the prevention of HIV/AIDS; and (c) increased awareness of reproductive health rights throughout the subregion, especially among youth and men.

20. Strategies for achieving these outputs will build on the consolidation of previous demonstration initiatives in the area of adolescent reproductive health in Guyana, Jamaica and Suriname, and will include support for the establishment of adolescent reproductive health programmes in Belize and Saint Lucia. Continued support will be provided for the supply of reproductive health commodities in all “B” and “C” countries, and increased public funding for these commodities will be promoted.

21. Behaviour change communication will also be supported, with special attention to HIV/AIDS prevention among youth. Male participation will be actively promoted, both in support of women’s reproductive health and in programmes seeking to improve male reproductive health. Advocacy efforts will consider existing research and best practices to promote rights-based perspectives, both at the national policy level and in service delivery.

Population and development strategies

22. The expected outcomes of the population and development strategies subprogramme are: (a) to have contributed to the improved efficacy of public policy at all levels by promoting enhanced understanding and consideration of the linkages between public policy and population factors; and (b) to have contributed to the creation of an enabling environment for the systematic consideration of population factors in poverty reduction and development strategies.

23. The expected outputs of the population and development strategies subprogramme are: (a) improved subregional capacity for sociodemographic data collection, analysis and integration into the formulation, implementation and evaluation of public policies; and (b) increased political support for the incorporation of key population and development factors in poverty alleviation and development strategies.

24. Emphasis will be given to the following issues: (a) population and poverty reduction strategies; (b) international migration; (c) population ageing; (d) the economic and social impact of gender-sensitive initiatives; and (e) the impact of HIV/AIDS. Strategies will focus on the consolidation of a group of professionals with enhanced expertise in data management. Support will be provided to examine population factors in existing policies within the framework of the countries' poverty reduction efforts, by building human capital through training and the provision of technical expertise. In particular, support will be provided for the analysis of the 2000 census and for reproductive health surveys in order to incorporate population elements into public policy. Research on issues such as the regional impact of the changing age structure and migration patterns, and the construction of masculine identities, will be supported.

IV. Programme management, monitoring and evaluation

25. National project execution will be the main execution modality, through line ministries, HIV/AIDS committees and other intersectoral entities as well as universities and relevant national NGOs.

26. The UNFPA country office is composed of a Representative, a Deputy Representative, two national programme officers and one national HIV/AIDS project staff, co-funded by UNFPA and the Joint United Nations Programme on HIV/AIDS. Two additional national project personnel – one for population and development strategies and one for advocacy and resource mobilization – will be recruited.

27. Consistent with the results-based management approach, baseline studies will be conducted and monitoring plans will be developed with support from the UNFPA Country Technical Services Team in Mexico City, Mexico. The midterm review as well as project and programme evaluations will be carried out according to UNFPA guidelines.

28. Co-financing will be actively pursued. To date, possibilities have been explored with the Organization of Petroleum-Exporting Countries (OPEC) Fund, the European Commission and the Japanese Human Security Fund.

V. Recommendation

29. The Executive Director recommends that the Executive Board approve the programme of assistance to the Governments of the English- and Dutch-speaking Caribbean countries, as presented above, in the amount of \$10 million for the period 2002-2006, \$4 million of which will be programmed from UNFPA regular resources to the extent such resources are available, with the balance to be sought through co-financing modalities and/or other, including regular resources, to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE ENGLISH- AND DUTCH SPEAKING CARIBBEAN COUNTRIES

Consolidated UNDAF Objective: To contribute to poverty reduction and the attainment of an optimum level of human and social development				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Contribute to reducing poverty and improving the quality of life of the population of the English- and Dutch-speaking Caribbean countries, by promoting sexual and reproductive health and rights, gender equality and equity, and by integrating population-related factors into development strategies and plans	Contribute to strengthened policy and programme frameworks in support of sexual and reproductive rights, with special emphasis on adolescents	<ul style="list-style-type: none"> • Integration of adolescent reproductive health into primary health care systems • Increased percentage of adolescents utilizing sexual and reproductive health services • Increased contraceptive prevalence rate • Reduction in unmet needs • Adoption of national policies addressing adolescent reproductive health issues 	<p>Increased availability and accessibility of high-quality, youth-friendly and gender-sensitive reproductive health services within primary health care systems in “B” and “C” countries</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Strategic plans and policy guidelines established for youth-friendly, high-quality reproductive health service delivery and to address gender-based violence • Increased number of centres providing high-quality, adolescent-friendly services • Improved contraceptive method mix 	\$8 million (\$2.5 million from regular resources and \$5.5 million through co-financing modalities and/or other, including regular, resources)
			<p>Improved national capacities for the prevention of HIV/AIDS</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Effective service and education interventions in place for HIV/AIDS prevention in selected countries • Increased percentage (among countries and target groups) of young people with knowledge of, and favourable attitudes towards, HIV/AIDS prevention throughout the region 	
			<p>Increased awareness of reproductive health rights throughout the subregion, especially among youth and men</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Advocacy and behaviour change communication strategies being implemented to address sexual and reproductive health and rights, and gender-based violence • Increased percentage (percentage according to countries and specific target groups) of young people and men with knowledge of and favourable attitudes towards self-care and gender issues 	

