EVALUATION OF THE 6th SUB-REGIONAL PROGRAMME OF THE UNFPA'S SUB-REGIONAL OFFICE FOR THE CARIBBEAN: **SUB-REGIONAL PROGRAMME EVALUATION 2017-2021**

FINAL REPORT (29 October)

C2M2C2 (EVALUATION CONSULTING)

Fig 1. Countries covered by UNFPA's Sub-regional programme for the English- and Dutch-Speaking Caribbean

*The UNFPA Sub-Regional Office for the Caribbean serves 22 countries and overseas territories in the English- and Dutch-Speaking Caribbean. These are: **Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, The Cayman Islands, Curacao, Dominica, Grenada, Guyana, Jamaica, Montserrat, St Kitts and Nevis, St. Lucia, St. Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and the Turks and Caicos Islands.***

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STRUCTURE OF THE SUB-REGIONAL PROGRAMME EVALUATION REPORT

The Final Evaluation Report was structured according to the UNFPA Evaluation Handbook and the page-delimited guidelines from the Terms of Reference (TOR) for this consultancy; the report comprises seven chapters.

- − Chapter 1 is the Introduction, which frames the purpose, objectives, and scope; it also describes the methodology, process and limitations encountered in its conduct. The chapter also outlines the context of norms and standards which had to be adhered to, based on UN guidelines.

- − Chapter 2 describes the regional contexts within which the programme operated, including challenges, strategy and roles of external assistance. As far as possible, these contexts attempted to cover the wide geographic area of responsibility.

- − Chapter 3 presented the UN/UNFPA programmatic and strategic responses, also specifically examining the resource structure of the sub-regional programme – both human and financial.

- − In Chapter 4, evaluation findings are presented with reference to the specific evaluation questions of: relevance, effectiveness, efficiency, sustainability, coordination, coverage and connectedness.

The remaining chapters then focus on analytical interpretations based on all the above, viz.

- − Chapter 5 contains conclusions, focussed at both strategic and programmatic levels.

- − Chapter 6 addresses lessons learned and adjudged good practices.

- − Chapter 7 presents the recommendations, also at strategic and programmatic levels.

At the end, there is a list of annexes providing additional reference details: terms of reference, lists of persons/institutions met, and documents consulted, the consolidated evaluation matrix, tools/templates that were used, the UNEG/UNFPA ethical code of conduct for evaluations, list of Atlas/JPS projects for the evaluation period, the reconstructed Theory of Change for UNFPA's Sub-Regional Programme 2017-2021, the Evaluation Quality Assessment, the lists of tables and of figures, and summary survey results from SPSS analyses.

1. Table of Contents

List of Acronyms

Acronym	Definition
AWP	Annual Work Plan
CARICOM	Caribbean Community
COVID-19	Coronavirus Disease 2019
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
DAC	Development Assistance Committee
DALYs	Disability-adjusted life years
ECLAC	Economic Council for Latin America and the Caribbean
EQs	Evaluation Questions
ERG	Evaluation Reference Group
GBV	Gender-Based Violence
GFR	Global Fertility Rate
GDP	Gross Domestic Product
HFLE	Health and Family Life Education
ICPD	International Conference on Population and Development
IPs	Implementing partners
IPV	Intimate partner violence
LACRO	Latin America and the Caribbean
LGBTQI	Lesbians, gay, bi-sexual, transgender, queer, intersex
LMIS	Logistics management information system
LNOB	Leave No One Behind
LOs	Liaison Offices
M&E	Monitoring and Evaluation
MICS	Multi-Indicator Cluster Survey
MISP	Minimum Initial Service Package
NCDs	Non-communicable diseases
ODA	Official Development Assistance
PAHO/WHO	Pan American Health Organization/World Health Organization
SALMI	System for the Logistics Administration of Medicines and Supplies
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRO	Sub-Regional Office
SROC	UNFPA Sub-regional Office for the Caribbean
TOC	Theory of Change
UN	United Nations
UNDP	United Nations Development Programme
UNDS	United Nations Development System
UNEG	United Nations Evaluation Group
UNICEF	United Nations International Children's Emergency Fund
UN MSDF	United Nations Multi-Country Strategic Development Framework
UNFPA	United Nations Population Fund

Executive Summary

The evaluation was conducted for the United Nations Population Fund's (UNFPA) Sub-Regional Office for the Caribbean. It represented an end-of-cycle evaluation of all sub-regional interventions planned and/or implemented by the Sub-Regional Office during the reference period 1 January 2017 to 31 December 2020. The evaluation was conducted over a period of six (6) months, commencing in March 2021.

Purpose: The purpose of the evaluation was for: "demonstrating accountability to stakeholders on performance in achieving development results and on invested resources, generating learning, supporting evidence-based decision making, and contributing important lessons learned on how to further improve programming in the Caribbean".

Objectives: The <u>overall evaluation objectives </u>for this multi-country evaluation were to:[1]

- *Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs and outcomes outlined in the results framework of the country programme, including in humanitarian settings;*[2]

- *Provide an assessment of the role played by the UNFPA's Sub-Regional office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the collective contribution of the United Nations to national development results; and*

- *Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.*

The *specific objectives* were to:

- Determine the **relevance** of the support of the current sub-regional programme (SRP) to sub-regional and national development priorities and strategies;

- Assess the **effectiveness** and **efficiency** of the sub-regional programme interventions during the SRP cycle 2017-2021. *Similar considerations would also be required as above;*

- Determine the **sustainability** of interventions and programme results and assess how the interventions have been able to build adequate local capacity to ensure programme sustainability with a focus on the humanitarian-development nexus;

- Identify and analyze the level of internal **coordination** between the UNFPA Sub-Regional Office for the Caribbean (SROC) and the five liaison offices and between the SROC and the UNFPA Regional Office for Latin America and the Caribbean (LACRO) as well as between SROC and the six UNCTs, five Resident Coordinators, its implementing partners, relevant UN agencies and other regional and national partners; and determine the added value or comparative advantage of the UNFPA in the framework of the United Nations Development System (UNDS) Reform, especially in the sub-region;

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[1] UNFPA Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (p20). UNFPA, February 2019
[2] Also requiring connectedness and coverage

- Determine the extent to which the most vulnerable, among major population groups, were reached by **humanitarian action**; and

- Consider how short-term emergency-related activities were carried out in a context that required taking longer-term and interconnected problems into account. Vulnerable groups were to include those likely to be left furthest/behind, and/or who face life-threatening conditions.

The evaluation was conducted with reasonable adherence to the norms and standards instituted and disseminated by the United Nations Evaluation Group (UNEG). The scope is best described via UNFPA's focus on: (a) geographic coverage, and (b) thematic areas.

Target audience: Key users of findings and results are expected to be the UNFPA sub-regional office staff, government counterparts, implementing partners, UN agencies, external development partners, civil society organizations and the UNFPA Executive Board as well as UNFPA regional office and headquarters

Brief description of intervention: The Sub-Regional office (SRO) is situated in Jamaica, with liaison offices (LOs) in Belize, Guyana, Barbados, Suriname, and Trinidad and Tobago.

- The SRO has responsibility for 22 English- and Dutch- speaking countries and territories. Despite that broad geographical coverage, the decision was to focus on the SRO and LOs via which all substantive activities were implemented. Further, while several initiatives were of a sub-regional nature and included all 22 countries (e.g., trainings, regional workshops around CSE and ICPD) interventions had not taken place in all those countries during the reference period. These facts made it impractical to conduct country-level assessments at this time.

- The programme's interventions focused on the four (4) **thematic areas**: (i) Sexual and Reproductive Health; (ii) Youth and Adolescents; (iii) Gender Equality and Women's Empowerment; and (iv) Population Dynamics.

- There were also **"cross-cutting areas"** that addressed: human rights; gender equality; humanitarian assistance; sustainable development; partnerships; and 'leaving no one behind' with a focus on the most vulnerable groups including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI.

Methodology: Grounded in the theory-based approach, the evaluation of the sub-regional programme was based on a reconstructed Theory of Change (TOC). The TOC articulated the programme's intervention logic – how UNFPA's contribution through its resources and activities would deliver outputs (i.e., products, services) necessary to make changes at individual, institutional and structural levels to address sub-regional needs. The intervention logic could be seen as UNFPA's hypothesis of *how change occurs*, which is what the evaluation examined and sought to test.

A mixed-methods approach (quantitative and qualitative methods) was used to conduct the evaluation. A detailed responsive evaluation matrix was also developed to identify the focus of the evaluation and guide its implementation. The evaluation matrix outlined 14 evaluation questions, sources of

information, and the main methods by which data would be collected (documents' review, key informant interviews, focus groups, and a (small) survey).

A total of 32 persons were engaged to respond to the stakeholder survey; in all, 19 persons responded. The data collection activities were carried out in compliance with COVID-19 Pandemic protocols by using online platforms; no in-person interviews or survey activities were conducted.

The limitations mainly comprised: (a) agreeing with client guidance in managing the evaluation's primary data collection activities virtually, due to the COVID-19 Pandemic; (b) consideration of the layers of fatigue and other drawbacks encountered via use of the Zoom platform, and relative reluctance among some to use the video feature; (c) indirect beneficiaries not being included in the evaluation which ultimately impacted our access to fuller analyses;[3] (d) the small size of the survey sample; and (e) limited time to conduct the evaluation.

Main Conclusions:

1. The sub-regional programme demonstrated a high degree of relevance. Continued focus on the Sustainable Development Goals (SDGs) and other relevant targets will require the UNFPA's contributions to further improvements in data collection and analysis to facilitate improved monitoring of the SDGs.

2. The sub-regional programme is targeted at the most vulnerable, and most targets were met, and desirable outcomes achieved. Nonetheless, there are challenges (e.g., cultural and legislative barriers, different priorities between government partners and UNFPA, and limited staff and funding) in fully discharging the UNFPA's mandate.

3. The UNFPA played a key role in the UNCT coordination and cooperation mechanisms. However, it has not maximized the benefits of its participation; this has implications for programme performance and the UNFPA's visibility.

4. The UNFPA programme is heavily dependent on implementing partners to support identification of beneficiaries and their respective needs. The UNFPA's influence on who CSOs target is, therefore, somewhat limited.

5. Resource constraints limited the scope of the sub-regional programme's contributions in all programme components and limited the UNFPA's visibility.

6. The programme demonstrated efficiency over the review period. The UNFPA makes good use of available resources to deliver beneficiary support.

7. Humanitarian response was a key feature of UNFPA's support for the 2017-2021 cycle. Given the increased knowledge regarding the region's vulnerability to natural hazards, for example, there is a need to better articulate and integrate humanitarian issues into UNFPA's work.

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[3] These decisions were based mainly on client guidance to adhere to the "do no harm" principle (those who might have been targeted had been impacted by catastrophic event(s)), while others were located in deeper rural areas and thus inaccessible due to the combination of COVID protocols and limited virtual accessibility;

8. Inadequate population data limits the countries' ability to track and monitor the SDGs and prepare national policies and plans for sustainable development. The lack of capacity in this area is severe in most countries in the region, while some are better off in this regard.

9. Institutional constraints limit the sub- regional programme's ability to fully achieve desired results among all the vulnerable groups targeted. The UNFPA's impact is often limited by low and delayed buy-in, slow response and delayed implementation by government partners, for example.

Recommendations:

1. Effect improvements in programme planning: 1) examine planning approaches to ensure the strongest relationship between needs assessment and interventions to increase efficiency and ensure that the level of resources matches the needs; 2) consider revising results and targets where implementation faces serious institutional constraints such as legislative and social environments that limit or are likely to delay achievement of targets within defined timeframes; 3) increase the use of risk analysis (e.g., natural hazard, public health risks) in programme planning to improve preparedness for humanitarian response.

2. Effect strategies to achieve greater efficiency within organizational systems (e.g., human resources, operational) and to mobilize additional resources; 1) review and streamline internal organizational processes and address challenges (e.g., financial, administrative and operational processes and procedures) to enhance motivation of staff and ensure improved efficiency of implementation cycle and productivity; 2) explore other external funding opportunities (e.g., Foundations, funding aligned to SIDS); and 3) implement recommendations 3 D from the MCO review, specifically the option of *increasing technical capacities in some countries according to needs, vulnerabilities and existing support*.

3. Population Dynamics—Develop strategies to strengthen UNFPA's capacity to support collection, analysis and dissemination of relevant population data, including in the three transformative results – 1) end preventable maternal deaths; 2) end the unmet need for family planning; and 3) end gender-based violence (GBV) and harmful practices, including child marriage). UNFPA should also strengthen the agency's capacity to provide capacity-building support to NSOs in the region in the collection, analysis and utilization of relevant SRH data on population.

4. Reexamine partnership and communication strategies with a view to further leveraging partnerships to achieve desired results and sustainability: 1) expand assessment of stakeholder/partners' organizational capacity and deliver capacity building support to address gaps; 2) identify gaps in stakeholder/partner network and areas to further promote and strengthen; 3) review and implement communications strategies to improve communications and public advocacy, communications with external stakeholders and increase visibility of UNFPA's work; 4) use sensitization and awareness building as a key strategy to minimize pushback and maximize stakeholder buy-in; 5) coordinate communications and visibility efforts with Monitoring and Evaluation (M&E) to ensure rich storytelling of UNFPA's contributions.

5. Use a combination of approaches to further strengthen the sub-regional programming efforts to safeguard *the leaving no one behind* principle: 1) ensure the strongest alignment between needs assessment and resource allocation; 2) consider partnerships with stakeholder/partners that demonstrate strong capacity to reach the most marginalized and vulnerable as priority; and 3) integrate the use of digital/remote modalities of service delivery where practicable.

6. Sexual and Reproductive Health—Consider other approaches to further strengthen SRHR programming in the sub-region with a view to improving access to and use of SRH services: 1) modern family planning interventions in the LAC countries must be further incorporated in the essential services package to provide universal coverage; 2) special efforts should be directed at the male population; 3) differentiated, decentralized and non-discriminatory services are required to expand combined prevention and treatment coverage, especially for young people; 4) for youth, UNFPA should consider participation in a holistic health intervention, in partnership with other agencies (e.g., PAHO), governments and civil society organizations concerned with health and wellness targeting adolescent and youth population.

7. Increase investments in preparedness for and response to humanitarian emergencies: 1) use of risk analysis (e.g., natural hazard, public health risks) in programme planning is an excellent way of incorporating emergencies in work plans; 2) build on lessons learnt from COVID 19 relevant to programme implementation and leaving no one behind (e.g., flexibility in humanitarian response and engaging with stakeholder/partners).

1.   Chapter 1: Introduction

The evaluation was commissioned by and conducted for the United Nations Population Fund (UNFPA) Sub-Regional Office for the Caribbean (SROC). It represented an end-of-cycle evaluation of all sub-regional interventions planned and/or implemented by the Sub-Regional Office during the reference period of 1 January 2017 to 31 December 2020. The evaluation was conducted over a period of six (6) months, commencing in March 2021.

1.1   Purpose of the Evaluation

The purpose of the evaluation was for: "demonstrating accountability to stakeholders on performance in achieving development results and on invested resources, generating learning, supporting evidence-based decision making, and contributing important lessons learned on how to further improve programming in the Caribbean".

1.2   Objectives of the Evaluation

UNFPA adheres to the definition, norms and standards for "evaluation" applied by the United Nations Evaluation Group (UNEG), viz.

> An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision- making process of organisations and stakeholders.[4]

More specifically and strategically, in this multi-country evaluation stated overall evaluation objectives were to:[5]

– *Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs and outcomes outlined in the results framework of the country programme, including in humanitarian settings;[6]*

– *Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results; and*

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[4] Evaluation Quality at UNFPA: Principles and their application (p3). UNFPA Evaluation Office. December 2020

[5] UNFPA Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (p20). UNFPA, February 2019

[6] Also requiring connectedness and coverage

> – *Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.*

These describe the purpose in further detail, indicating potential relevance of the interventions at the sub-regional and national levels. They also refer to the examination of actual implementation in respect of effectiveness and efficiencies, and the extent to which they could retain relevance over the longer-term for sustainability. They examine the relative suitability of the internal processes by which interventions were implemented, for example, how well the coordination aspects were executed. Over this programme cycle, a few significant humanitarian crises occurred within the sub-region, for which short-term emergency actions might have played important roles, so the evaluation also took responsiveness into account. Although not specifically stated, the evaluation also considered the advent, continued presence of and necessary responsiveness to the COVID-19 Pandemic – which could have impacted virtually all aspects of, *inter alia*, performance, relative relevance of mandate(s), emerging contexts of earlier country priorities, and potential future support during response and recovery phases. The *specific objectives* were to:[7]

> – Determine the **relevance** of the support of the current sub-regional programme (SRP) to sub-regional and national development priorities and strategies;

> – Assess the **effectiveness** and **efficiency** of the sub-regional programme interventions during the SRP cycle 2017-2021;

> – Determine the **sustainability** of interventions and programme results and assess how the interventions were able to build adequate local capacity to ensure programme sustainability with a particular focus on the humanitarian-development nexus;

> – Identify and analyze the level of internal **coordination** between the UNFPA SROC and the five liaison offices and between the SROC and the UNFPA Regional Office for Latin America and the Caribbean (LACRO) as well as between SROC and the six UNCTs, five Resident Coordinators, its implementing partners, relevant UN agencies and other regional and national partners; and determine the added value or comparative advantage of the UNFPA in the framework of the United Nations Development System (UNDS) Reform, especially in the sub-region;

> – Determine the extent to which the most vulnerable, among major population groups, were reached by **humanitarian action.** Also, to be considered were how short-term emergency-related activities were carried out in a context that required taking longer-term and interconnected problems into account. Vulnerable groups include those likely to be left furthest/behind, and/or who face life-threatening conditions.

> – There were also specific references for **coverage** and **connectedness:** The extent of UNFPA's contribution to improved emergency preparedness in the Caribbean region vis-à-vis SRH and GBV response, and data availability, while ensuring no one is left

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[7] Source (and wording): Terms of Reference for Consultancy: Evaluation of the 6th Sub-regional Programme of the UNFPA's Sub-regional Office for the Caribbean. Page 4. Received 7 January 2021

behind. Also, to examine SROC's application of a humanitarian-development nexus approach in responding to the 2017 (Irma, Maria) and 2019 (Dorian) hurricanes, the Venezuelan crisis and COVID-19.

Target audience: Key users of findings and results are expected to be the UNFPA sub-regional office staff, government counterparts, implementing partners, UN agencies, external development partners, civil society organizations and the UNFPA Executive Board as well as UNFPA regional office and headquarters.

1.3   Norms and Standards

The evaluation was conducted with reasonable adherence to principles of evaluation quality and their applications at UNFPA, as described under the "UNFPA Evaluation Quality Assurance and Assessment (EQAA)" which focuses evaluation quality through two processes: (a) quality assurance, and (b) quality assessment. This aligns with the Evaluation Policy (2019), Integrating Human Rights and Gender Equality in Evaluations (2014), the United Nations Disability Inclusion Strategy (2019), and an updated UN Norms and Standards for Evaluation (2016). This latter was instituted and disseminated by the United Nations Evaluation Group (UNEG).[8] The several categories included:

- Competencies
- Credibility
- Ethics
- Human rights-based approach and gender mainstreaming strategy
- Impartiality
- Internationally agreed principles, goals and targets
- Methodology
- Professionalism
- Quality control of the evaluation design
- Selection and composition of evaluation teams.

1.4   Scope of the Evaluation

The evaluation's scope might be best described by mainly addressing the UNFPA's focus on: (a) geographic coverage, and (b) thematic areas. Further details follow.

a) **Coverage by Countries**

The Sub-Regional Office (SRO) is situated in Jamaica, with liaison offices (LOs) in Belize, Guyana, Barbados, Suriname, and Trinidad and Tobago. The SRO has responsibility for 22 English- and

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[8] United Nations Evaluation Group (2016). Norms and Standards for Evaluation. New York: UNEG

Dutch-speaking countries and territories, as outlined in Figure 1 above. Further background details on each are provided in Table 6.0, Chapter 2, including the responsible LO per country.

Despite the broad geographical coverage, it was determined from the inception phase, that focus for the evaluation should remain on the SRO and LOs via which all substantive activities were implemented. Interventions did not take place in all 22 countries during the reference period, making it unnecessary to conduct country-level assessments at this time.

b) **Thematic Areas**

The programme's interventions addressed the four (4) core thematic, or technical areas:

      i.   Sexual and Reproductive Health

      ii.   Youth and Adolescents

      iii.   Gender Equality and Women's Empowerment

      iv.   Population Dynamics.

However, there were also important "cross-cutting areas", hence the above core were augmented placing focus on: *human rights; gender equality; humanitarian assistance; sustainable development; partnerships; and 'leaving no one behind'* with a particular focus on the most vulnerable groups including *women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers* and *LGBTQI*.

Each of these has long been, and remains, of much importance to UNFPA in the region, although the worldwide advent and impact of COVID-19 adjusted their relative and related influences, and their presentations, especially in the context of the cross-cutting areas.

1.5   **Methodology and Process**

Overview

The evaluation was initialized by obtaining a good understanding of UNFPA's directives for such an undertaking, while following related United Nations principles and guidance, viz.

a) United Nations Evaluation Group (UNEG) norms and standards[9] including regard for credibility (which refers to objectivity, inclusiveness), independence, and impartiality;

b) UNEG's Ethical Guidelines for Evaluation[10], especially integrity, accountability, respect, and beneficence.;

c) UNFPA's Evaluation Handbook (2019)[11] which presents the overarching guide to planning and implementing core activities – it was also more direct, constant;

d) UNEG's Handbook on Integrating Human Rights and Gender Equality in Evaluation;[12]

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[9] United Nations Evaluation Group (2016). Norms and Standards for Evaluation. New York: UNEG

[10] United Nations Evaluation Group (2020). Ethical Guidelines for Evaluation: UNEG. www.unevaluation.org/ethicalguidelines

[11] United Nations Population Fund (2019). Evaluation Handbook: How to design and conduct a country programme evaluation at UNFPA.

e) UNFPA Caribbean's Terms of Reference which detailed specific needs for this evaluation; and

f) Preliminary client descriptions of UNFPA Caribbean's programme structure and operations.

The next steps involved reconstructing a Theory of Change (TOC) for the sub-regional programme development, in context of the above, articulating its intervention logic — how UNFPA's contribution, through its resources and activities, would deliver outputs (i.e., products, services) necessary to make changes at individual, institutional and structural levels to address sub-regional needs. The intervention logic can also be viewed as the rationale for UNFPA's support through the sub-regional programme— UNFPA's hypothesis of *how change occurs*. The evaluation examined and sought to test this hypothesis. Annex 8 presents the reconstructed TOC and notes on the adjustments made.

The TOC then contributed to the development of a detailed evaluation matrix, responsive to the specific objectives of: *relevance, effectiveness, efficiency, sustainability*, as well as *coordination, coverage* and *connectedness*. In consultation, mainly with SROC and the Evaluation Reference Group (ERG), the evaluators also sought to determine additional, responsive lines of inquiry that the UNFPA would like to pursue. The same matrix indicated our sources of information and described the main methods by which data would be collected, i.e., documents' review, key informant interviews, focus groups, and a (small) survey.

Collection of these data facilitated analyses, and preparation of a final reconstructed intervention logic, depicting a more accurate picture of actual interventions and outputs towards closing remaining gaps in the programme logic.

Evaluation Criteria, Questions and Framework

The UNFPA Evaluation Handbook proposes that country programme evaluations should be structured around specific evaluation criteria. This evaluation sought to answer 14 key questions, addressing four (4) OECD - Development Assistance Committee (DAC) criteria:[13] Relevance, Effectiveness, Efficiency and Sustainability. The questions also spoke to UNFPA-specific criteria: Coverage and Connectedness (of humanitarian responses) and Coordination. This approach was applied although it was a sub-regional programme evaluation.

The SROC guided pre-selected questions from the evaluation handbook that would generate evidence that to inform the design and implementation of the UNFPA's Sub-Regional Programme 2022-2027. More specifically, the SROC identified the following priority questions, across all the evaluation criteria, that would satisfy their learning needs. Other key aspects guiding evaluation procedures included reference to applicable norms and ethics including but pertaining not only to gender and human rights — especially further linked to the UNEG references.

The evaluation questions (EQs) are illustrated in Table 1 below.

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[12] United Nations Evaluation Group (2011). Integrating Human Rights and Gender Equality in Evaluation –Towards UNEG Guidance. Guidance Document.

[13] Noting however, that not all the countries are ODA eligible countries and/or receive assistance, e.g., Trinidad and Tobago

Table 1. Evaluation Questions by Criteria

Evaluation Questions	Criteria
EQ1: To what extent is the UNFPA support: (i) adapted to the needs of the population with emphasis on the most vulnerable populations including: women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; (ii) in line with the priorities set by ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan in particular Strategic Plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and (iv) aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and to what extent did the MSDF fully reflect the interests, priorities and mandate of the UNFPA in the region?	Relevance
EQ2: To what extent does the allocation of resources (human and finance) across the sub-regional programme reflect the varied needs of vulnerable and marginalized groups, prioritizing those marginalized within, as well as reflecting the varied needs of countries and territories?	Relevance
EQ3: To what extent have planned outputs of the programme been achieved and the outputs contribute to the achievement of the planned outcomes: − Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies; − Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups; − Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings; and − Strengthened national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development?	Effectiveness
EQ4: To what extent has UNFPA successfully mainstreamed gender equality and human rights in the development and implementation of the sub-regional programme?	Effectiveness
EQ5: To what extent has UNFPA ensured that the diverse needs of adolescents and young people (age, location, gender identity, sexual orientation, etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the sub-regional programme?	Effectiveness

Table 1. Evaluation Questions by Criteria

Evaluation Questions	Criteria
EQ6: To what extent has the UNFPA made good use of its human, financial and technical resources and used an appropriate combination of tools and approaches to pursue the achievement of the results defined in its sub-regional programme?	Efficiency
EQ7: How has the organizational structure and staffing profiles of the SROC influenced the achievement of the programme results and, in view of the UN system-wide Multi-Country Office review, what are recommendations for improvement**?**	Efficiency
EQ 8: To what extent have the partnerships established with intergovernmental entities and national governments allowed the SROC to make use of the comparative strengths of the UNFPA, while safeguarding and promoting the national ownership of supported interventions, programmes and policies?	Sustainability
EQ 9: To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality information and services in the field of integrated sexual and reproductive health, particularly family planning, HIV prevention, comprehensive sexuality education and GBV, including for vulnerable and marginalized populations such as women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI?	Sustainability
EQ 10: What was the nature and quality of coordination among the SROC, LACRO and headquarters' units?	Coordination
EQ 11: What were the level, nature and quality of coordination with other UN agencies, implementing partners, civil society organizations, regional entities and external development partners in the sub-region?	Coordination
EQ 12: To what extent has the SROC contributed to and taken advantage of the functioning and consolidation of improved UNCT coordination & cooperation mechanisms under UN Reform?	Coordination
EQ 13 To what extent has UNFPA contributed to improved emergency preparedness in the Caribbean region in the area of response to SRH and GBV as well as data availability while ensuring that no one is left behind?	Coverage and Connectedness
EQ 14 To what extent was the SROC able to apply a humanitarian-development nexus approach in its response to 2017 and 2019 hurricanes, the Venezuelan crisis and COVID-19?	Coverage and Connectedness

To answer these questions, the evaluation team prepared an evaluation matrix (Annex 4) which illustrated the focus of the evaluation and described how the questions might, feasibly, be answered. It was therefore (along with the reconstructed theory of change) the foundation of the methodological approach for this evaluation exercise.

Methodology for Stakeholder Selection

Based on a preliminary assessment of programme data provided by UNFPA and information from annual work plans (AWPs) and annual reports for the period 2017 to 2020, trends in the UNFPA's programmes and areas of investment were assessed. This provided preliminary data on geographic areas, levels of investment, consistent areas of investment (outputs, projects, activities), and type of implementation partners. Also, based on this preliminary review, and information compiled by SROC, the evaluation team identified a shortlist of initiatives/programming areas, with their inputs, to sample.

> The decision was taken to use the full complement of humanitarian interventions (N=19), then sample from the development ones; all available projects listed at the time of selection[14] became eligible for the final selection. The remaining thematic areas were: (a) adolescents; (b) gender, (c) population, (d) sexual and reproductive health. These were ordered alphabetically as listed here, within each of the respective years (2017 through to 2021), with their interventions listed per year, in decreasing order of WP amounts. A random number was generated to indicate the start of the selection units, after which every n[th] was chosen for sample inclusion, to a total of N=31 interventions.

Beneficiaries linked to programmes that formed the sample were identified based on an initial assessment of the country programme interventions and were finalized based on review by UNFPA staff at regional and country office levels.

Methods for data collection and analysis

The evaluation matrix put forward a mixed-methods approach for conducting the evaluation. Therefore, quantitative and qualitative approaches were used to extract information for answering evaluation questions. As an example, qualitative approaches *described* key programme processes and provided information on *how* UNFPA-supported interventions resulted in programme outcomes and perspectives on quality of coordination. The evaluation team hoped to be better able to summarize *the estimated level* changes that occurred at the output level and *summarize respondents' ratings* regarding the quality of coordination via the quantitative approaches. Overall, the data collection activities also needed to respond to the COVID-19 Pandemic and its relevant protocols – mostly dictating remote work via online platforms. Sessions of all types were conducted using virtual platforms; there were no in-person interviews or survey activities conducted. Table 2 outlines the interviews conducted; further indicating the evaluation interviewed 55 persons, via individual interviews, small group sessions, or focus groups.

Table 2: Interviews conducted

Sessions' type	# Sessions	# persons	Male	Female

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[14] Close of business on Friday 9 April 2021

				s	s
UNFPA Management and SROC Staff					
SROC Leadership	Individual interviews	2	2	0	2
Operations Staff		2	2	1	1
Country Level Staff (Country Liaison)		5	5	1	4
Technical Advisers/Specialists		1	1	0	1
SUB-TOTAL:		**10**	**10**	**2**	**8**
UN/EU interviews					
UN/EU interviews (EU, PAHO, UNDP, UNICEF, Resident Coordinators)	Individual interviews	10	10	3	7
SUB-TOTAL:		**10**	**10**	**3**	**7**
UNFPA Management and SROC Staff	Group interviews				
Technical Advisers/Specialists		2	5	0	5
Operations Staff		1	2	1	1
LACRO Programming / M&E		1	2	0	2
Programme Clerks/Associates		1	2	0	2
SUB-TOTAL:		**5**	**11**	**1**	**10**
Implementing Partners/Beneficiaries (by Thematic Area)	Focus Groups				
Youth & Adolescents		1	2	0	2
Population Dynamics		1	6	1	5
Gender		1	4	1	3
Sexual & Reproductive Health		1	8	3	5
GBV/SRH/Humanitarian		1	4	0	4
SUB-TOTAL:		**5**	**24**	**5**	**19**
GRAND TOTALS:		**30**	**55**	**11**	**44**

Specific data collection methods and data analysis tools used in the evaluation are presented in Tables 3 and 4 respectively.

Overview of Data Collection Tools

Table 3. Overview of data collection tools

Tools	Method Details	Tools management	Respondent Groupings
QUALITATIVE:			
Literature and Desk Review	This was conducted using policy documents highlighting governments' priority areas, international frameworks (e.g., human rights conventions, gender equality, regional and international action plans), UNFPA programming documents (strategic and action plans) and intervention documents. SROC prepared and made a compendium of documents available to the evaluation team. The list of documents used are in Annex 3 Documents capturing contextual environments were also accessed, and a number of these were reviewed (Annex 3)	Documents were assigned vis-à-vis team members, based on thematic/ related areas for which they were responsible. Although several were already identified / available for team use, the process remained iterative, also facilitating multiple members' inputs per item. A frame with guidelines and base codes facilitated readers' entry of key points per document.	N/A evaluation manager and relevant SROC staff
In-depth interviews	Respondents' perspectives were sought to complement that gathered from the desk review; mainly with UNFPA staff; key individuals who interacted with the country programme at various levels e.g., leadership, technical and country-levels. Questions were selected and further articulated based on those requested in the TOR; also adjusted to help assure maximum comprehension. The questions were customized based on the type of staff interaction with programme design and implementation e.g., technical advisors vis-à-vis liaison officers. These instruments have been included in Annex 5. They were variably shared with participants prior to sessions	Administered to targeted respondents of different hierarchies,[15] based on previously shared samples. Most interviews lasted for approx. 45-60 minutes Other than dialoguing, there was minimal use of other tools, specifically: "Storytelling" which detailed specific pathways via which intervention actions were implemented	All Mainly: UNFPA staff at SROC and country-level; UN implementing stakeholder partners.
Small-Groups or Focus Groups	Through these discussions, the implementing partners in four thematic areas and those supported with humanitarian response, were asked to describe how UNFPA support contributed to any changes at institutional or national levels. A topic	Homogeneously selected to comprise approx. 3-4 (small groups) or 5-9 (focus groups) persons each across thematic areas (with stakeholder /partners). Session numbers mostly reflected our use of online platforms.	Strategic/ Programmatic level (Technical Advisors / Specialists) Programmatic level (Technical cross-

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[15] However, direct beneficiaries / implementing partners /stakeholders will mostly be engaged via focus groups

Table 3. Overview of data collection tools

Tools	Method Details	Tools management	Respondent Groupings
	guide was prepared and used for these focus groups. Additionally, small group discussions took place with UNFPA staff e.g., technical experts in cross-cutting areas. These sessions were guided by use of the "interviews" topic guides (See Annex 5), which were shared with some participants prior to the sessions.	Unfortunately, the evaluation team did not have the opportunity to conduct focus groups with indirect beneficiaries. UNFPA indicated their preferred approach to apply the "do no harm"[16] principle especially among indirect beneficiaries. The evaluation team adhered to the request. Most sessions lasted for 60-70 mins	cutting) Beneficiary Institutions (e.g., national and regional family planning associations, national coordinating committees)
QUANTITATIVE			
Survey Data Collection	Implementing partners provided feedback on the level of satisfaction with their interactions as implementing partners/ stakeholders. This survey component was retained although with an extremely small sample from which respondents had also been earlier engaged via in-depth or focus group sessions	No specific sampling was applied; instead, all entities targeted for qualitative interviews were invited to participate. A short survey questionnaire was designed to seek responses (Annex 5). Most questions were closed-ended with modest response categories. There were no apparent issues relating to language, comprehension of words, phrases and/or jargon. Content was reviewed and approved by UNFPA. The instrument included its own explanation / invitation, and was accessed via link. A total of 32 persons were targeted; the maximum number of persons responding to any single question was 19. Reminders were issued three times during the 2-week response period allowed; including ultimatums for close-off date/time.	Stakeholder/ partners (beneficiary institutions and UN agencies)

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[16] "Do no harm" is to avoid exposing people to additional risks through our actions. https://www.alnap.org/system/files/content/resource/files/main/donoharm_pe07_synthesis.pdf

Table 4. Overview of data analysis tools

Tools	Method Details	Tools management	Respondent Groupings
Human Rights and Gender Analyses	The evaluation sought to be gender-responsive to ensure voices of women, variously categorized men and youth, and any other vulnerable and marginalized populations. such as the poor, disabled were referenced, sought and/or included. However, the intent was difficult to fulfill based on the eventual sampling approach. In like manner, the evaluation prioritized inclusivity so the populations could contribute to and benefit from the process. During data analysis, the evaluation team also paid special attention to how programmes contributed towards gender equality and women's empowerment while considering the regional/international frameworks and action plans on gender equality and human rights. Limitations to the comprehensive effective gender analysis hoped for, included virtually no access to final beneficiaries; this was due to fairly strict adherence, as requested, to the "do no harm" principle. Wherever possible, the team included key informants working directly with beneficiaries of UNFPA programmes.	As much as it represented an "approach" this was what was used across the entire evaluation. The intent was also to determine relevance of such voices even succinctly and/or in their absence e.g., who was affected? Involved? Were relevant (disaggregated) data available /accessible/consulted for such populations? Would their constraints have been taken into account regarding information access? Was feedback provided to them based on their inputs and/or what was of relevance to them? Some specific highlights for review included COVID-19 (on its own, in combination with other areas of cross-cutting concern), GBV, HIV, Humanitarian events/situations, Indigenous peoples, shelter management	All (customized as required and/or indicated)
Interview logbook	Analysis of qualitative data was iterative, starting to some degree during key informant discussions. The logbook helped evaluators transition from data collection to analysis as it included a Summary of conclusions in addition to interview notes. A template is available as Annex I.	An overview of the interview includes interview notes, summary of the conclusions and next steps. Conclusions referenced to guide team debrief/analysis Discussion and preparation of preliminary report.	N/A

Data analysis

Qualitative data yielded volumes of unstructured data, mostly captured concurrently during the data collection phase and some, preliminarily, during the inception phase. The team collated and sorted the data, guided primarily by indicators in the evaluation matrix. The team used an Excel frame(s) to facilitate, for example, immediate access to the full team, opportunity for iterative data/process management, and ease of access for further analyses. The evaluators then used thematic and content analysis to make meaning of the qualitative data, also using Excel to support this process. Contribution analysis was used (referencing the revised intervention logic) to assess the extent to which interventions resulted in planned/observed changes.

> The analysis of qualitative data was ongoing, starting with the preliminary desk review and continuing to in-depth interviews and focus groups discussions and detailed examination of key documents (e.g., annual reports). Interviewers debriefed following interviews and focus groups to identify key themes and cross-reference with other sources of data (e.g., key documents, completed interviews and focus groups). An internal team briefing was done at the end of the field phase to identify the common themes that emerged for each evaluation criteria. Thereafter, the team embarked on the systematic analysis of the data. The primary method of analysis was thematic/content analysis. The team developed a list of codes and themes that were related to the indicators, evaluation questions and evaluation criteria to organize the data and ensure that completed analysis would link directly to the evaluation matrix. The team reviewed the qualitative data and determined the extent to which aspects of the text would satisfy the data needs for each evaluation criteria: relevance, efficiency, effectiveness, sustainability, coordination and coverage and connectedness. The summaries of the findings were placed in an analytical matrix for the team to review the available evidence (from all data sources) for each evaluation question. The use of the matrix facilitated triangulation (within qualitative sources and with quantitative data), an important technique for ensuring validity of the findings.

Quantitative data, collected via surveys, were more highly structured, comprising inherent data management tools, for example, structured form-of-questions/responses, consistent layout, mostly closed questions, pre-coded variables/equivalent, and consistent response categories. There were also other more unique identifiers to facilitate comparative analyses, although still offered via closed categories. Given the very small sample size, however, there were no opportunities for large-scale analyses. Data was mostly analyzed using SPSS. Additionally, given the small sample, caution was used in regard to what data could be shown to protect identities of the individual respondents.

Triangulation allowed the team to verify, confirm and support evidence, using evidence to answer evaluation questions, draw conclusions and draft brief actionable recommendations.

During data analysis, special attention was given to how aspects of gender equality and women's empowerment were managed, taking into further account, for example, regional/international frameworks and action plans on gender equality and human rights. Again, there were limitations due to small sample size.

Data quality assurance

Team members were sensitized on the evaluation matrix and data collection tools (and the link between both) to ensure clear understanding of what data should be gathered from all data sources. Special emphasis was placed on the role of the interviewer for ensuring data quality in the qualitative inquiry. They were also sensitized on the data analysis procedures. Two team members were assigned to interviews and focus group discussions (except for two, because of scheduling conflicts) to ensure that data gathering and note taking were comprehensive. Feedback from the ERG on the preliminary report provided the opportunity to review and revise data, especially that obtained from secondary sources such as the annual reports.

Steps taken to reduce potential bias from the evaluation team during the analysis phase included: assigning two interviewers to each consultation, one responsible for taking detailed notes; and on-going dialogue with analysts to identify cross reference and refine emerging themes.

1.6   Limitations:

Table 5: Limitations

Limitations	Mitigation Measures
1. The COVID-19 Pandemic prevailed throughout the conduct of the evaluation, influencing all primary data collection activities.	It was necessary to adhere to related protocols, including relevant suggestions identified by UNFPA[17] when focusing on evaluations: (a) there was no regional travel; (b) use of technology was maximized; (c) all interviews, and group sessions were conducted virtually – video enhancements being applied whenever possible – and no face-to-face sessions were conducted at all; (d) being transparent regarding limitations.
	The procedures applied were felt to produce robust data, remaining aware of emerging global trends in qualitative data collection. As an example, every effort was made to ensure group sizes remained slightly less than might normally have been applied (i.e., "5-6" vis-à-vis "7-8").[18] Speakers were asked to appear on video wherever possible. It is estimated that the greatest observable loss was in minimized discussions between participants in the FG, compared to what might have taken place in face-to-face sessions.
	For the small survey, all contact was done online.
1. Zoom: there were several potential constraints in using this tool e.g., *fatigue, limited access to visual observation cues available with face-to-face interviewing, limited access to aspects of the*	Attempts were made via in-session requests for e.g. (a) use of video mode, which potentially reduced the boredom of blank screens. This was not always possible for respondents, hence sessions continued without their use.

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[17] https://www.unfpa.org/admin-resource/adapting-evaluations-covid-19-pandemic

[18] There was only one session where this number was unavoidably exceeded – with efforts made to manage appropriately

Table 5: Limitations

Limitations	Mitigation Measures
technology among beneficiaries	Only two qualitative data collection sessions used any other platform, <u>viz</u>. Skype, and MS Teams.
2. The evaluation team was unable to identify an opportunity for the specific inclusion of indirect beneficiaries in the evaluation. Hence, aspects of trying to assure region-/country-level inclusion of *men, women, adolescents and youth, and representatives of vulnerable and marginalized groups including indigenous populations, persons with disabilities, persons living under the poverty line, LGBTQI and others that would potentially be impacted by UNFPA's programmes*, were dashed. This decision, conveyed as being due to the "do no harm" principle, placed limitations on the findings on programme effectiveness.	The team's only option for feedback remained through the groups representing such populations, some of which were included in the thematically apportioned focus group sessions. There was also no-contact with indirect beneficiaries during the survey, despite the earlier consideration that a separate one would have been conducted to capture their feedback.
3. Some participants found it difficult to provide definitive "ratings" or similar, during qualitative data collection sessions.	This was the main reason why the survey methodology was retained even with the small sample size; nonetheless, the hope had been for a higher response rate than obtained.
4. Time limitations for conduct of the evaluation remained restrictive.	Every effort was made to schedule primary data collection activities relatively tightly over the short period available; some decisions became linked to time. Document review commenced beforehand and continued concurrently with interviews/group sessions/survey. Data analyses were conducted concurrently with collection, once the appropriate data were available.
5. Data from annual reports 2017-2020 were not aggregated across years for each output indicator.	The annual reports were consulted as the main source of data to inform progress towards outputs. However, since the data was not aggregated across years, it was not always clear if the numbers being reported per year included figures from previous years' reports. Where this was not clear, results for each year were reported instead of cumulative results to avoid double counting.
6. Opportunity to fully utilize the participatory approach to formulating recommendations (e.g., identifying constraints and opportunities) was limited.	In-depth interviews and focus group protocols were designed to capture key informants' recommendations (e.g., UNFPA staff). Debriefing through presentation/discussion with ERG was facilitated with a view to refining drafted recommendations. Inputs from

Table 5: Limitations

Limitations	Mitigation Measures
	thematic area experts were included to ensure relevance to the sub-regional context.
7. Sub-regional programme's Theory of Change not available.	Broad and detailed review of key documents to reconstruct TOC was executed. These documents included the CPD, annual reports, UNFPA Strategic Plan (and M&E Framework), problem tree analysis were used to formulate the TOC for the upcoming programme cycle. Key discussion points at the inception meeting with UNFPA staff filled gaps.

2. Chapter 2: Caribbean Sub Regional Context

2.1 Sub Regional challenges and Strategies

2.1.1: Socio-Economic Context

According to the Terms of Reference (TOR) for the Multi-Country Programme Evaluation, the Caribbean sub-region in which the UNFPA's programme is focused consists of 22 English- and Dutch-speaking countries and overseas territories (excluding Haiti). The combined population of these states is "estimated at 7.5 million, with 73% concentrated in Jamaica (2.7M), Trinidad and Tobago (1.3M), Guyana (0.7 M), Suriname (0.5M) and Belize (0.3M)". Further,

> [the] majority of these countries are island states except for Guyana and Suriname that are part of the mainland of South America and Belize as part of Central America. Fourteen of these countries form part of the Caribbean Community (CARICOM) while nine are part of Organization of Eastern Caribbean States (OECS). Seven are members of both regional communities. All of these countries are exposed to unique vulnerabilities (economic, environmental and social) (TOR).

Additionally, "there is a high level of indebtedness among most of these countries, and the classification of middle-high income countries affects the feasibility for these nations to get well needed aid to address many of their socio-economic issues." According to the *Latin America and Caribbean Outlook*, 2019, Caribbean economies are characterized by weak economic growth with an annual GDP of 0.8 per cent, underperforming economies, and debt to gross domestic product (GDP) ratio of above 60 per cent. The report further indicates that 1 in 5 persons in the Caribbean live below the poverty line, with young people and children being most affected by poverty. Youth unemployment rates have reached alarming levels of up to 25 per cent and the Caribbean is the second most environmental hazard prone region in the world.[19]

According to the World Bank Group, 2021, the region experienced nine hurricanes at category 3 and above between 2019 and 2020, and a record number of named storms in the 2020 hurricane season. Major hurricanes include Irma and Maria in 2017, and Dorian in 2019. Furthermore, many small economies, including those that are tourism-dependent, were maintaining a positive growth rate prior to the onset of the COVID-19 Pandemic. The Caribbean has been badly impacted by the near halt in tourism brought on by the pandemic. The Caribbean economy contracted by an estimated 8.6% in 2020, and by 12.6 per cent if Guyana is excluded.[20] Many jobs have been affected, and a recent high frequency phone survey[21] in one of the Caribbean small states suggests that poverty headcounts are rising, though the magnitude and duration of this increase will depend on the pace of economic recovery. The progression of the pandemic and vaccination efforts will have a major impact on the speed and scope of recovery.

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[19] Latin America and Caribbean Outlook, 2019
[20] Ibid
[21] Ibid

Furthermore, in 2020 because of measures taken by governments to control the spreading of COVID-19, the need for lockdowns, physical distancing and closure of productive activities presented additional shocks to the economy. Therefore, the health crisis has led to the worst economic, social and production crisis that the LAC region has experienced in 120 years, with a 7.7 per cent drop in regional gross domestic product (GDP) in 2020.[22]

In addition to the economic burden caused by the COVID 19 Pandemic, it has had a huge health impact in Latin America and the Caribbean, including one of direct fatalities. Its effects could also have a catastrophic impact on the overall development of children and adolescents. Between March and June 2020, some 32 countries in the LAC region closed their educational institutions to stop the spread of the disease, affecting about 2.3 million students at all levels. Prolonged school closures in LAC could trigger a learning crisis, jeopardizing decades of progress and deepening existing inequalities, since some of these students, especially those of the poorest families, have limited opportunities for online schooling; many are at risk of not returning to school and being forced to enter the labour market insufficiently prepared.[23]

The implementation of measures restricting people's mobility; closure or reassignment of health care centers and limited staff to give priority to mitigating the COVID-19 pandemic; and the fear of being infected with COVID 19 while attending health services, can have a devastating effect on the progress made in recent years. In their document "Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights", the Economic Council for Latin America and the Caribbean (ECLAC) in collaboration with UNFPA deliberated the following   .

- An increase in adolescent pregnancies because of barriers to accessing contraceptive methods and sexual and reproductive health services and barriers to accessing comprehensive sexuality education (CSE) programmes. Confinement measures could further lead to an increased exposure of girls and adolescents to situations of sexual violence and abuse within the family.

- Constraints on reproductive health care during the COVID-19 Pandemic may increase maternal mortality because of a decrease in the coverage of sexual and reproductive health services, (among others a reduction in the number of prenatal check-ups, non- adherence to technical guidelines including the absence of skilled birth attendants). Also, many SRH services, including voluntary termination of pregnancy, where available, may be reduced because of reallocation of resources.

- Women's access to modern contraceptive methods may become limited because of supply shortages, a decrease in the demand for services as persons may fear leaving home to access services, or cannot move freely due to lockdowns, service interruptions, decrease in the number of consultations and declining sales because of lower household incomes.

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[22] Economic Commission for Latin America and the Caribbean (ECLAC), Building forward better: action to strengthen the 2030 Agenda for Sustainable Development (LC/FDS.4/3/Rev.1), Santiago, 2021.

[23] Economic Commission for Latin America and the Caribbean (ECLAC), Building forward better: action to strengthen the 2030 Agenda for Sustainable Development (LC/FDS.4/3/Rev.1, Santiago, 2021.

- Research is required to assess the impact of COVID-19 on HIV in the sub-region as the pandemic may impact the operation of HIV prevention and treatment programmes negatively. It may also exacerbate HIV risk. Key and vulnerable populations and adolescent girls and young women and their partners are likely to be disproportionately affected. Sex workers are especially vulnerable to shocks and risk fluctuations of this kind and often lack alternative livelihood strategies to support themselves or to access food. Stay at home and curfew orders can exacerbate HIV and other risks such as GBV for women and girls living in violent or abusive households. Increases in the incidence of HIV among newly out-of-school girls, sex workers, and others are, therefore, expected.

2.1.2 Sexual and Reproductive Health and Rights

Maternal mortality is still significantly higher in Caribbean countries than in developed regions. In 31 LAC countries, maternal mortality ratio (MMR) showed varying rates with an average of 83 deaths per 100 000 live births in 2017, a reduction of 26 per cent in the region's maternal mortality since 2000.[24] However, the regional ratio masks serious inequalities among and within countries, some countries having a maternal mortality ratio far above the regional average. The medical causes of maternal mortality vary according to the health systems in countries. It is estimated that more than 1 in 4 maternal deaths are linked to pre-existing medical conditions *that* can be controlled, treated or modified such as hypertension, diabetes, HIV, malaria and obesity.[25] The main causes of maternal death in LAC were hemorrhage after birth and gestational hypertension, and were concentrated in countries with higher fertility rates, more poverty and less access to high-quality health care services. Maternal mortality is a leading cause of death for adolescent girls aged 15–19 and a significant proportion of maternal deaths, particularly among young women, are caused by unsafe abortions.

To end preventable maternal deaths, surveillance and response systems must be strengthened through family planning, better access to high-quality antenatal care, and delivery and postnatal care by skilled health professionals. Addressing disparities in the provision of these essential reproductive health services to underserved populations is crucial to reduce maternal deaths in the LAC region.

The unmet need for contraception ranges from 31 per cent for women in the lowest income quintile to 19 per cent for women in the highest income quintile. Latin America and the Caribbean has a higher modern contraceptive prevalence rate than other regions (67 %), but contraceptive security has not been achieved.[26] The prevalence of contraceptive use varies widely in the LAC region. In eight LAC countries with data, demand for family planning is generally satisfied at higher rates among women living in urban areas, with higher income and education levels. Guyana reports that less than 35 per cent of married women, or in unions, of reproductive age use any contraceptive methods. While national expenditures for reproductive health supplies and modern contraceptives have increased, investments are often unsustainable, logistic management information systems are often inadequate,

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[24] OECD/The World Bank (2020), Health at a Glance: Latin America and the Caribbean 2020, OECD Publishing, Paris, https://doi.org/10.1787/6089164f-en

[25] Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO; 2019.

[26] UNFPA, Regional interventions Action Plan for Latin America and the Caribbean 2018–2021

and unequal access persists. Less than 50 per cent of women are using modern methods of contraception in Guyana, Trinidad and Tobago, Suriname, and Belize.[27]

Modern family planning interventions in the LAC countries must be further incorporated in the essential services package to provide universal coverage, paying special attention to the poorest and most vulnerable people. In addition, actions to change social norms, laws, and policies to uphold human rights and promote gender equality should be strengthened beyond the health sector.

Across the Caribbean, progress has been made, over the last 10 years, in reducing new HIV infections and AIDS-related deaths, with the incidence revealing the prevalence ratio of the region decreasing steadily from 6.1 per cent in 2010 to 3.9 per cent in 2019. Although the region marks notable successes, one being the vertical (mother to child) transmission of HIV decreasing by nearly 50 per cent since 2010; at the end of 2020 seven Caribbean countries or territories achieved this elimination goal – Cuba in 2015, and Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands, Montserrat and Saint Kitts and Nevis in 2017[28] - the progress on testing and treatment has slowed and there is a need to expand and strengthen efforts. Major issues include continuous stigma and discrimination against people living with HIV and other key populations, fear of testing and late diagnosis of the disease all impede treatment initiation.

There is a need for active case finding, care and comprehensive targeted prevention interventions. Key populations and their sexual partners accounted for 60 per cent of new HIV infections in the region and from the 57 per cent of new infections in the region among men, 26 per cent are among gay men and men who have sex with men. Although in some countries more than 90 per cent of pregnant women living with HIV knew their status, strategies must be scaled up to reach all pregnant women living with HIV in the region and their children. Special efforts should be directed to the male population since the uptake of HIV testing and treatment services in the Caribbean is significantly higher among women than among men. Differentiated, decentralized and non-discriminatory services are required to expand combined prevention and treatment coverage, especially for young people.

Coverage varies considerably in the region and although some countries score high on some indicators the 90-90-90 target (90% of all people living with HIV knowing their HIV status, 90% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy with suppressed viral loads) set for 2020 to help end the AIDS epidemic could not be reached. In 2019, only half of people living with HIV in the region had suppressed viral loads.[29]

Challenges for SRHR in the region are:

1. high levels of migration affecting health systems and services;

2. fluctuating and insufficient financial resources available for HIV responses in the Caribbean;

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[27] OECD/The World Bank (2020), Health at a Glance: Latin America and the Caribbean 2020, OECD Publishing, Paris, https://doi.org/10.1787/6089164f-en

[28] Seizing the moment, tackling entrenched inequalities to end epidemics, GLOBAL AIDS UPDATE | 2020)

[29] Seizing the moment, tackling entrenched inequalities to end epidemics, GLOBAL AIDS UPDATE | 2020)

3. difficulty in quantifying the need for care, designing and evaluating evidence-based interventions due to insufficient data; in some instances, data on key populations are entirely lacking; and

4. access to services; geographical, social and cultural norms; and ideological opposition to family planning and abortion, among other matters, often impede access to services.

Adolescent Sexual and Reproductive Health and Rights

The adolescent fertility rate (per 1,000 women aged 15-19) in the Caribbean varies considerably across the countries, ranging in 2019 from 27 in Curacao and Grenada (lowest) to 71 in Guyana (highest). Among the main contributing factors to adolescent pregnancy are: the early age of sexual debut (in some cases coerced); limited access to SRH information and commodities; and policy and legislative environments that pose barriers to adolescent access to information and services. The evidence shows that adolescents are disproportionately affected by barriers to contraceptive access, with Guyanese adolescents between 15-19 years old constituting 61.9 per cent of the population with an unmet need for family planning (MICS 2014). A review of the policy and legislative environment further demonstrates how restrictive laws and policies exacerbate the problem of adolescent pregnancy with, for instance, nine OECS countries setting the minimum age of consent lower than the age to access SRH services without parental consent. According to the Pan American Health Organization/World Health Organization (PAHO/WHO), while young people (aged 10-24) account for a quarter of the population of the Caribbean, they continue to experience disproportionate barriers when it comes to accessing health information and quality services that respond to their needs.

Young people with disabilities are often overlooked with respect to their SRHR. Many of them face the same challenges as their peers, however, their issues are compounded by even greater barriers to accessing relevant information, education and services to meet their diverse needs. These young people are also increasingly vulnerable to sexual abuse and exploitation and few programmes or interventions have been crafted to respond to their complex challenges.

Another barrier to adolescent SRHR is the challenge associated with achieving full roll out of Comprehensive Sexuality Education through Health and Family Life Education (HFLE) in the region. Despite the investments in HFLE over the last two decades, the growth and development of Caribbean youth continue to be undermined by new presentations of age-old threats. Many of the challenges noted are born out of ideals that are cultural, religious and legal in nature. Policy advocacy and polarized conservative currents at the level of governments and ministries, have led to controversy and public debates, linked to the opposition to comprehensive sexuality education programmes, guidelines and education materials, thus adversely affecting its implementation.

2.1.3: Gender Equality and Women's Empowerment and Gender-Based Violence

The rights of women and girls are at the heart of the 2030 Agenda for Sustainable Development, articulated via the Sustainable Development Goals (SDGs). Gender equality is defined by the UN Women as *"the equal rights, responsibilities and opportunities of women and men and girls and boys.*

Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men". Although there has been much progress in formal recognition of women's rights, with the adoption of international and regional commitments, the Caribbean has lagged behind not only in becoming signatory to such commitments, but also in sufficiently guaranteeing women's physical, sexual, economic, and psychological security. National legislative frameworks have not delivered effective protection to GBV survivors and there is a need to track the efficacy of legislation that could guide investments for institutional improvements across the justice chain.[30] Marginalized populations, including those living in rural areas, lower income groups living with disabilities, and migrants, often have remained untended, as have the most vulnerable to all forms of GBV.

The Caribbean region continues to grapple with inequality in economic opportunities and assets.[31] Women continue to experience inequality in the labour market, with higher unemployment levels despite educational advancements; suffer pay inequity; are segmented in the lowest paying jobs and carry the disproportionate burden of care for children, and other dependents within and outside the home.[32] Female participation in the labour market is lower than that of men, and, generally, women have higher levels of unemployment and lower levels of pay.[33] Female-headed households constitute a large percentage of the most vulnerable and deprived households in the region. The loss of employment due to measurements taken in light of mitigating the COVID-19 crisis could have a devastating effect on these households. Measures taken by national governments in 2020 to contain the COVID-19 Pandemic have resulted in job losses and have hit vulnerable population groups, informal workers, young people, and people with less formal education, women and migrants, the hardest. The most significant drop in employment was among women because of their greater participation in some of the most affected economic sectors. As a result, gender gaps in labour markets have widened. They will also face greater difficulties in rejoining the labour market. Young people, and in particular young women, have also been severely affected. Of the 23 million people who left the workforce in 2020, six million were young women and men between the ages of 15 and 24.[34]

During the health crisis, the contraction in the labour force participation rate of women in the labour force (-10.4 %) was more pronounced than that of men (-7.4 %). This decline in female labour force participation is significant considering the progress observed in women's participation in the region's labour markets in recent decades. Among other factors, the timely provision of care services (children, the sick, the elderly) and the return to in-person schooling will largely condition the return of women to the workforce in the short and medium terms.[35]

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[30] Spotlight Initiative (2020) Regional Programme Document Caribbean

[31] World Bank (2012), Women's Economic Empowerment in the Latin America and the Caribbean: Policy Lessons from the World Bank Action Plan, Washington: DC

[32] UN Women, Economic Empowerment: Strengthening Women's Economic and Security Rights. Retrieved from https://caribbean.unwomen.org

[33] Spotlight Initiative (2020) Regional Programme Document Caribbean

[34] (Economic Commission for Latin America and the Caribbean (ECLAC), Building forward better: action to strengthen the 2030 Agenda for Sustainable Development (LC/FDS.4/3/Rev.1), Santiago, 2021.)

[35] 2020 Labour Overview: Latin America and the Caribbean, ILO

Unpaid and underpaid care work, a driver of inequality, has always left women with insecure jobs and incomes, and no social protection – marginalized to the informal economy. Crises tend to multiply the load on care systems, already depleted and unfair, falling mostly on the shoulders of women.[36] Traditionally, women are disproportionately burdened with domestic tasks even while having a paid job outside the home. Attitudinal data reveal that women in the LAC region are often confined to traditional reproductive roles and caring responsibilities. Fifty-two percent of the population believe that children will suffer when a mother is in paid employment and women continue to shoulder the burden of unpaid care and domestic work, allocating five hours per day to it, compared with one-and-a-half hours for men.[37] One of the largest gender data gaps in CARICOM is, notably, in unpaid care and domestic work[38] which hinders comprehensive assessments on progress towards achieving gender equality.

Gender Based Violence

Gender Based Violence is a reality for thousands of Caribbean women and girls and is the result of factors operating at individual, relationship, community and societal levels. Evidence indicates that the patterns, risk factors, and consequences of violence against women are different from those of violence against men. Women are more likely to experience violence and injury inflicted by people close to them, such as intimate partners and girls and women, generally, are more likely than boys or men to experience sexual violence.[39]

Across the Caribbean region, clear gaps continue to exist between ambitious laws and their weak enforcement by governments. Persistent discriminatory norms weaken the implementation of existing legal frameworks. Addressing these social norms requires a whole-of-society shift to induce real changes in the mindsets of individuals. Traditional gender stereotypes, harmful masculinities and attitudes in the family sphere contribute to women's unpaid care burden, inhibit their economic, political and leadership aspirations and increase their vulnerability to sexual exploitation, abuse, and GBV.[40] Further compounding the issue of GBV across the region is the continued resistance to interventions due to the taboos associated with GBV. Gender norms are compounded by social norms that condone violence as a form of authority, within both families and institutions. Many of the issues relating to family violence are grounded in gendered stereotypes and social norms that see violence as an appropriate response to day-to-day issues throughout the life cycle. Harmful myths and misconceptions surrounding GBV also tend to hinder the success of GBV programming.

Underreporting and inefficiencies in capturing reports of family violence make it impossible to estimate the incidence of family violence in the region. Between 2016 and 2018, five CARICOM Member States: Grenada, Guyana, Jamaica, Suriname, and Trinidad and Tobago conducted National Prevalence Surveys on GBV. In Caribbean Women Count: The Ending Violence against Women and Girls Data Hub,

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[36] Mercado et. al (2020), Women's Unpaid and Underpaid Work in the Times of Covid-19, Amnesty International

[37] The Social Institutions and Gender Index in the Latin America and the Caribbean region

[38] Ibid

[39] Summary Report: Violence Against Women in Latin America and the Caribbean: a comparative analysis of population-based data from 12 countries. Washington, DC: PAHO, 2013.

[40] Ibid

UNWOMEN combined findings from these studies to show that, on average, 46 per cent of women have experienced at least one form of violence in their lifetime. Prevalence rates vary by country from 55 per cent in Guyana to 39 per cent in Grenada and Jamaica.[41] The highest rates of intimate partner sexual violence were recorded in Trinidad and Tobago and Suriname with 44 per cent and 32 per cent, respectively, of ever-partnered women reported at least one act of physical and/or sexual violence by an intimate partner in their lifetime.[42] Despite this data, the magnitude of GBV in the Caribbean, especially in post crises settings, remains unknown. Due to the impunity, stigma, and shame surrounding it, GBV remains largely underreported.

 Globally, the Caribbean is among the most vulnerable regions to the impact of extreme weather events, with countries of the sub-region experiencing among the highest rates of damage relative to their GDP. Disasters and health crises tend to deepen inequalities that existed before crises, including violence against women and children. Global research shows that disasters tend to exacerbate pre-existing vulnerabilities which can increase potential risks of exploitation, abuse and GBV. Added to the existing socio-economic and health system pressures, the COVID Pandemic has affected all CARICOM member states.[43] Measures taken to mitigate the COVID-19 has resulted in loss of employment and the confinement to the home could increase sexual violence, with a particular risk for most vulnerable women. Family isolation, economic insecurity, reduced access to health services will further exacerbate existing GBV realities.[44] Women living with disabilities are particularly at risk of sexual violence and exploitation. COVID-19 compounds this situation rendering them one of the populations most at risk.[45] School closures and having to care for sick family members have significantly increased women's unpaid working hours.[46] The lack of data, analysis and research on the experiences of GBV of marginalized and at-risk populations and the impact of natural disasters and humanitarian emergencies on GBV further compounds the situation, limiting the effectiveness of GBV programming.[47]

2.1.2: Population Dynamics

The region has experienced declines in its fertility and mortality rates. The region's demographic profile has also been impacted by external migration. These changes impact the age structure of the population resulting in the decreasing proportion of the under 15 years age group, a relatively large working age population and a continuous increase in the share of the elderly population, as more older persons transition out of the working age population. The changes in the population age structure have created both opportunities and challenges for sustainable development over the medium and long term. The increase in the working age population and the decrease in the proportion of persons under 15 years old create the potential for a rise in the production for more wealth per capita and higher investment. As the number and proportion of older persons increases it will create a rise in the poverty rates which will heighten the demand for geriatric social services throughout the region.

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[41] https://caribbeanwomencount.unwomen.org/#, accessed, June 2021

[42] (Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean, 2020 [online] https://oig.ECLAC.org/en/autonomies/physical-autonomy.

[43] Spotlight Initiative (2020) Regional Programme Document Caribbean

[44] Ibid

[45] Covid-19 and Implications for Inclusive Economic Empowerment In CARICOM: Policy and Programme Considerations, UN Women, 2020

[46] Ibid

[47] Spotlight Initiative (2020) Regional Programme Document Caribbean

In terms of migration, the region experienced high levels of outmigration due to several causes such as economic situation, human rights and living conditions. In 2017, the IMF estimated that over 22 per cent of the Caribbean population lived abroad (IMF 2017 Report). Most of the countries in the region are negatively affected by this brain drain as many of the most qualified and productive members of the work force migrate to more developed countries; a major percentage are also persons in the prime reproductive age group (15-36 years). The departure of these qualified people affects the training and knowledge sharing to lower skilled workers and creates an indirect loss as governments invest a large portion of their annual budget in education and training.

The production and analysis of a vast amount of data is required in every country in the region to satisfy the requirement for monitoring the SDG indicators. This posed a significant challenge for the national statistical system in the Caribbean due to its limited capacity. There is also an absence of timely, relevant, and high-quality statistics for the formulation of policies and decision-making that can enable economic growth and social development in the sub-region. In the absence of such data, policymakers have to rely on anecdotal evidence and estimates often made by international organizations, including the United Nations, for countries. These estimates may not necessarily be validated by national parties. Addressing these challenges would require broadening and deepening the existing data collection system and making data more easily available for utilization in the development of plans, strategies, and programmes.

As highlighted in the UNFPA Thematic Brief on Population Dynamics (2017), population growth, size, structure, and distribution are instrumental to the development of any sound policy, strategy and framework for development and this was underscored by the International Conference on Population and Development (ICPD) Framework of Action beyond 2014 and confirmed in the Montevideo Consensus on Population and Development for Latin America and the Caribbean.

Some countries in the region have been making efforts, with the support of international development partners, to address the above-mentioned challenges, while others have been able to commence the process of modernization. All the countries in the region, however, conducted their censuses between 2010 and 2012, but the post-census activities have proceeded very slowly as the weaknesses of the NSOs identified above were severely tested during population census exercises.

According to the UNFPA, a vast amount of data in the areas of interest is routinely collected within the Ministries of Health, the Gender Department, and the Police Department. Limited use is made of the data for various reasons including the fact that in many countries this data is still manually recorded and transcribed numerous times before compilation and almost no analysis is done. Where countries are rolling out Health Information Systems, priority is usually given to collecting and tabulating revenue related data and not the health variables. Other unplanned studies have been conducted using administrative data which have yielded especially useful information to inform policies and programmes. However, the studies are not repeated on a regular basis. Some countries, notably Cayman, Jamaica and St. Lucia, are exploring the development of National Statistical Systems.

2.2 The role of external assistance

According to the UNDP, small states in the Caribbean, despite their past achievements in reaching the status of middle-income countries and medium to high ranking in the United Nations Human Development Index, are currently experiencing a range of fundamental economic and social difficulties which threaten to reverse gains already made and impede future progress. It is necessary that they undertake major investment expenditures to resuscitate and sustain economic growth, address societal challenges such as crime and citizen insecurity and attend to the challenges presented by climate change, the environment and natural hazards. Limitations on the domestic resource mobilization capacity of Caribbean small island developing states (SIDS) make access to development finance from the international community a matter of central importance to them.[48]

In general, all the countries in the sub-region need financial support from international donor partners, to varying degrees, given that domestic revenues are generally insufficient to cover expenditures. They require significant external sources of revenue to close gaps in infrastructure required for basic service delivery, combat climate change, and address the effects of frequent economic shocks (including natural disasters). They also require substantial resources to finance development, to clear operating arrears and build reserves for longer-term fiscal sustainability but face difficulty in attracting commercial financing from market sources. In view of the vulnerability context of the sub-region, development assistance will continue to be necessary to help bridge operating deficits during periods of unforeseen downturns in highly volatile revenue streams and supplement capacities to support fully functioning government systems. However, OECD data[49] on development assistance to the Caribbean demonstrate that there has been a significant decrease in external development assistance to the region over the last three years.

When faced with multiple priorities, governments may not focus on important areas of health and human development including areas such as SRHR, gender equality and women's empowerment, adolescent and youth development and therefore development assistance is often needed to ensure that these efforts and persons who are most vulnerable are not left behind.

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[48] Financing for Development, Caribbean Report, 2015
[49] https://www.oecd-ilibrary.org/development/data/detailed-aid-statistics_dev-aid-stat-data-en

Donor	DAC Countries, Total				
Aid type	ODA: Total Net				
Part	Part 1:Developing Countries				
Amount type	Constant Prices				
Unit	US Millions, 2019				
Year	2015	2016	2017	2018	2019
Recipient					
Caribbean, Total	1174.64	3315.45	1170.69	1016.85	776.87
Anguilla	..	..	..	..	..
Antigua and Barbuda	1.41	5.07	3.01	2.58	2.85
Barbados	..	..	..	..	..
Cuba	174.65	2393.44	317.1	261.3	95.89
Dominica	1.73	0.99	0.49	9.77	4.37
Dominican Republic	251.46	127.07	82.14	43.89	76.26
Grenada	4.17	5.02	1.42	1.02	1.97
Haiti	630.97	691.28	661.6	586.66	413.93
Jamaica	21.93	17.78	33.39	51.38	63.99
Montserrat	45.94	38.75	36.63	34.08	31.75
Saint Kitts and Nevis	..	..	..	..	..
Saint Lucia	4.2	6.05	4.88	2.46	5.72
Saint Vincent and the Grenadines	3.72	3.24	4.03	0.57	5.1
Trinidad and Tobago	..	..	..	..	..
Belize	6.32	4.51	6.83	5.47	8.4
Guyana	18.13	14.95	14.91	13.53	59.06
Suriname	10.01	7.3	4.26	4.14	7.58

Data extracted on 11 Jul 2021 17:10 UTC (GMT) from OECD.Stat

Fig 2: Official Development Assistance to the Caribbean 2015-2019

The report, "Financing for Development in the Caribbean" recommends that development needs should have greater weight in determination of access to international development finance. The Sustainable Developments Goals should be used as a guide in identifying those needs in Caribbean SIDS. The progress of countries in national income terms and with reference to the SDGs should be signals for a gradual change in the package of development finance available to them rather than the abrupt discontinuity of grants from international resources. The report further posits that Caribbean SIDS have urgent and pressing needs in relation to national stability, social cohesion and citizen security. Those needs are no less worthy of attention by the international community as are the challenges of fragile states in other parts of the world. Support for sustainable job creation, community infrastructure and governance, poverty reduction, expanded opportunities for upward mobility, crime prevention and efficient and fair justice administration are among desirable international contributions.

	Country	Population (mid-year 2020)[50]	Health spending (USD PPP, 2017 or later yr.)[51]	Maternal Mortality Rate (deaths per 100,000 live births)	Adolescent birth rate	Fertility Rate	Languages	Median Age (yrs.)	% Urban	Population Density	Total Land Area (sq. m)	UNFPA Interventions: 2017-2021
1.	**Jamaica**	2,961,167	532	80	50	1.99	**English**, Jamaican Patois,	30.7	55.4		4,181	GE; PD; SRH; Y&A
2.	Bahamas	393,244	1746	70	28	1.76	**English**, Bahamian Creole	32.3	86.1	102/ m²	3,865	H
3.	Bermuda;	62,278[52]				NA	**English**, Bermudian Vernacular	NA	97.4	3,226/ m²	19	-0-
4.	Cayman Islands	65,722				NA	**English**, Cayman Creole	NA	97.2	709/ m²	93	-0-
5.	Turks & Caicos Islands	38,717				NA	**English**, Turks and Caicos Creole	NA	89.3	106/ m²	367	GE; H
6.	**Suriname**	586,632[53]	944	120	60	2.43	**Dutch,** (Sranang Tongo, Sarnami Hindi, Chinese, Javanese, TIP languages a.o.[54])	29.0	65.1	10/ m²	60,232	GE; PD; SRH;
7.	Aruba	106,766			20	1.90	**Papiamento, Dutch,** English, Spanish	41.0	43.6	1536/ m²	69	-0-
8.	Curacao	164,093			27	1.76	**Papiamento, Dutch, English**, Spanish	41.6	88.7	957/ m²	171	-0-
9.	Sint Maarten	42,876				NA	**English**, St. Martin Creole English	NA	96.5	3266/ m²	13	GE; H
10.	**Belize**[55]	397,628[56]	473	36	68	2.32	English, Belizean Creole	25.5	46.1	45/ m²	8,807	GE; SRH; PD
11.	**Trinidad and Tobago**	1,399,488	2206	67	29	1.73	**English**, Trinidadian Creole	36.2	52.4	707/m²	1,981	GE; SRH; PD; Y&A
12.	*Guyana*	786,552[57]	385	169	71	2.47	**English**, Guyanese Creole	26.7	26.9	10/ m²	76,004	GE; H; SRH; Y&A
13.	**Barbados**	287,375	1317	27	29	1.62	**English**, Bajan Creole	40.5	31.2	1731/ m²	166	SRH
14.	Anguilla	15,003				NA	**English**, Anguillan Creole	NA	100.0	432/ m²	35	H
15.	Antigua and Barbuda	97,929	1071	42	41	2.00	**English**, Antiguan Creole	34.0	26.2	576/ m²	170	GE; H; Y&A
16.	British Virgin Islands	30,231				NA	**English**, Virgin Islands Creole)	NA	52.4	522/ m²	58	H
17.	Dominica	71,986	636			NA	**English**, Antillean Creole	NA	74.1	249/ m²	290	GE; H; PD
18.	Grenada	112,523	714	25		2.07	**English**, Grenadian Creole	32.0	35.5	857/ m²	131	
19.	Montserrat	4,992				NA	**English**, Montserrat Creole	NA	9.6	129/ m²	39	-0-
20.	Saint Lucia	183,627	661	117	39	1.44	**English**, Saint Lucian Creole	34.5	18.6	780/ m²	236	
21.	St. Kitts & Nevis	53,199	1442			NA	**English**, Saint Kitts and Nevis Creole	NA	32.9	530/ m²	100	SRH
22.	St. Vincent & the Grenadines	110,940	522	68	47	1.90	**English**, Vincentian Creole	32.9	52.9	737/ m²	151	

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[50] https://www.worldometers.info/world-population/caribbean-population/
[51] https://www.oecd.org/health/health-at-a-glance-latin-america-and-the-caribbean-2020-6089164f-en.htm
[52] https://www.worldometers.info/world-population/bermuda-population/
[53] https://www.worldometers.info/world-population/suriname-population/1
[54] Personal communication: Judith Brielle, UNFPA
[55] Languages data from: https://www.britannica.com/place/Belize/Languages
[56] https://www.worldometers.info/world-population/belize-population/
[57] https://www.worldometers.info/world-population/guyana-population/

3.   Chapter 3: UN/UNFPA Response and Programme Strategy

3.1 UN Strategic Response

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides the overarching framework for all UN agencies in the Caribbean region. The Caribbean's response to the SDGs is guided by the United Nations Multi-Country Sustainable Development Framework (UN-MSDF) for the Caribbean. The UN MSDF defines how the UN will jointly achieve development results in partnership with 18 English- and Dutch-speaking Caribbean countries and Overseas Territories[58] for the period 2017-2021.

The UN-MSDF identifies four priority areas: (i) an inclusive, equitable and prosperous Caribbean, (ii) a healthy Caribbean, (iii) a safe, cohesive and just Caribbean, and (iv) a sustainable and resilient Caribbean. These priority areas seek to safeguard the jointly agreed commitments reflected in the human rights conventions and treaties as key strategies to accelerate progress towards the SDGs. The priority areas ensure the voices, realities, and capacities of those most often at the margins of policy development and implementation – among them women, children, youth, older persons, and persons with disabilities – are at the forefront of the UN's support to the Member States. This has been done by clearly aligning the results matrix of the UN MSDF with the SDGs and the SAMOA Pathway, which will have the additional benefit of contributing to national efforts to accelerate progress towards these commitments.

A key feature of the UN MSDF is its focus on delivering as one UN, guided by a standard operating procedure and a governance structure which supports delivering as one UN.

3.2 UNFPA Strategic Response

In line with the 2030 Agenda for Sustainable Development, UNFPA is working with governments, civil society partners and other UN agencies to directly tackle many of the Sustainable Development Goals – in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality – and contribute in a variety of ways to achieving many of the other 14 SDGs.

UNFPA's SROC response to the SDGs is guided by the UN MSDF. UNFPA's programmes span all four priority areas outlined in the UN-MSDF. Additionally, UNFPA is the key UN agency with responsibility for responding to the ICPD Programme of Action and the Montevideo Consensus at the regional level.[59]

In response to the above-mentioned global and regional commitments and frameworks, the UNFPA's SROC Sub-Regional Programme Document (CPD) 2017-2021 focuses on responding to four (4) key

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[58] The countries covered are Anguilla, Antigua and Barbuda, Aruba, Barbados, Belize, British Virgin Islands, Curaçao, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Sint Maarten, Suriname, and Trinidad and Tobago
[59] UN MSDF 2017-2021

outcomes and four (4) outputs as outlined in Table 2 and covering 22 countries. These are guided by three transformative and people-centred results as outlined in UNFPA's Global Strategic Plan 2018-2021:   (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to GBV and all harmful practices, including female genital mutilation and early and forced child marriage.[60]

Table 7: UNFPA Thematic Areas _ Outcomes, Outputs and Interventions

Outcome	Outputs
Outcome 1: Sexual and reproductive health	**Output 1:** Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health and HIV services, targeting underserved populations, including in emergencies. **Interventions aimed to support:** (a) evidence-based advocacy for countries to adopt and apply the concept of 'quality care'; (b) policy dialogue and technical assistance to enhance the capacity of health institutions to increase investments and operationalize quality-care-related policies with the required accountability mechanisms including the lack of skilled birth attendants and unmet need for family planning for underserved groups; (c) integration of MISP in national and regional preparedness, with emphasis on most-at-risk countries; (d) strategic planning for the development of a comprehensive transgender health strategy for holistic health services for gender non-conforming persons; and (e) comprehensive condom and lubricant programming.
Outcome 2: Adolescents and youth	**Output 1:** Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health care for adolescents, with emphasis on vulnerable and marginalized groups. **Interventions focused** on advocacy, policy advice and technical support to: (a) generate evidence on the rights and needs of adolescents to sexual and reproductive health; (b) develop and implement national comprehensive sexuality education programmes in line with international standards; (c) establish participatory advocacy platforms for the integration of rights and needs of young people in policies and programmes; and (d) strengthen institutions to advocate for implementation of the CARICOM Integrated Framework to reduce adolescent pregnancy, with the required accountability mechanisms.
Outcome 3: Gender equality and women's empowerment	**Output 1:** Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings. **Key interventions included:** (a) strengthening the capacity of multiple sectors to advocate for reproductive rights and protection for the most vulnerable people, including adolescent girls and key population groups such as sex workers, transgender women, and men who have sex with men; (b) promoting gender transformative approaches through engagement of men and boys; and (c) advocating for improvement and implementation of gender-sensitive legislation and policies.
Outcome 4: Population dynamics	**Output 1**: Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development. **Intervention entailed:** advocacy, policy dialogue and technical support, focusing on (a) generation, analysis, dissemination and use of data for decision making and for preparation of the 2020 census round; (b) accessibility of data on demographic disparities and socioeconomic inequities that affect women and adolescents sexual and reproductive health and rights, including in disaster-prone areas; and (c) analysing the demographic transition trends in the region to support empowerment of youth and girls to pave the way to the demographic dividend.

Further, the programme "applied a human rights and culturally sensitive approach, supported by evidence-based advocacy and policy dialogue to empower the most vulnerable through (a) universal access to sexual and reproductive health care and rights; (b) prevention of adolescent pregnancy and sexual violence; and (c) integration of population dynamics into policies and programmes." [61]

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[60] UNFPA Strategic Plan 2018-2021

[61] UNFPA's Sub-Regional Programme Document (CPD) 2017-2021

UNFPA's 2017-2021 sub-regional programme varied from the programme for the previous cycle in several ways.

● Although adolescents and youth had been targeted in the previous programme cycle, there was no outcome exclusively focused on adolescents and youth. The previous cycle featured only three outcomes around sexual and reproductive health and rights, gender equality, and population and development

● The planned budget for all three outcomes was higher than the budget for the current cycle under evaluation, although the current programme is broader in scope. A total of US$17.5 million was planned for investment in the 2012-2016 cycle, as opposed to US$16.8 million for the current cycle.

● As with the current sub-regional programme, there was no planned budget for humanitarian response and none of the outcomes, outputs or indicators addressed emergency response. It should be noted that while the current sub-regional programme did not include a planned budget for humanitarian response, humanitarian response was integrated into each of its planned outcomes. The sub-regional programme document 2017-2021 noted that one of the key recommendations emerging from an internal evaluation of the 2012-2016 programme was "partnering with United Nations organizations to develop sustainable models for gender-based violence prevention, empowerment of women and girls, and disaster response". This has been consistently reflected in the UNFPA Sub-Regional Programme 2017-2021.

Since the inception of the UNFPA's Sub-Regional Programme 2017-2021, it has evolved in several important ways.

● The Sub-regional programme implementation has adopted a shift from mostly direct implementation by the UNFPA to implementation through partnerships. This shift has increased the number of implementing partners (from three IPs between 2017 and 2019 to 37 IPs in 2020). Increased partnership with CSOs allows for effective service delivery and expansion of interventions to an increased number of beneficiaries. This proved to be critical during the COVID-19 Pandemic when the SRO was able to support the continuation of SRH and GBV services in many countries.

● Increasing response to humanitarian situations, as required by hurricanes Iota, Eta, Dorian, Irma, migration from Venezuela to the Caribbean and, in more recent times, COVID-19 and its attendant emergencies.

● Increase in available resources in Jamaica, Trinidad and Tobago, Grenada, Belize and Guyana and the region resulting from the Spotlight Initiative. This has resulted in a greater focus on GBV and the internal capacity of UNFPA has been strengthened to respond to GBV. There has also been a notable increase in resources available for humanitarian response to various emergencies, as well as an increase in UBRAF and UNFPA supplies funds.

3.3 The Human and Financial Resource Structure of UNFPA's Sub-Regional Programme

The sub-regional programme proposed an initial budget of US$16,800,000, comprising US$5.8 million from regular resources and US$11.0 million through co-financing or other resources as detailed in Table 8.

Table 8: UNFPA Sub-Regional Programme 2017 -2021 Budget

Strategic plan outcome areas	Regular resources	Other resources	Total	Percentage of total budget
Outcome 1: Sexual and Reproductive Health	2.2	7.5	9.7	58%
Outcome 2: Adolescents and Youth	1.6	1.5	3.1	18%
Outcome 3: Gender Equality and Women's Empowerment	0.7	1.0	1.7	10%
Outcome 4: Population Dynamics	0.7	1.0	1.7	10%
Programme Coordination and Assistance	0.6	-	0.6	4%
Total	5.8	11.0	16.8	100%

Source: UNFPA Sub-regional office for the Caribbean

As depicted in Table 9, UNFPA was able to mobilize 93 per cent of planned resources by the end of 2020. A review of AWP 2021 indicates that a total of US$2,825,623 is planned for utilization in 2021. This would result in the UNFPA exceeding its planned target by almost US$2.0 million.

Table 9: Total investments by RR and OR 2017-2020

	2017	2018	2019	2020	Total
Total available funds	**2,210,533**	**2,475,344**	**2,411,818**	**3,787,751**	**15,698,731**
Regular Resources	1,728,698	1,762,055	1,758,675	1,811,546	**7,060,974**
Other Resources	481,836	746,157	905,469	6,504,295	**8,637,757**

Source: UNFPA Sub-regional office for the Caribbean

Regular Resources

As demonstrated in Fig 3, based on an assessment of financial data presented in the Financial Report for the Sub-Region 2017-2020, UNFPA was able to consistently increase its investment from regular resources with a total of $7,060,974 invested from regular resources (FPA 90) during the period 2017-2020. This represents almost US$1.5 million more than planned for the entire period under the sub-regional programme.
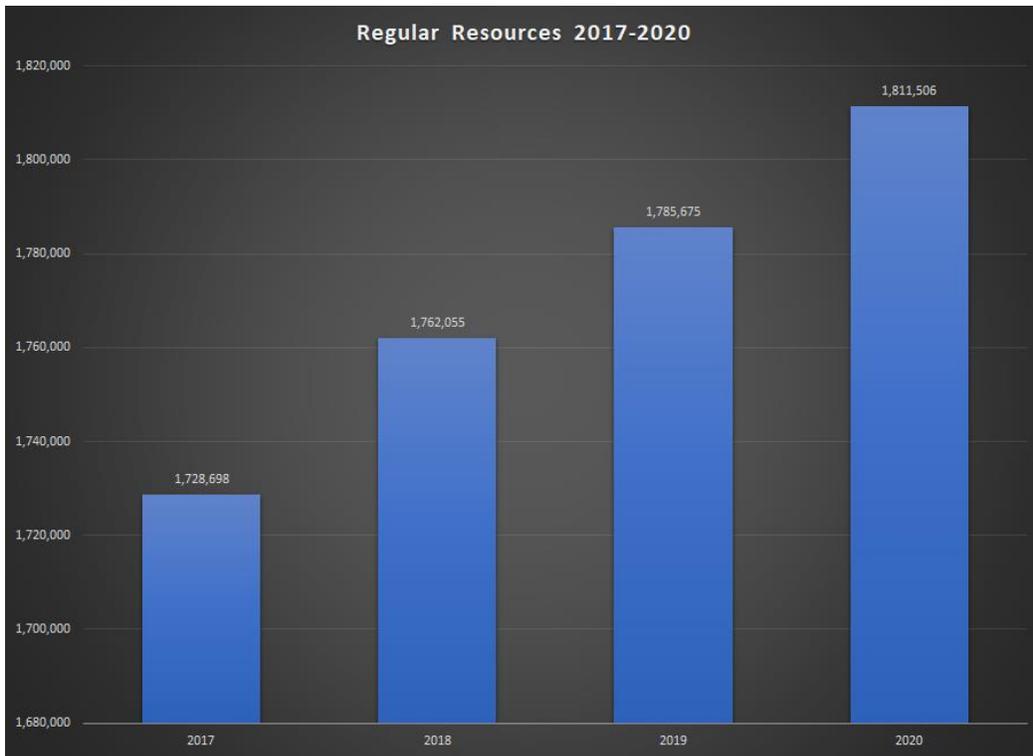
Fig 3: Regular resources 2017-2020

Of the available Regular Resources, UNFPA maintained a high implementation rate across all years under review (2017-2020): 91 per cent implementation was achieved in 2017, 98 per cent in 2018, 98 per cent in 2019 and 99 per cent in 2020. This reflects strong absorptive capacity.
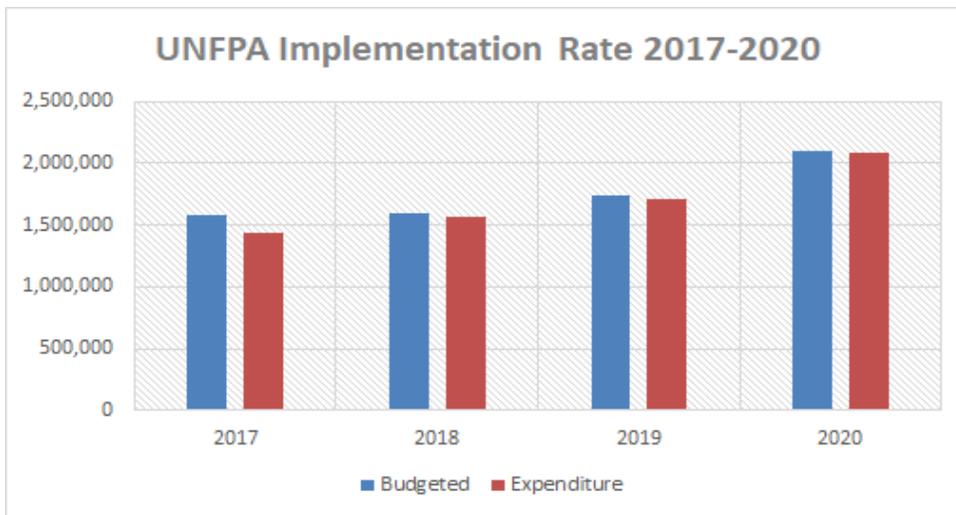

Fig 4: implementation rate_ regular resources: 2017-2020

UNFPA was also able to consistently increase the mobilization of Other Resources. Fig 5 demonstrates a significant increase in Other Resources in 2020 when compared to the previous three years. This is primarily the result of Spotlight Initiative funding which commenced implementation in the Caribbean region in 2020. Financial data from UNFPA indicates that by the end of 2020, UNFPA had mobilized 79 per cent of planned Other Resources.

OTHER RESOURCES 2017-2020

- 481,836 — 2017
- 746,157 — 2,018
- 905,469 — 2018
- 6,504,295 — 2019
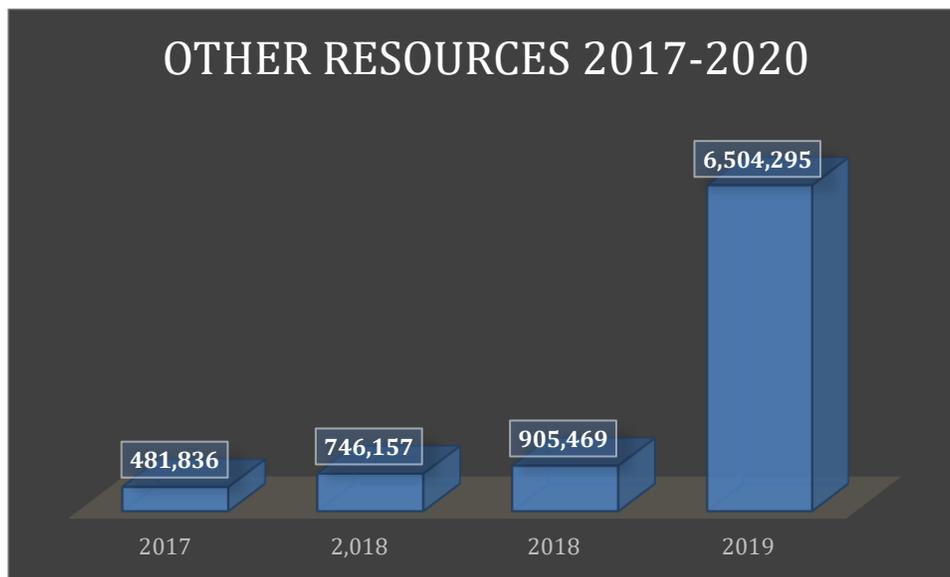
Fig 5: Other Resources

It is noteworthy that there were no resources planned for humanitarian response. However, given the many humanitarian situations that occurred during the period under review, the UNFPA responded by mobilizing regular resources, emergency funds and other resources. The UNFPA also reprogrammed regular resources already budgeted for activities under various outcomes to be able to respond to humanitarian situations.

Human Resource Structure

Figure 6 and Figure 7 illustrate an evolving human resource structure to meet UNFPA's commitments under the sub-regional programme 2017-2021. During the period under evaluation the number of staff members at the sub-regional office increased by 13. UNFPA significantly strengthened its human resource capacity around GBV, supported by both RR and OR funding. This increase in human resources to support Outcome 3 is consistent with the investment made, which surpasses the planned budget.

Organogram start at CPD

Fig 6: UNFPA's Organogram 2017

2021 organogram

Fig 7: UNFPA's Organogram 2021

4. Chapter 4: Findings

This chapter presents the findings of the evaluation, one section for each evaluation criteria: relevance, effectiveness, efficiency, sustainability, coordination and coverage and connectedness. Within each section, the answers to the evaluation questions are presented.

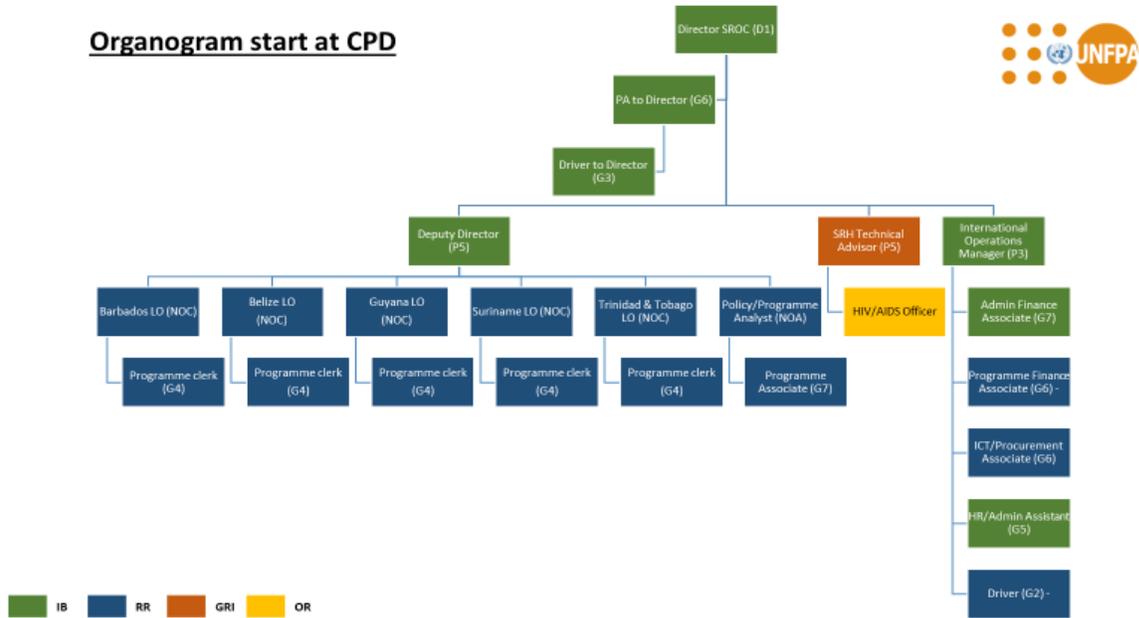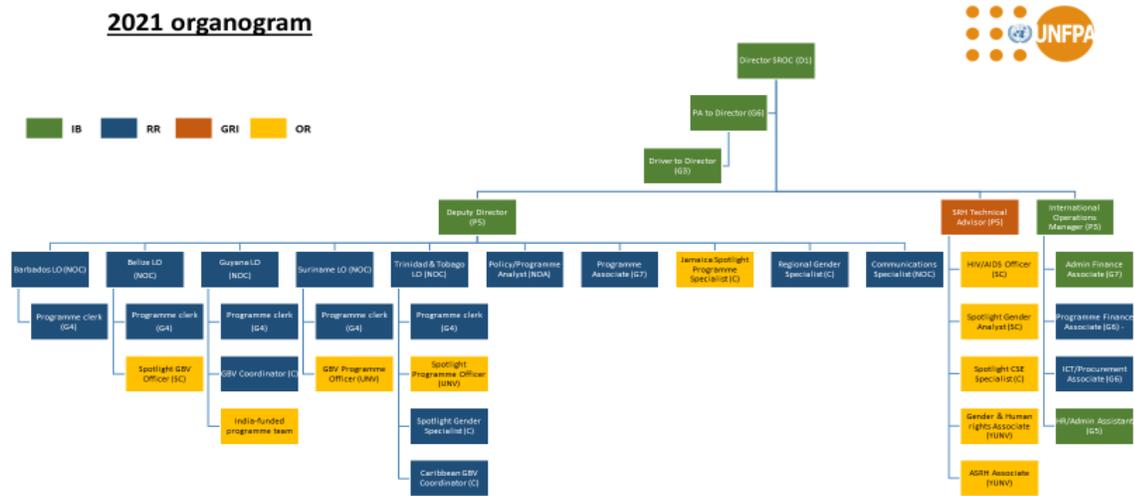## 4.1 Answer to Evaluation Questions on Relevance

EQ1: To what extent is the UNFPA support: (i) adapted to the needs of the population with emphasis on the most vulnerable populations including: women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; (ii) in line with the priorities set by ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan in particular strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and (iv) aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and to what extent did the MSDF fully reflect the interests, priorities and mandate of UNFPA in the region?

EQ2: To what extent does the allocation of resources (human and finance) across the sub-regional programme reflect the varied needs of vulnerable and marginalized groups, prioritizing those marginalized within, as well as reflect the varied needs of, countries and territories?

Summary: There was evidence of needs assessments in identifying priority population needs. Specific and differentiated needs of the most vulnerable groups were identified, and recommendations made for required actions

The sub-regional programme is strongly aligned with UNFPA's Strategic Plan. It applies the "leaving no one behind" principle, incorporating it in all four programme components and emphasizing vulnerable and marginalized groups and outlining actions to address demographic disparities and socioeconomic inequities that affect women's and adolescents' SRHR, including in disaster-prone areas. The outcomes, outputs and planned interventions of the sub-regional programme also reflect the three transformative results of the UNFPA Strategic Plan.

Programme design reflected the major objectives and priorities presented in the key documents, in particular **the** "National Development Plans and Action Plans for SRH", Adolescent Health and Gender Equality, Agenda 2030 SDGs, MSDF, Montevideo Consensus and ICPD. The MSDF fully reflects the interests, priorities and mandate of the UNFPA, and the sub-regional programme reflects UNFPA's interests, priorities and mandate.

Funding was a major constraint. It was generally felt that the UNFPA responded adequately to the needs of the most vulnerable and marginalized groups even with limited resources. Of note was UNFPA's support in addressing the needs of women and girls after the passage of the hurricanes. Groups that require more attention include youth and adolescents, migrant and refugee groups.

4.1.1: UNFPA support adapted to the needs of the population

The programme's design and interventions are based on assessments of needs, strategic and policy frameworks at the global, regional and national levels as well as UN strategic plans and guidelines. They are also supplemented by information in other documents including studies and reports by partner organizations.

There was evidence of the use of needs assessments to identify priority population needs. The UNFPA sub-regional programme document references information on data sources and research methodologies to support data presented on needs in terms of SRH, CSE, GBV, gender equality, adolescent and youth, population dynamics and exposures to humanitarian risk. Reference was also made to the challenges facing data systems in the provision of reliable data for monitoring SDGs, and supporting the need for interventions in population dynamics.

Strategic frameworks and reports such as the ICPD Programme of Action, UNDAF, UN-MSDF, UN Common Country Assessments, Multiple Indicator Cluster Surveys, Caribbean Congress on Adolescent and Youth Health, Spotlight Regional Programme Document, all identified specific and differentiated needs of the most vulnerable groups, and recommendations were made for required actions. The design of the sub-regional programme is responsive to those needs identified in the various reports and frameworks.

As it relates to SRHR, a UNFPA Thematic Brief (2017) indicated that sexual and reproductive health problems, such as early/unplanned pregnancies, HIV infections, STIs and pregnancy-related illness and death account for a significant part of the burden of disease among adolescents and adults. The World Health Organization estimates that poor reproductive health accounts for up to 18 per cent of the global burden of disease and 32 per cent for the total burden of disease for women of reproductive age. Poor reproductive health is responsible for more than one-third of all disability-adjusted life years (DALYs), lost by women during their reproductive years.[62] The brief further pointed to data indicating a decrease in the unmet needs for family planning in some countries and persistent levels in others. In Jamaica, unmet needs decreased from 22 per cent in 2008 to 12 per cent in 2013; in Guyana, it is still estimated to be around 28 per cent. The chief cause is limited access to sexual and reproductive health commodities, mainly for adolescents and the poor.

Gender-based violence was highlighted by the Spotlight Regional Programme Document as a priority area for regional response. According to this document, underreporting and inefficiencies in capturing reports of GBV made it impossible to estimate the incidence of GBV in the region. Recent studies undertaken and country survey reports from Grenada, Guyana, Jamaica, Suriname, Belize, Trinidad and Tobago, however, show that the prevalence of intimate partner violence and child sexual abuse is high. Between 27 and 40 per cent of women reported experiencing violence at the hands of their partners in these countries. There is a significant risk, for women who are survivors of GBV, of being killed by intimate partners and family members. In Trinidad and Tobago, 43 out of 52 women killed in 2017 were murdered in an act of domestic violence.[63]

The Spotlight Regional Programme Document indicates, and prevalence surveys confirm, that the persistence of risks of GBV that women face in the home and the community is rooted in power imbalance and gender inequality. Inequitable gender norms support male dominance in intimate partner relationships. This is expressed in the continued assertion that men should be the head of the household, a view held by both women and men. Prevalence surveys show that women whose male

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[62] UNFPA Reproductive Health Brief, 2017

[63] Spotlight Regional Programme Document, 2019

partners demonstrate more than one type of controlling behaviour are more likely to experience intimate partner violence.[64] Notably, UNFPA increased its human and financial resource investment in GBV response across the sub-region in gender equality and women's empowerment during the period under evaluation.

The UNDAF points to HIV and AIDS and the reduction of adolescent pregnancy as concerns for the region—clear priorities to be addressed. Health and Family Life Education, which includes sexuality education, has been identified by the UNDAF as a key intervention. This priority is in line with the Montevideo Consensus, the CARICOM Integrated Strategic Framework to Reduce Adolescent Pregnancy and supported by the roadmap emerging from the Caribbean Congress on Adolescents and Youth (2019). According to the road   map, "The Caribbean shows major disparities in the health of adolescents, caused by the financial, societal, and health-systems barriers young people face to access health information and quality health services that respond to their needs". Interviews and focus groups with UNFPA stakeholders provided corresponding information. Most stakeholders mentioned the importance of UNFPA's contribution to addressing problems affecting youth and adolescent's health and violence against women and girls.

Stakeholders also mentioned the importance of UNFPA's contribution to programming for vulnerable, marginalized or excluded groups such as persons with disabilities, LGBTQI persons, migrants and refugees.

4.1.2: In line with the priorities set by the ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA-mandated areas.

The programme design reflected the major objectives and priorities presented in the key documents; in particular, National Development Plans and Action Plans for SRH, Adolescent Health and Gender Equality, Agenda 2030, SDGs, MSDF, Montevideo Consensus and ICPD. Interviews and focus discussions with key partners and stakeholders and UNFPA staff confirmed the alignment of the UNFPA programme with national strategic goals. It was revealed that UNFPA successfully lobbied to provide inputs into national plans, in keeping with an advocacy role in support of SRH.

4.1.3: Aligned with the UNFPA Strategic Plan, in particular, strategic plan principles (leaving no one behind and reaching the furthest behind), transformative results, and business model

The sub-regional programme is strongly aligned with UNFPA's Strategic Plan and applies its guiding principle of "leaving no one behind" (LNOB). The programme incorporates the LNOB principle in all four outcome areas by emphasizing vulnerable and marginalized groups and outlining actions to address demographic disparities and socioeconomic inequities that affect women's and adolescents' sexual and reproductive health and rights, including in disaster-prone areas. This is an important focus for UNFPA and one that can be further strengthened as one of its key comparative advantages.

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[64] ibid

The outcomes, outputs and planned interventions of the sub-regional programme also reflect the three transformative results of the Strategic Plan to: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage.

Linked to the Strategic Plan, the sub-regional programme also places greater emphasis on investment in sexual and reproductive health as a critical outcome for sustainable development, thus contributing to the other stated outcomes. The importance of strong partnerships, another feature of the Strategic Plan, is reflected in the sub-regional programme.

4.1.4: Aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and extent to which the MSDF fully reflects the interests, priorities and mandate of UNFPA in the region

Table 10 below shows the alignment of the sub-regional programme with the MSDF and assesses the extent to which the MSDF fully reflects the interest, priorities and mandate of UNFPA**.** The information reveals that the MSDF reflects UNFPA's interest, priorities and mandate, thereby pointing to the alignment of both frameworks. The MSDF also focuses on the most vulnerable populations, which aligns well with UNFPA's priority target groups.

Table 10: Alignment with UN MSDF

UN MSDF	UNFPA Sub-regional Programme	Alignment and gaps
Priority area 1: Inclusive, equitable and prosperous Caribbean Access to equitable social protection systems, **quality services**, and sustainable economic opportunities focused on addressing the right to social protection by supporting governments to provide coverage to the population through social protection floors built on the needs of the most vulnerable. **Other areas affected by social factors, such as gender-based violence (including sexual violence), human trafficking, sexual minorities, teenage pregnancy, single mothers, and orphans will also be examined.**	**Outcome 4: Output 1:** Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development. This will be achieved through advocacy, policy dialogue and technical support, focusing on: (a) generation, analysis, dissemination and use of data for decision making and for preparation of the 2020 census round; (b) accessibility of data on demographic disparities and socioeconomic inequities that affect women and adolescents sexual and reproductive health and rights, including in disaster-prone areas; and (c) analysing the demographic transition trends in the region to support empowerment of youth and girls to pave the way to the demographic dividend.	UNFPA's outcome 4 contributes to generation of data to support governments in establishing evidence-informed social protection systems, quality services, and sustainable economic opportunities. Data and evidence generated by UNFPA also contributes to evidence on key social factors such as GBV, human trafficking, and adolescent pregnancy. UNFPA also supports the development of national policies and programmes to ensure access to quality SRH services. Gaps: UNFPA responds primarily in quality health services and does not have significant investments in social protection systems and creation of sustainable economic opportunities as these are outside its mandate. However, it should be noted that UNFPA provided support to vulnerable women and girls in the aftermath of three hurricanes and in response to COVID-19, skills training to

UN MSDF	UNFPA Sub-regional Programme	Alignment and gaps
		support economic empowerment, and shelters for the most vulnerable.
Priority Area 2: A Healthy Caribbean Within the outcome universal access to quality health care services and systems improved, UNS activities will focus on integrated support to governments in their efforts to provide full coverage and high-quality care services that work effectively as a network to their populations. Focus will be placed on **primary health care, sexual and reproductive health, including capacity development of key human resources**, and nutrition. **HIV, AIDS, and the reduction of adolescent pregnancy remain concerns for the region and are also clear priorities for this outcome; health and family life education (HFLE) and sexuality education will be examined.** **The provision of sex- and age-disaggregated data to inform decision-making and evidence-based interventions is to be taken into account in the development and execution of activities within the priority area. Efforts will be made to strengthen the production and analysis of vital statistics, such as fertility and mortality data, to inform planning.** **Particular focus will be placed on ensuring that women's rights, especially their sexual and reproductive rights, are protected**.	**Outcome 1: Output 1:** Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies. Interventions aim to support: (a) evidence-based advocacy for countries to adopt and apply the concept of 'quality care'; (b) policy dialogue and technical assistance to enhance the capacity of health institutions to increase investments and operationalize quality care-related policies with the required accountability mechanisms, including the lack of skilled birth attendants and unmet need for family planning for underserved groups; **Outcome 2: Output 1**: Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups. Interventions included: (a) generated evidence on the rights and needs of adolescents to sexual and reproductive health; develop and implement national comprehensive sexuality education programmes, in line with international standards; (b) established participatory advocacy platforms for the integration of rights and needs of young people in policies and programmes; and (c) strengthened institutions to advocate for implementation of the CARICOM Integrated Framework to reduce adolescent pregnancy, with the required accountability mechanisms.	Priority area 2 of the MSDF is very closely aligned with UNFPA's Outcomes 1 and 2, particularly as it relates to capacity for SRHR, reduction of adolescent pregnancy, CSE and HIV prevention.
Priority Area 3: Cohesive and safe Caribbean Capacities of public policy and rule-of-law institutions and civil society organisations strengthened and equitable access to justice, protection, citizen security and safety reinforced. **UN support will be provided to bring relevant laws in compliance with international and regional obligations, particularly for the protection of women and children, and to support countries to meet their respective treaty obligations under the**	Outcome 3: Output 1: Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings. Key interventions include: (a) strengthening the capacity of multiple sectors to advocate for reproductive rights and protection for the most vulnerable people, including adolescent girls; (b) promoting gender transformative approaches through engagement of men and boys; and (c) advocating for improvement and implementation of gender-sensitive legislation and policies.	Priority area 3 of the MSDF is also closely aligned to UNFPA's outcome 3, specifically as it relates to strengthening legislation and policies and the prevention of violence against women, girls and other vulnerable groups

UN MSDF	UNFPA Sub-regional Programme	Alignment and gaps
ICCPR, CEDAW, CRC, CRPD, and CMW. Special emphasis will be placed on the **prevention of violence against women and children, youth violence, and violence against other vulnerable groups, including persons with disabilities, older persons, people living with AIDS, and LGBT persons**.		
Priority Area 4: A sustainable and resilient Caribbean This outcome focuses on strengthening adaptive capacities, providing population data to identify groups that are most vulnerable to climate change, disasters, response, and recovery, and **paying particular attention to the rights and needs of the most vulnerable.** This takes into consideration variations in adaptive capacities depending on gender, age, poverty levels, and location, among other factors.	Outcome 1: Output 1: (c) integrating MISP in national and regional preparedness, with emphasis on most at-risk countries. Outcome 4: Output 1: (b) accessibility of data on demographic disparities and socioeconomic inequities that affect women and adolescents sexual and reproductive health and rights, **including in disaster-prone areas**	While the MSDF does not specifically identify SRH and GBV related services as key areas of response to disasters, priority area 4 does speak to the rights and needs of the most vulnerable. Consequently, integration of the MISP for RH into disaster planning (Outcome 1) and utilization of data produced by UNFPA under outcome 4, contributes to improving planning for disasters, ensuring that the most vulnerable are reached with services. The UNFPA ensures a dedicated focus on GBV and SRH within the context of disaster situations. This includes communication on the importance of GBV and SRH response to emergencies.

4.1.5: Allocation of resources reflect the needs of vulnerable and marginalized groups

It was generally felt (based on programme documents, stakeholder interviews and progress reports) that the UNFPA had responded adequately to the needs of the most vulnerable and marginalized groups even with its limited resources. The UNFPA was acknowledged, particularly, for responding to vulnerable women and girls in the aftermath of three hurricanes that affected the sub-region, by providing services and commodities as well as skills training to support economic empowerment. In response to COVID-19, UNFPA supported the continuation of services such as SRH services and shelters for the most vulnerable women and girls.

Programming for vulnerable, marginalized and excluded groups

Stakeholders mentioned the importance of UNFPA's contribution to programming for vulnerable, marginalized or excluded groups such as LGBTQI persons, those living in rural areas, lower income groups, those living with disabilities, and migrants and refugees remained among the most vulnerable (e.g., to all forms of GBV.

The role of the UNFPA in providing needed support to vulnerable groups affected by humanitarian crises such as COVID-19 and hurricanes was also strongly commended, but the quality of the humanitarian response was varied. The COVID-19 response was most successful as the services supported by UNFPA bridged an important service delivery gap that existed as governments grappled with the response to the pandemic. The response to the Venezuelan migrant crisis was challenged by the lack of financial resources and the effectiveness of the hurricane response was affected by implementation delays as well as the delays in the procurement of supplies.

Among the vulnerable and marginalized groups, adolescents and youth, migrant and refugee groups were singled out by interviewees as needing more assistance from the UNFPA. Interviewees suggested that UNFPA should consider reinforcing its focus on adolescents and youth SRH by, for example, considering more holistic health approaches in collaboration/ partnership with other UN agencies (e.g., PAHO) and improving its targeting of persons with disabilities as well as addressing the SRH needs of women who are not of reproductive age.

The challenge of institutions, partner capacity and data

Particular institutional limitations that impact the resolution of identified problems were noted. For example, national legislative frameworks have not delivered effective protection to GBV survivors and there is a need to track the efficacy of legislation that could guide investments for institutional improvements across the justice chain.

Legal frameworks and religious and cultural factors attenuated access to comprehensive sexuality education and the sexual and reproductive rights of adolescents and enabled gender discrimination. There were also some concerns expressed regarding the limited role of local partners in implementation and the need to pay close attention to specific local contexts.

Limitations in data were among the concerns raised. The available country-level data limits UNFPA's scope of work with LGBTQI populations due to limitations in the way population groups are defined in data collection processes. Interviews revealed that UNFPA's current M&E framework is not disaggregated into social categories like gender identity and sexual orientation. "Gender-disaggregated data will further support deeper understanding of gender issues," noted one key informant. Gaps in targeting include the lack of a flexible understanding of gender identity where gender non-confirming categories are excluded from gender-disaggregated data in M&E processes. Improved data will support an understanding on how sexual orientation and/or gender identity impact on someone's vulnerability to violence, discrimination, and access to and use of quality information and services in the field of integrated sexual and reproductive health. Under reporting and inefficiencies in capturing reports of family violence also make it impossible to estimate the incidence of GBV in the region.

Finally, findings from in-depth interviews and focus group discussions with stakeholders suggest that UNFPA's lack of control over how stakeholder/partners implement in the field, limits the extent to which the sub-regional programme's plans for targeting the most vulnerable are realized. Governments in the region also tend to be more "conservative" leading to limitations in targeting all vulnerable and at-risk populations.

It was observed that in many cases the priorities of the governments and UNFPA do not coincide completely, as seems to be the case with timetables for reviewing and strengthening legislation relating to GBV, for example. This is a factor that could affect implementation, even where commitment to general goals is indicated. Coordination with government partners is an area that requires improvement in the longer term, given some of the issues involved, such as cultural and legal traditions. The UNFPA can play a critical role in helping governments to use data and evidence to make an investment case and strengthen communication around sensitive issues (e.g., SRH, sex education) to allow governments to present those in a more palatable manner.

Humanitarian responses to natural disasters, Venezuelan migrant crisis and COVID-19 saw the UNFPA working in partnership with government agencies and CSOs. One key gap that was noted was the duration of the interventions, particularly as they relate to skills training and empowerment of women post-hurricanes Irma, Dorian and Maria. While the interventions were seen as having a strong impact on beneficiaries' ability to engage in income generation post disasters, it was noted that the duration of the support provided by UNFPA could have been longer thus achieving greater impact. Additionally, simplifying the procurement process and providing space for local partners to adjust and adopt the approaches to the local context would have strengthened the ownership and effectiveness of the interventions.

The Spotlight Initiative is an important and timely partnership. It has provided much-needed resources to UNFPA to strengthen its response under Outcome 3 (gender equality and women's empowerment). In essence, it filled a resource gap, especially with the onboarding of programme specialists in countries such as Belize, Trinidad and Tobago, and Guyana. The UNFPA's expansion of its partnership, particularly with CSOs in the region, which was initiated during its response to COVID 19, was further strengthened through Spotlight funding and resulted in an increase in the number of implementing partners who were directly reaching vulnerable populations. The partnerships with CSOs ensured that vulnerable populations were reached in a timely and effective manner and that the hardest to reach populations were reached with services.

4.2 Answer to Evaluation Questions on Effectiveness

EQ3: To what extent have planned outputs of the programme been achieved and to what extent did the outputs contribute to the achievement of the planned outcomes:

- Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies;
- Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups;
- Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings; and
- Strengthened national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development**?**

EQ4: To what extent has the UNFPA successfully mainstreamed gender equality and human rights in the development and implementation of the sub-regional programme?

EQ5: To what extent has the UNFPA ensured that the needs of adolescents and young people in all their diversities (age, location, gender identity, sexual orientation, etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the sub-regional programme?

Summary: The programme met most of its performance targets, and in some instances exceeded them, despite resource constraints. The following was achieved with UNFPA's support.

- Beneficiary institutions' capacity to deliver sexual and reproductive health services increased, particularly in emergency settings.
- The Government of Trinidad and Tobago benefited from strengthened procurement and supply chain management systems.
- Evidence generated around LACRS supported the case for the expansion of the methods mix in Trinidad and Tobago. SRH policies were approved and adopted in Guyana, Trinidad and Tobago and Suriname.
- Evidence generated from assessments and analyses facilitated dialogue among key actors strengthened advocacy capacity, advocacy positions and programming.
- Key policy wins included: abolishment of child marriage in Trinidad and Tobago, provisions in Guyana SRH Policy that ensure adolescents' access to SRH services.
- Protection systems were strengthened through key implementers' enhanced capacity to deliver GBV services (including applying standard approaches to service delivery).
- Women and girls had (continued) access to SRH and GBV services in emergency settings; referral pathways were an important tool for improving service providers' ability to increase access to GBV services.
- NSOs were better equipped to plan and implement the 2020 Census.

The Spotlight Initiative has the potential to contribute to addressing GBV in the sub-region. Evidence of its contribution to strengthening legal and protection systems for the implementation is not yet available

Data on the extent of effectiveness of capacity building initiatives were limited. Participants reported increased knowledge of policies and legislation that hindered adolescents' access to SRHR because of their engagement in National Capacity Building Dialogue on Adolescent SRHR (held in Jamaica). The Youth Connect App (Trinidad and Tobago) has the potential to increase access to SRHR information and services. Data on the progress made to date is

In keeping with the theory-based approach, the reconstructed Theory of Change (Annex 8) was used as the basis of the assessment of programme effectiveness. The reconstructed TOC illustrates a revised programme intervention logic that more coherently reflects the link between UNFPA-supported interventions, the resulting outputs (products, services) and expected outcomes/results (e.g., changes in capacity).[65] It allows for a fair assessment of effectiveness, correcting for any gaps in the intervention logic and adjusting for UNFPA's overly ambitious outputs, which read more as development outcomes.

4.2.1 Outputs and outcomes

Reports indicate that for the 2017-2021 sub-regional programme, UNFPA's interventions focused, primarily, on three key areas: a) training and capacity building support; b) technical expertise to stakeholder/partners; and c) leading and/or facilitating the conduct of various assessments. Given its technical expertise, which the evaluation highlighted as one of its comparative strengths, the UNFPA provided technical leadership in the field by convening key actors and facilitating policy dialogue on pertinent issues, in line with UNFPA's mandate. Additionally, UNFPA led and or provided support to various advocacy initiatives. To a lesser degree, UNFPA's support included financial support and delivering services and or facilitating access to services. Stakeholders/partners rated the quality of UNFPA-funded interventions highly. Noted among those was the technical advice provided by UNFPA staff and consultants. Quality of outputs is an integral factor that can influence the achievement of outcomes.

The reconstructed TOC shows that implementation of the multi-country programme was expected to deliver six results, one for each of the four thematic area and the other two relating to access to information and programme coordination. The results focus on:

1. **Strengthening** legal and protection **systems**;

2. **Enhancing national capacities** to strengthen enabling environments, advocate for and deliver policies and programmes and generate, analyze and utilize data and evidence;

3. **Access** to strategic **information; and**

4. Effective and efficient **programme coordination** (discussed in section 4.5).

The sub-regional programme met most of its annual performance targets, and in some instances exceeded them, despite resource constraints (human and financial), which included an unfavourable enabling environment (e.g., legislative barriers, cultural and religious norms) and competing government priorities, influenced the UNFPA's performance. However, some aspects of the M&E system (e.g., TOC, and performance targets), do not adequately consider these limitations. Examples include the following.

1. The expected result for the Gender Equality and Women's Empowerment thematic area—*Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings*—is noted as output in the CPD. Systems change will not be immediate; the reconstructed TOC illustrates that it is more logically placed as an intermediate outcome.

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[65] Evaluation Handbook: How to Design and Conduct A Country Programme Evaluation At UNFPA, pg. 304.

2. The expected results for the other components are also noted as outputs in the CPD. With their focus on *increased capacity,* the reconstructed TOC illustrates that they are more suitably placed as immediate outcomes.

3. Overall, core elements of UNFPA's work such as advocacy and policy and systems change take time; the results of these efforts may not be fully realized within one programme cycle. Target setting for programme performance should, therefore, take that into account by drawing on M&E approaches that are specific to advocacy and policy change (e.g., integrating milestones along the path of change or including interim outcomes in the M&E system).
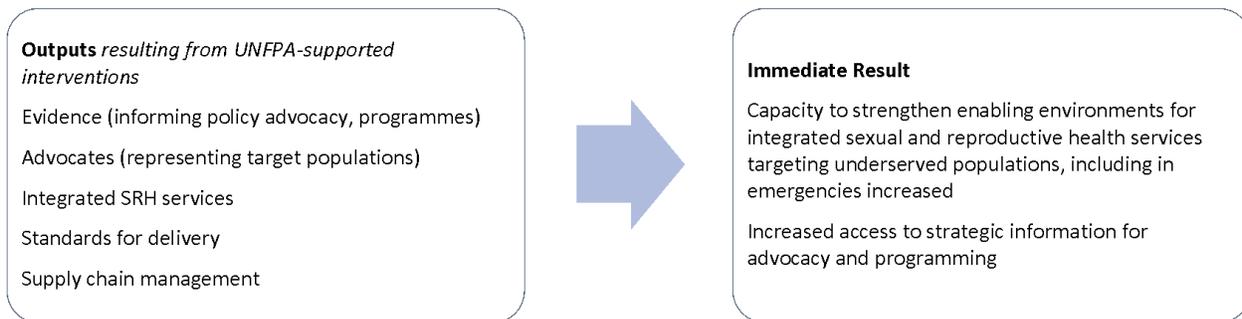
Sexual and Reproductive Health

Figure 8: Results Chain - Sexual and Reproductive Health, Reconstructed Theory of Change

The sub-regional programme's support has strengthened beneficiary institutions' capacity to deliver sexual and reproductive health services considerably. Particularly in emergency settings, the UNFPA's contribution to ensuring that there was access to services for target populations, despite the disruptions caused by the emergency event, was integral, according to interviewees' (UNFPA staff and beneficiary institutions). Key reports indicate, and discussions with beneficiary institutions confirm, that digital and remote modalities for service delivery increased vulnerable groups' access to services during COVID-19, for example. Beneficiaries cited examples of how the UNFPA's capacity building support to deliver remote/mobile SRH services during COVID-19 allowed them to reach those hardest to reach. Additionally, the UNFPA's support allowed some stakeholder/partners to offer new services and reach target groups in new locations, enabling them to address previously unmet needs. According to a key informant from a beneficiary institution:

> When we look at the persons we counseled during Covid-19, these were people from across the country we would not have been able to provide professional counseling otherwise. The support included resource documents, capacity training, occasion to participate in international meetings and training so we can strengthen our capacity internally.

Moreover, the UNFPA's support during emergency settings, helped the institutions to address and put at the forefront population needs such as access to SRH information and services and gender-based violence prevention and response services that would have otherwise been overlooked during crises. As one stakeholder/partner described, when discussing the significance of UNFPA's support (referral pathway training sessions for representatives of national ministries), "When it comes to GBV it is still taboo you don't get the interest of all persons, for some it is a non-issue […] But UNFPA did provide the avenue for them to get sensitized."

Availability of contraceptives is essential to reducing unmet needs for family planning and ensuring access to SRH services. Therefore, strengthened supply chain management systems are an important component of enhancing the enabling environment for integrated sexual and reproductive health services. As one beneficiary clearly stated about supply chains during emergencies, "You can't have things done when you don't have the commodities". The sub-regional programme leveraged its

resources to provide third-party procurement support to address the immediate gaps in the overall availability of commodities, and not just in emergency settings.

Further, the UNFPA's support included the introduction of an Information System for the Logistics Administration of Medicines and Supplies (SALMI), a logistics management information system (LMIS) that will allow ministries of health to, among other things, monitor commodities stock, generate data for decision-making and improve supply chain management, overall. Already the Government of Trinidad and Tobago has benefited from UNFPA's investments in strengthening its capacity to coordinate the distribution and dispensing of contraceptives, with the SALMI Health Facility Module (SALMI-HFM) now integrated with the family planning programme and operational in seven (7) health facilities. The UNFPA's support for the introduction of an LMIS addresses major gaps in the sub-region: weak supply chain management and the need to establish monitoring mechanisms to ensure access to SRH services.

The availability of a mix of family planning methods is an important component of SRH services and is also key to addressing unmet needs for family planning services. Results of a recent Reproductive Health Commodity Security (RHCS) Assessment commissioned by UNFPA (2020) highlighted that not all modern contraceptives options are available for women in the Caribbean. For the period under review, UNFPA contributed to building the evidence needed to advocate for expanding the methods mix (Trinidad and Tobago) and developing a strategy to introduce implants (Suriname). These outputs are essential for changing the attitudes towards long-acting reversible contraceptives (LARCS). UNFPA's support for the implementation of "Expanding the Contraceptive Method Choice in Trinidad and Tobago: Introduction of Contraceptive Implants" study, set the stage for the, Government of Trinidad and Tobago to introduce contraceptive implants and commit to scaling up the expansion of the methods mix, making significant progress towards increasing access to SRH services.

For the 2017-2021 period, countries in the sub-region made significant advancements in expanding SRHR with UNFPA support. The governments of Guyana, Trinidad and Tobago and Suriname approved and adopted their SRH policies; these are major achievements for advancing access to SRHR. Data suggests that the UNFPA's capacity-building support, coupled with its voice and visibility in the policy process, contributed to the success in advancing favourable SRHR policies. The 2019 drafting of Belize's SRH Policy, for example, would have included considerations for GBV in emergencies; this is an indication that the profile of GBV as a pertinent issue has been raised with the UNFPA's advocacy support.

The agreements and commitments that stakeholder/partners make to advance access to SRHR are major milestones for the performance of the 2017-2021 sub-regional programme. At the Nairobi Summit (ICPD+25), regional stakeholders committed to improving access to SRHR. At the country level, commitments have been made, for example, to expand (in Suriname) and/or scale-up method mix (in Trinidad and Tobago), with the aim to meet unmet family planning needs. The Government of Trinidad and Tobago also indicated its intention to move towards integrated SRH. The progress made on these milestones will, likely, be included in the next sub-regional programme evaluation.

Among the limitations, which prevented the team's comprehensive assessment of the extent to which the UNFPA-supported interventions increased use of services, was the inability to conduct focus groups

with indirect beneficiaries of UNFPA funded-interventions (individuals who accessed and used SRH services, as well as other UNFPA-supported programmes).

Table 11: Performance Data, SRH Outputs and Outcomes

Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome indicators	Baseline	Target	Achievement
Number of countries that have reduced family planning unmet need	3	6	Barbados, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago are listed as the six Caribbean countries included in UNFPA's 120 target countries to receive a steady supply of quality modern contraceptives to eliminate the unmet need for family planning by 2030. However, current data for those six countries are not available for the team to assess this outcome. Available data depicts the following: Barbados -20 (2012); Belize -22 (2016); Guyana -28 (2014); Jamaica -12 (2013); Suriname – 28 (2018); Trinidad & Tobago -24 (2011)
Number of countries that have integrated the MISP into national disaster risk plans	0	7	Five regional institutions were provided with capacity building assistance to support countries and 12 countries were supported to integrate the MISP in national disaster-risk reduction and response plans.

Output 1: Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services targeting underserved populations, including in emergencies.

Output indicators	Baseline	Target	Achievement
Number of countries with policies and programmes to deliver integrated sexual and reproductive health, including family planning and HIV-prevention services, for underserved people.	5	10	4: New or revised National SRHR policies (Guyana, Suriname, Trinidad & Tobago). 2: Draft policies pending approval (Jamaica and Belize).
Number of countries that have adopted and applied the concept of quality care.	0	6	Two countries have advanced this process: Guyana's Adolescent Quality of Care Standards was drafted and validated in several regions. However, adoption is pending. Belize's standards were started in 2019.
Number of regional institutions with the capacity to support countries to integrate MISP in national disaster-risk reduction and response plans.	0	4	Six regional institutions with capacity to support countries to integrate MISP in national disaster-risk reduction and response plans – (CDEMA, UWI, OECS Commission, CFPA, International Red Cross, CARICOM).
Number of countries supported to integrate MISP in national disaster-risk reduction and response plans.	7	14	13 countries supported to integrate MISP in national disaster-risk reduction and response plans (Dominica, Antigua, St. Maarten, Turks & Caicos, Suriname, Barbados, Jamaica, Trinidad & Tobago, Belize, Guyana, Grenada, St. Kitts and Nevis, Saint Lucia)

Source: UNFPA Annual Reports 2017, 2018, 2019, 2020.

Youth and Adolescents

Outputs *resulting from UNFPA-supported interventions*	
Evidence (informing policy advocacy, programmes)	

Outputs *resulting from UNFPA-supported interventions*

Evidence (informing policy advocacy, programmes)

Advocates (representing target populations)

Training (e.g duty bearers)

Standards for service delivery

Policies

Programmes

Immediate Result

Capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with focus on vulnerable and marginalized groups increased

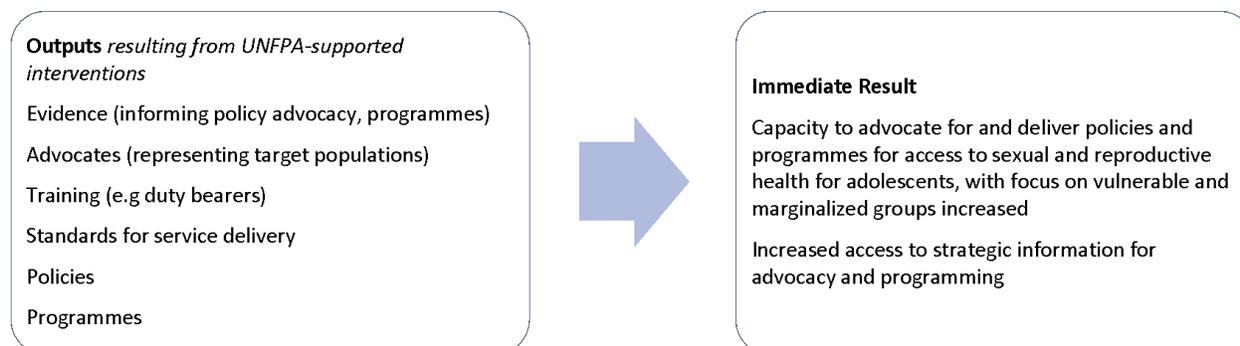Increased access to strategic information for advocacy and programming

Figure 9: Results Chain – Youth and Adolescents, Reconstructed Theory of Change

Data shows that the results of various assessments and analyses (e.g., needs/gaps assessments, studies), that were supported by the UNFPA to strengthen national capacity to advocate for and deliver policies for adolescents, were critical inputs into the revision and development of youth-friendly SRHR policies and the design of youth-focused programmes. The Accelerated Action for the Health of Adolescents (AA-HA!) Guyana, for example, was a key input for the policy development process for a national policy on the reintegration of adolescent mothers in the education system. Recommendations from a UNFPA-supported study in Trinidad and Tobago on the legal barriers that affect adolescents' access to SRH services will inform stakeholder/partners' advocacy efforts to increase minors' access to SRH services (through the proposed amendment to Trinidad and Tobago's Children's Act of 2015).

The abolishment of child marriage in Trinidad and Tobago in 2017, a major win, was achieved with support from the UNFPA. This policy change, along with the provisions in the Guyana SRH Policy that ensure adolescents' access to SRH services, demonstrate that there is an increased priority on adolescents. They are major wins for advancing national capacity to meet the SRHR of adolescents and were achieved with UNFPA's support.

Reports and interviewees' accounts describe how UNFPA's role in convening key actors around ASRHR issues (e.g., advocacy initiatives) and supporting stakeholder/partners' participation in other relevant dialogues (e.g., technical working groups and committees) have contributed to increased stakeholder/ partner capacity to advocate for and deliver programmes related to adolescents' access to SRH services. Comprehensive Sexuality Education Action Plans, for example, which were developed by ten ministries of education in 2019 with UNFPA support, are key resources now available for those governments to advance SRHR for adolescents and young people. The impetus for the development of the plans was a 2018 UNFPA-funded regional high level policy dialogue, implemented in partnership with other UN agencies and CARICOM/PANCAP that resulted in a set of 36 endorsed recommendations. The CSE action plans are aligned with the high-level recommendations that emerged from that dialogue.

Effectively addressing adolescent pregnancy faces certain challenges, including limited access to SRH

information and commodities and policy and legislative environments that limit adolescents' access to information and services.

Additionally, stakeholder/partners' advocacy capacity, and invariably position, strengthened because of UNFPA's role in helping them to have a seat at the table to deliberate, advocate, and set the agenda for addressing access to SRHR for adolescents and youth. Platforms for dialogue, deliberation and advocacy included the Caribbean Women and Child Initiative (CariWAC), which focused on the reduction of adolescent pregnancy.

Focus group discussions and reports refer to UNFPA's interventions that strengthened the capacity of direct service providers to deliver programmes for adolescents and young people. Beneficiaries identified that standard approaches to service delivery for adolescents are an integral part of their work and that UNFPA's support in that regard has improved their ability to deliver quality service. The UNFPA's support in establishing standards for service delivery (e.g., manuals) was well received. Standards, for example, that emphasize how to provide service in a non-judgmental way, an important consideration when serving vulnerable and marginalized groups, were noted as valuable; likewise, those that present a comprehensive approach to addressing adolescents' SRH needs, covering topics such as nutrition and mental health. Progress made towards further strengthening standards for service delivery for adolescents includes the preparation, testing and validation of the Adolescent Quality of Care Standards in Guyana. The standards, when approved, will be applied nationwide.

During the period under review, the UNFPA supported several capacity-building initiatives around ASHR (e.g., training and peer learning exchanges on delivery of CSE programmes). Data on the extent to which they increased national capacity to advocate for and deliver policies and programmes for adolescents' access to SRHR, however, is limited. From available data, Jamaican youth delegates, representing various youth groups (e.g., youth leadership bodies, youth living with HIV, LGBQTI Youth, teen mothers) identified that their participation in a national capacity building dialogue on adolescent SRHR increased their knowledge on the policies and legislation that hinder adolescents' access to SRHR. From UNFPA's observation, the participants demonstrated a change in their attitudes towards ASRHR because they participated in the dialogue.

Given its digital modality, the Youth Connect App (Trinidad and Tobago) is an example of a UNFPA-supported intervention that has strong potential to directly contribute to increasing adolescents' and youths' access to SRH information and services. UNFPA supported the development and launch of the App. There was no data available, however, to determine the extent to which the availability of the App has increased access to SRHR information and services. This will need to be addressed in a future evaluation exercise.

Table 12: Performance Data, Youth and Adolescents Output and Outcome

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.			
Outcome Indicators	**Baseline**	**Target**	**Achievement**
Number of countries that have laws and policies that allow adolescents access to sexual and reproductive health services.	0	6	Antigua &Barbuda, a Draft National Action Plan to Reduce Adolescent Pregnancy National Strategic and Adolescent Health and Development Plan – Barbados National Adolescent Health Strategic Plan – Belize Pre-adolescent and adolescent health strategy – Jamaica ISF integrated into the SRH Policy for Trinidad and Tobago
Output 1: Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with focus on vulnerable and marginalized groups			
Output indicators	**Baseline**	**Target**	**Achievement**
Number of countries that have implemented comprehensive sexuality education programmes in line with international standards.	0	6	Four countries. It is important to note that the majority of countries are implementing CSE programmes. However, they are not fully aligned with international standards.
Number of countries that have implemented the CARICOM Integrated Strategic Framework to reduce adolescent pregnancy.	0	6	13 countries. It is important to note that overall, the majority of the countries are implementing actions that are part of the CARICOM Integrated Strategic Framework to reduce adolescent pregnancy. However, one of the weaknesses is the lack of monitoring by CARICOM of the implementation of the Strategic Framework to assess the extent of its implementation and impact across the Caribbean.
Number of organizations that have advocated for the needs and rights of vulnerable young people in policies and programmes.	0	5	39 have advocated for the needs and rights of vulnerable young people in policies and programmes

Source: UNFPA Annual Reports 2017, 2018, 2019, 2020

Gender Equality and Women's Empowerment

The sub-regional programme's support to preparation of gender policies and establishing standards/protocols for service delivery, including in emergency settings, is expected to contribute to strengthening the legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls.
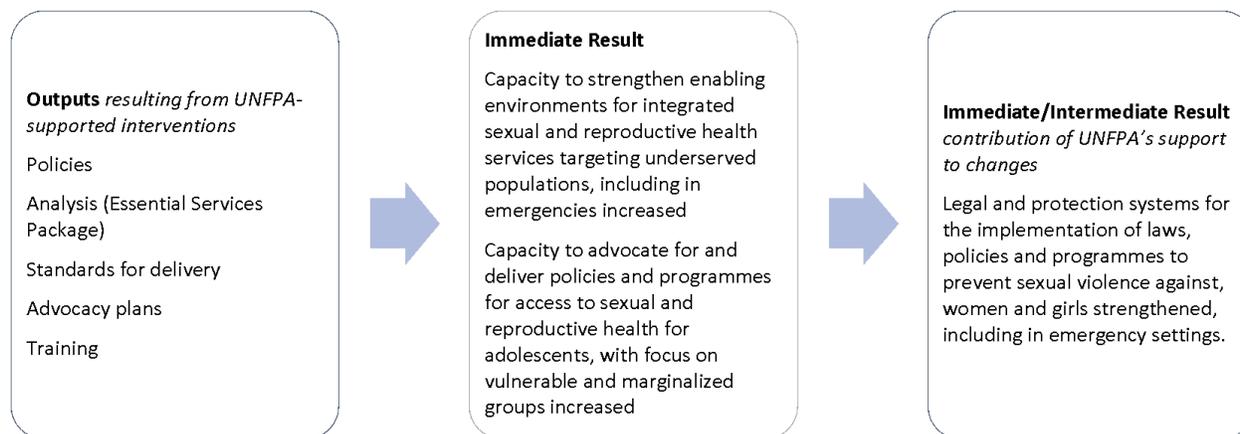
Outputs *resulting from UNFPA-supported interventions*

Policies

Analysis (Essential Services Package)

Standards for delivery

Advocacy plans

Training

Immediate Result

Capacity to strengthen enabling environments for integrated sexual and reproductive health services targeting underserved populations, including in emergencies increased

Capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with focus on vulnerable and marginalized groups increased

Immediate/Intermediate Result
contribution of UNFPA's support to changes

Legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against, women and girls strengthened, including in emergency settings.

Figure 10: Results Chain - Gender Equality and Women's Empowerment, Reconstructed Theory of Change

Data indicates that legal and protection systems were primarily enhanced through stakeholders'/partners' increased capacity to meet their mandates and deliver GBV response services using GBV referral pathways, for example. In 2020, alone, 13 countries in the sub-region benefited from this type of support—establishment of referral pathways, training to frontline workers to implement them, and development of standard operating procedures. Programme design indicates, and beneficiaries agree, that referral pathways facilitate delivery of services (e.g., medical, psychosocial and legal) to survivors of GBV. Referral pathways and focus group discussion were key tools for frontline service providers to use to reach those in need, thereby increasing access to GBV services.

Stakeholders were also able to increase their capacity to deliver services through various training initiatives around GBV. Focus group discussion involving beneficiary institutions highlighted that assistance from UNFPA, including training of counselors, allowed beneficiary institutions to be better able to deliver counseling and psychosocial support services to their clients. The *GBV Companion Booklet* was noted as a valuable resource for frontline service providers to respond to GBV at the community level.

The UNFPA's support for strengthening legal and protection systems in emergency settings, such as COVID-19 is particularly important. Stakeholders highlighted that UNFPA's COVID-19 grant support facilitated the operation of centres (e.g., safe spaces in Belize) for women and girls to access SRH information and GBV services. Similar support for establishing centers in Guyana allowed service providers to better respond to the needs of children who experienced sexual abuse. At the centers, children were able to report abuse (in the presence of the police, child protection and a guardian); the statements are thereafter used to support prosecution. The children and their families also accessed counselling services at the centers. Also, the UNFPA's support in establishing additional emergency service hotlines expanded stakeholders'/partners' reach to survivors, including those living in rural areas, during the COVID-19 Pandemic. The UNFPA's investments in capacity building around MISP, in 2018, set the foundation for the 2019 drafting of the Belize SRH Policy to consider addressing GBV in emergency settings. Policies that consider the needs of women and girls in humanitarian crises include those addressing sexual violence against women and girls.

Data from key reports and consultation with key informants indicate that during the implementation period, the UNFPA made progress towards strengthening the legal and protection systems for the implementation of laws, policies and programmes to prevent GBV against women and girls. In Belize, for example, the UNFPA supported the development of a roadmap towards eliminating early marriage, an important first step to directly influence and support policy development and change around early marriages.

The Spotlight Initiative, with its focus on women and girls being implemented in some territories, is expected to make an impact on gender equality and women's empowerment in the sub-region. The extent to which the UNFPA's support to the initiative will strengthen the legal and protection systems is yet to be seen. However, UNFPA's planned contributions in areas such as raising awareness of and strengthening advocacy around GBV (e.g., student-led campaigns in schools) and CSO capacity-building (e.g. training on the identification of Violence Against Women and Girls), coupled with other Spotlight Initiatives aimed at enabling favourable policies and legislation (e.g. CSO capacity-building to participate in legal reform, and establishment of a Parliamentary Caucus on violence against women and girls) are expected to change the landscape of GBV in the sub-region over the coming years.

Table 13: Performance Data, Gender Equality and Women's Empowerment Outputs and Outcomes

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.			
Outcome indicators	**Baseline**	**Target**	**Achievement**
Number of countries with national mechanisms to monitor, prevent and reduce violence against women and adolescent girls.	0	6	It is not possible to assess this indicator based on available reports.
Output 3: Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings.			
Output indicators	**Baseline**	**Target**	**Achievement**
Number of civil society organizations supported to advocate for policy implementation and monitoring for reproductive rights and protection from sexual violence for the most vulnerable people, including adolescent girls.	0	6	46
Number of countries supported to develop and advocate for the implementation of multisectoral protocols and norms to address sexual violence, including during emergencies.	3	8	2020: 13 countries 2019: 4 countries 2018:4 countries 2017: 5 countries

Source: UNFPA Annual Reports 2017, 2018, 2019, 2020
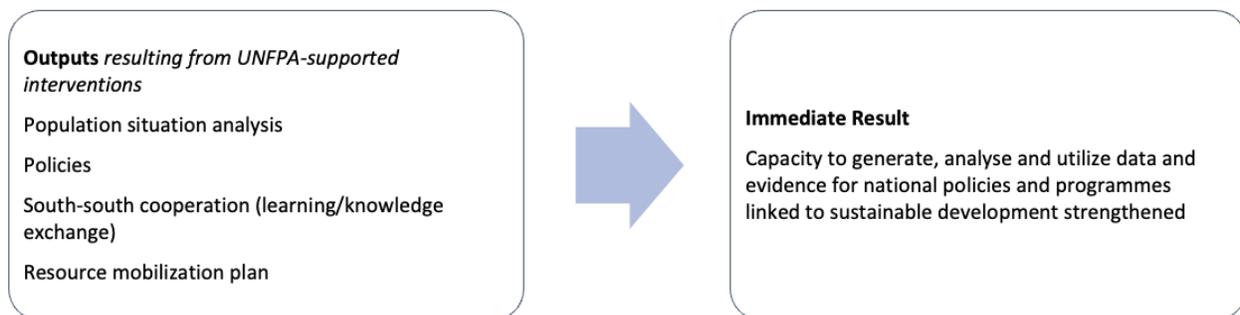
Population Dynamics

Figure 11: Results Chain - Population Dynamics, Reconstructed Theory of Change of UNFPA support

With the UNFPA's support to prepare situational analyses, population policies and facilitate learning exchange, it is expected that UNFPA would have contributed to strengthening national capacity to generate, analyze and utilize data and evidence for national policies and programmes.

Additionally, the latest national reports submitted by Caribbean countries concerning the review of the implementation of the Montevideo Consensus, CEDAW and the 20-year review of the implementation of the Beijing Declaration and Platform for Action report, indicate that, with the exception of Jamaica and, to a certain extent, Suriname, there is a persistent lack of disaggregated data by sex, age, disability, race, ethnicity and other criteria for assessing the impact and effectiveness of policies and programmes. This includes the absence of disaggregated data regarding domestic, sexual, trafficking, and other forms of gender-based violence.

Data shows that with UNFPA support, National Statistical Offices (NSOs), such as those in Suriname, Jamaica and Belize, were better equipped with the skills, tools and resources to plan and implement the 2020 round of the Population and Housing Census. Beneficiaries highlight that UNFPA's support in procuring the equipment needed to carry out the census was valuable. This type of capacity-building support is essential for NSOs to generate and analyze evidence for national policies and programmes.

Due to the COVID-19 pandemic, all countries and territories in the sub-region (except for Aruba; census done in December 2020)[66] have postponed their 2020 census exercises. Nonetheless, the data indicates that UNFPA support has placed beneficiary institutions in better stead to conduct the population and housing census when ready. Beneficiaries identify that capacity strengthening in areas such as data collection and quality data assurance, in line with international standards, will yield tremendous benefit.

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[66] In addition, Bermuda did a census in 2016 and decided to use it for the 2020 round of censuses.

Table 14: Performance Data, Population Dynamics, Outputs and Outcomes

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.			
Outcome indicators	**Baseline**	**Target**	**Achievement**
Number of countries that have national development plans that address population dynamics in setting development targets	0	8	**Three** countries with completed population policies: Barbados, Belize, Trinidad and Tobago. Jamaica has a draft population policy (renamed "National Population and Sustainable Development Policy"), a revision of the 1995-2015 population policy - It was submitted to Cabinet for approval in 2020).
Output 1: Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development.			
Output indicators	**Baseline**	**Target**	**Achievement**
Number of national statistical offices with technical capacity to use disaggregated data for mapping demographic disparities and socioeconomic inequalities, including for emergency preparedness.	0	5	9
Number of countries with evidence-based policies and programmes to address population dynamics, sexual and reproductive health, HIV and their linkages to sustainable development.	0	5	8 countries were supported in preparing national reports on the Montevideo Consensus on Population and Development. 3 countries with completed population policies
Number of countries supported to develop implementation plans for the 2020 round of census.	0	6	2017: 1 (Belize) 2018: 9 (investment in structural support for NSOs in Belize, Barbados, Guyana, Jamaica, Suriname and Trinidad & Tobago. Capacity building of statistical officers in Dominica, Saint Lucia and Grenada 2019: 21 2020: 22 (technical assistance provided for the 2020 and 2021 census roll-out countries in coordination with the CARICOM and OECS Secretariat)

Source: UNFPA Annual Reports 2017, 2018, 2019, 2020

4.2.2   Gender Equality and Human Rights

Gender Equality and Human Rights are key principles that guide the UNFPA's work. Data from key reports and in-depth interviews show that the design of the sub-regional programme adequately integrates these principles. They also feature highly in ongoing implementation deliberations and

decisions.

The *Gender Equality and Women's Empowerment* thematic component of the 2017-2021 sub-regional programme focused on effecting change in the policy environment and establishing standards/protocols for service delivery (aimed at addressing gender-based violence). The UNFPA's support through the Spotlight Initiative—and its focus on GBV—is expected to advance that work.

4.2.3   Diversity of needs of adolescents and young people taken into account

The sub-regional programme targeted and reached diverse groups of youth: teen mothers and fathers, LGBTQI youth, youth living in rural areas, and adolescents living with HIV.

In the sub-region, all adolescents are not guaranteed access to SRH services; high-risk behaviours (e.g., multiple sexual partners, intergenerational sex); violence, including sexual and GBV impact their wellbeing and high rates of teenage pregnancy is a priority issue for several governments. The sub-regional programme is relevant to the needs of the youth population, with its funded interventions designed to contribute to increased access to SRHR for young people and adolescents.

The evaluation's findings included that UNFPA-supported interventions are aligned to the relevant regional frameworks that have adolescents and young people as their primary focus (e.g., CARICOM Integrated Strategic Framework to Reduce Adolescent Pregnancy in the Caribbean) and the Montevideo Consensus, which identifies youth as an area for priority action. Additionally, there is strong agreement among interviewees that the UNFPA's focus on adolescents and young people is one of its comparative strengths; beneficiaries noted its emphasis on adolescent-friendly SRH service delivery.

In response to the needs of adolescents and young people, the UNFPA-supported interventions emphasized Comprehensive Sexuality Education (e.g., capacity building to deliver CSE through HFLE and in line with international standards); advancing SRHR policies that place adolescents and youth as a priority group (e.g., evidence-based advocacy and strengthening youth advocates' capacity) and facilitating access to services for adolescent girls impacted by gender-based and sexual violence, including in emergency settings. Where possible, the UNFPA leveraged technology to reach youth and respond to their needs; the support to the development and launch of the Youth Connect App in Trinidad and Tobago is an example.

The UNFPA's support for the generation of evidence for policies and programmes targeting young people (e.g., needs assessments and situational analyses) and facilitating youths' participation in advocating for ASRHR (e.g., Youth Advisory Groups) serve to ensure that the sub-regional programme and stakeholders can better identify and respond to the needs of young people and adolescents. In response to the needs of young people and adolescents in Guyana, for example, data shows that the UNFPA-supported Accelerated Action for the Health of Adolescents (AA-HA!) was an important input in the policy development process of a national policy on the reintegration of adolescent mothers in the education system. In Jamaica, a UNFPA-supported needs assessment helped stakeholders to better identify the characteristics of the transgender population. The results show that it is a youthful population group. The findings of the assessment informed the development of the UNFPA-supported five-year National Transgender Health Strategy (2020), ensuring that it would be more responsive to the

needs of transgender population, including transgender youth.

The evidence shows that adolescents are disproportionately affected by barriers to contraceptive access, with Guyanese adolescents between 15-19 years old constituting 61.9 per cent of the population with an unmet need for family planning (MICS 2014). A review of the policy and legislative environment further demonstrates how restrictive laws and policies exacerbate the problem of adolescent pregnancy with, for instance, nine OECS countries setting the minimum age of consent lower than the age to access SRH services without parental consent.

Key reports and interviewees highlight that the UNFPA should maintain and re-energize its focus on the youth population, making them a priority for sub-regional programming. As the evaluation findings show, more can be done to meet the needs of LGBTQI individuals; efforts in that regard, should also include LGBTQI youth.

Progress towards enhancing the well-being of young people and adolescents with UNFPA's support include the abolishment of child marriage in Trinidad and Tobago (2017); the development of CSE actions plans by 10 ministries of education (2019) and adolescents' access to SRH services provided for in the Guyana SRH Policy.

4.3 Answer to Evaluation Questions on Efficiency

EQ6: To what extent has UNFPA made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA sub-regional programme?

EQ7: How has the organizational structure and staffing profiles of the SROC influenced the achievement of the programme results and in view of the UN system-wide Multi-Country Office review – what are recommendations for improvement**?**

Summary: The UNFPA prioritizes programming based on available resources, makes prudent decisions and leverages the resources of partners to close any gaps in providing beneficiary support. Funding was a major constraint.

Budget revisions indicate the SROC's ability to adjust implementation.

It is evident that the UNFPA "does a lot with limited resources"; staff resources are stretched, and financial resources are limited. There is room for improvement. Staff structure, operational processes and procedures and lines of communication appear adequate and contributed to the achievement of programme results.

4.3.1 Human, Financial and Technical Resources

It is evident that UNFPA's SROC is able to adequately manage its limited resources despite the inadequate number of technical staff. It prioritizes programming based on available resources, makes prudent decisions and leverages the resources of partners. These behaviours, observed by interviewees,

are indicative of relative efficiency. The sub-regional programme's budgets and financial reports also show that resources are carefully managed: the numerous adjustments that involve additional activities are mainly financed by re-allocations and transfers within or between existing financial resource tranches, or "repurposed". Most of these adjustments were for unforeseen contingencies, to provide funds, in cases where funding may be delayed, to effect accounting adjustments etc. Budget revisions indicate the SROC's ability to adjust implementation. At the same time, more comprehensive and careful planning may minimize the number of reallocations and revisions, and facilitate more effective mobilization of external resources (e.g., there was a relatively large number of revisions in the 2019 budget). Staff complements and administrative expenditures are managed around specific targets. The data indicates that there is, overall, good use of human, financial and technical resources.

4.3.2. Organizational structure and staffing

There are definite indications that staff resources are stretched, and that there is a need for more staff. The findings confirm the recommendations of the Multi-Country Officer (MCO) review which point to the need to increase outpost capacity in the Caribbean. The impact of limited staff is felt across all programme components. While the Spotlight Initiative, for example, has increased the number of technical staff, this has translated to increased responsibilities for administrative staff such as programme clerks. Survey results indicate that the limited human resource affected the pace of implementation with stakeholders/partners. At the same time, staff structure, operational processes and procedures and lines of communication meet required standards for operations.

Respondents indicate implementing partners' capacity issues affecting close-out of programmes which often go beyond the programme completion date. They also raised the need for more liaison rights to **Atlas** to mitigate delays that occur at times. Additionally, respondents point to inefficiency in how the staff manages travel time which end up at higher costs than budgeted.

4.4 Answer to Evaluation Questions on Sustainability

EQ 8: To what extent have the partnerships established with intergovernmental entities and national governments allowed the SROC to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

EQ 9: To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality information and services in the field of integrated sexual and reproductive health, particularly family planning, HIV prevention, comprehensive sexuality education and gender-based violence, including for vulnerable and marginalized populations such as women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI?

Summary: The UNFPA established successful partnerships and leveraged resources of partner organizations. The UNFPA interventions have contributed to improved access to information and services in the relevant fields of reproductive health.

4.4.1. UNFPA's comparative strengths

Interview data indicates that stakeholders' expectations of the UNFPA and their contributions to stakeholder partnerships, including within UN joint initiatives, are high. The data from interviews (including stakeholders/partners) show that UNFPA's key comparative strengths are the level of technical expertise that it provides, the strength of its partnerships/networks and its credibility among its partners. Data show that, to a large extent, the SROC's partnerships allowed it to make use of its comparative strengths. Facilitating dialogue among key actors; providing technical assistance; and delivering capacity-building support were the key interventional strategies that allowed the UNFPA to leverage its comparative strengths.

The SROC was successful in establishing partnerships and was considered good at leveraging the resources of partner organizations to achieve programmed results within a context of limited resources. Reports indicate that SROC's level of collaboration increased significantly during its response to COVID-19.

4.4.2. UNFPA's contribution to improved access to reproductive health

The UNFPA interventions have contributed to improved access to information and services in the relevant fields of reproductive health. However, geographical, societal and cultural norms and ideological opposition to family planning, among other matters, often impede access to services. More work needs to be done to ensure sustainability as well as coverage of the needs of the most vulnerable groups (e.g., persons with disabilities and LGBTQI persons).

Resource constraints, relative to the extent of need within the region, as well as constraints deriving from the specific socio-cultural and legal framework of various countries (e.g., attitudes to GBV, and sexual health education of adolescents, as well as limited recognition of the issues of LGBQTI groups) are serious limitations; as a result, certain groups tend to be underserved and some SRH needs unfilled. Sustainability will be better assured when adequate resources are available, and the national contexts become more supportive of SRH services. Continued support of advocacy and capacity building among civil society organizations remains an ongoing need.

Individuals who access and use SRH services (indirect beneficiaries of UNFPA-funded interventions) were not available for consultation during this evaluation exercise. This did not allow for the comprehensive analysis of the extent to which UNFPA-supported interventions increased access and use as was planned. This is a limitation to the findings.

4.5 Answer to Evaluation Questions on Coordination

EQ 10: What was the nature and quality of coordination among the SROC, LACRO and Headquarters' units?

EQ 11: What were the level, nature and quality of coordination with other UN agencies, implementing partners, civil society organizations, regional entities and external development partners in the sub-region?

EQ 12: To what extent has the SROC contributed to and taken advantage of the functioning and consolidation of improved UNCT coordination and cooperation mechanisms under UN Reform?

Summary:

SROC/LACRO/HQ Resources from LACRO and HQ supported implementation: LACRO and HQ provided technical and financial assistance to support implementation, including closing implementation gaps. Levels of collaboration and coordination were high in some regards (e.g., targeting vulnerable and marginalized groups). There is room to improve communication and coordination. There is a need for greater efforts at integration: differences in the regional context remain a barrier for integration despite improvement in integration over the years.

SROC's relationship with LACRO, requires attention and more so than its relationship with HQ.

SROC/stakeholders: Overall, stakeholders view the SROC very favourably: they expressed satisfaction with partnership with SROC and with the support received. Partnerships support stakeholders to carry out their mandates; SROC's technical and financial support were valuable.

SROC/UNCT: SROC actively participates in UNCT coordination & cooperation mechanisms; other agencies rely on UNFPA's technical expertise. SROC has not optimized its participation/contributions because of resource (financial and technical) constraints.

4.5.1.   Stakeholder Coordination

For the period under review, LACRO provided technical assistance to support implementation in areas such as facilitating access to GBV services in emergencies (e.g., hiring of a UN volunteer as a GBV specialist) and preparation for the 2020 Census. For the instances in which support to programme beneficiary instructions could not be delivered, as planned, because of resource limitations, LACRO's support, to the extent possible, addressed those implementation gaps. UNFPA Headquarters (HQ) also provided support to enhance implementation, including financial assistance, and in collaboration with LACRO, in interventions around the 2020 census preparation.

The findings on the quality of the relationship between SROC, LACRO and HQ are mixed. They indicate that levels of collaboration and coordination were high for targeting vulnerable and marginalized groups and providing support to overcome resource constraints. On the other hand, though digital platforms for collaborating remotely fostered interactions, there is room to improve communication and coordination. To a certain extent, language barriers pose a challenge to communication and effective coordination between the SROC and LACRO, pointing to the need for greater efforts at integration. Data shows that though integration has improved over the years, the differences in the regional context (e.g., needs, priorities, levels of support) between Latin America and the Caribbean remain barriers to integration.

The findings on the relationship with HQ are limited given that key informants were not available to participate in the evaluation. Available data indicates, however, that the SROC's relationship with LACRO, though it has improved over the years, still requires attention and more so than its relationship with HQ.

Progress reports and key informants' accounts indicate that the SROC and stakeholders/partners (e.g., beneficiary institutions, development partners) collaborated to advance the implementation of the sub-regional programme. It is not unusual for beneficiary institutions to engage with UNFPA across all

thematic areas. Collaborations were largely related to advocacy, emergency preparedness and facilitating dialogue on relevant issues. The Spotlight Initiative and the programme's response to COVID-19 resulted in an increase in the number of CSO partners.

Overall, stakeholders view the SROC very favourably. All the stakeholder survey respondents indicated that they were satisfied with their partnership with the SROC; almost all agreed that the support they received from the sub-regional programme was adequate. Through survey responses and focus group discussions, stakeholder/partners highlighted that the SROC's contributions, technical and financial, were valuable; with UNFPA's support they were able to carry out their mandates. This finding corresponds to another key finding of this evaluation: one of UNFPA's comparative strengths is that it is a valuable partner.

Most survey respondents noted that they were satisfied with their interactions with SROC and stakeholders/partners highly regard the SROC's spirit of collaboration and goodwill and were, overall, satisfied with the level of communication. The SROC's availability to provide support during implementation when needed (e.g., addressing implementation setbacks) was commonly noted by the stakeholders/partners as a valuable feature of their interactions with the SROC. Data, however, shows that there is room to improve coordination so that the partnerships can be more efficiently executed. Challenges included delays in the start-up of the grant activity (e.g., disbursement of funds), a short implementation window, and cumbersome reporting processes. From the stakeholders'/partners' view, limited staffing at the SROC was likely a contributory factor. Stakeholders/partners suggested that the value of the partnerships can be further maximized with increased financial support, longer implementation time frames and inclusion of more non-traditional stakeholder groups (e.g., labour/trade unions and employers).

Findings on stakeholder participation for beneficiary institutions are mixed: stakeholders/partners in the population dynamics thematic area note that in their engagement with UNFPA space is provided for their input, while those engaged in humanitarian response indicate that opportunities for stakeholder input were not adequate. Available data is limited, and it is unclear if the differences in stakeholder participation are because of UNFPA's long-standing relationships with NSOs and or the urgent nature of humanitarian response. Nonetheless, stakeholder participation is key for enhancing the responsiveness of UNFPA's work to identify needs and local context and is integral to securing stakeholder ownership.

Data from key documents and interviews highlight that the SROC has not fully leveraged opportunities for stakeholder collaboration because of constraints (financial and staffing) which limit its planning and implementation scope.

Data from interviews indicated that general awareness of the UNFPA, its mandate and contributions is low; the organization is not considered highly visible. This may be because the UNFPA has long-standing relationships with specific stakeholder/partners but is also related to lack of resources. Weaknesses in terms of external communications, mentioned by field office staff, tend to support this conclusion. However, there are opportunities for the UNFPA to engage additional stakeholder partners to increase visibility and achieve wider support at the national level, including labour/trade unions, parliamentarians, and private sector entities around its GBV work, for example. Focus group discussions

recommended that UNFPA engage parliamentarians to increase their awareness of the importance of population and development issues. Data from interviews and key reports highlight that investments in advocacy and communications are other worthwhile strategies to pursue.

Aspects of the UNFPA's work (e.g., SRH and CSE) are, as data suggests, unpopular and harder to implement in the sub-region because they run counter to cultural norms and clash with legislation. Effecting change in that context takes time. In that regard, consideration should be given to how engagement with new stakeholder groups, coupled with advocacy and communication, can enhance the value of UNFPA's contributions.

4.5.2 UNCT's coordination and cooperation mechanisms

The UNFPA's leadership role in the UNCT is evident. Reports suggest and interviewees' accounts confirm that the UNFPA actively participates in the various coordination and cooperation mechanisms. Within coordination and cooperation mechanisms, such as joint response to humanitarian crises and working groups (e.g., Gender and Human Rights), it is a valuable partner and UN agencies rely on the UNFPA for its technical expertise. The UNFPA's participation in UNCT's coordination and cooperation mechanisms, not only allows the UNFPA to demonstrate leadership, but also provides a platform to increase its visibility.

Except for the poor coordination for humanitarian responses, levels of coordination and collaboration among UN agencies were high. The SROC strongly leveraged the coordination and cooperation mechanisms, for example, to accelerate its response to the COVID-19 Pandemic interviews, as key reports show.

Resource constraints (human and financial), however, limit the UNFPA's full participation in joint initiatives, data shows. Reports highlight and interviewees agree that UNFPA is yet to maximize the opportunities that coordination and cooperation mechanisms provide. Similarly, key informants note resources must be made available for the UNFPA to deliver on its expected contributions to UNCT working groups and joint initiatives.

4.6 Answer to Evaluation Questions on Coverage and Connectedness

EQ 13: To what extent has UNFPA contributed to improved emergency preparedness in the Caribbean region in the area of response to SRH and GBV as well as data availability while ensuring that no one is left behind?

EQ 14: To what extent was the SROC able to apply a humanitarian-development nexus approach in its response to 2017 and 2019 hurricanes, the Venezuelan crisis and COVID-19?

Summary: Quality of humanitarian response varied. Good collaboration and coordination, availability of resources (human, financial) and better preparedness can enhance quality of response. The UNFPA's support is described as relevant and responsive to needs. Timeliness of response, though, has been noted as a challenge in hurricane response. Population groups' needs were addressed in both the relief and recovery phases

UNFPA-funded interventions for preparedness are aimed at building capacity (UNFPA and stakeholder/ partners). Preparedness can be further strengthened to ensure better readiness for deployment of supplies and technical teams and enhance capacities to manage the capacity surges brought on by emergencies.

Resources (human and financial) are required to enhance coverage and connectedness of humanitarian

4.6.1 Emergency Preparedness Response

During the programme period, the UNFPA invested in building the UN systems' and stakeholder/partners' capacity for emergency preparedness and response. Areas of capacity strengthening included preparation of guidelines and emergency preparedness and response action plans for the delivery of SRH/GBV services in emergencies; identifying and targeting vulnerable/marginal groups during emergencies, ensuring that *no one is left behind*; workshops focusing on the Minimum Initial Service Package (MISP) for reproductive health and a regional GBVIE webinar series for COVID-19 to strengthen GBV response in the Caribbean subregion. Additionally, preparedness included advocacy support for the inclusion of the MISP in disaster plans. Capacity for preparedness within the UN system was enhanced with the integration of MISP and GBV in emergencies in the UN System Belize Draft Hurricane Plan and the UN 2020 Disaster Contingency Plan for Barbados.

Reports show that between 2017 and 2021, the UNFPA responded to several humanitarian crises including hurricanes Irma and Maria, both in 2017; Hurricane Dorian in 2019; the migrant crisis in Venezuela, starting in 2018; and the COVID-19 Pandemic, which started in 2020. To ensure that access to SRH and GBV services were maintained during these crises, the sub-regional programme redirected and mobilized resources, deployed SROC staff and surge teams, distributed reproductive health kits, personal protective equipment and dignity kits, conducted community outreach around gender-based violence and lent its technical expertise to the joint UN response.

Progress reports suggest that the quality of the humanitarian response varied, with coordination and collaboration being somewhat improved for the COVID-19 response when compared to the response for the migrant crisis and the hurricanes. One of the marked differences, as progress reports highlight and key informants confirm, was that for the COVID-19 response, the UNFPA engaged a greater number of stakeholders/partners to advance the humanitarian response. Data suggests that these partnerships were essential for ensuring that the response would reach the targeted populations.

Reports and interview data point to several factors, chief among them being resource constraints (human and financial), that greatly limited the scope of UNFPA's contribution to the humanitarian response for the hurricanes and migrant crisis. Nonetheless, like focus groups and survey data show, stakeholder/ partners were, overall, satisfied with UNFPA's support.

Discussions with key informants and progress reports point to gaps in coordination of the response to hurricanes and the migrant crisis. Coordination challenges for hurricanes Maria and Irma in 2017 included inadequate prepositioning of supplies, the absence of UNFPA staff in the affected countries and procurement and supply chain management hiccups created logistical challenges, impeding the timely distribution of supplies. Reports highlight that the late deployment of surge teams also delayed the response. The absence of in-country UNFPA staff was noted as a challenge for both preparedness and response to Hurricane Dorian (2019). Additionally, obstacles faced in the importation of reproductive health kits was also a factor in UNFPA's response to Hurricane Dorian. Data shows that within the joint UN response to the hurricanes and the migrant crisis coordination was low; the lack of clear roles among the agencies contributed to this. The overlapping of roles between the UN agencies caused some degree of confusion among stakeholders/partners on the ground, for example.

Data also indicates that the implementation period to execute the response to the hurricanes was not adequate. Lack of technical staff at UNFPA impacted the quality of the response to the hurricanes and migrant crisis (e.g., at the liaison office level and surge specialists at the regional level). Initially, advocacy efforts and implementing partner support were essential to addressing quality issues. The recent hiring of a GBV sub-sector coordinator in the Trinidad and Tobago office is expected to strengthen the response to the migrant crisis.

Regarding stakeholder participation, data shows that while stakeholders/partners had the opportunity to participate in post-disaster needs assessments for the hurricane response, their expectations of providing input in crafting the response to the effects of the hurricanes were not adequately met. Opportunities for providing input, they suggest, would have made the response better suited to the local context.

There was significant and immediate value in the technical and financial assistance UNFPA provided during the hurricanes, migrant crises and the COVID-19 Pandemic. The support enabled stakeholders/partners to continue to meet the needs of their beneficiaries during the crises. Of note were UNFPA's support in strengthening support for GBV survivors, including establishing safe spaces for women and mapping exercises to identify where GBV survivors would access services; skills support for women and youth to earn a livelihood after the passage of the hurricanes and provision of equipment to facilitate remote/mobile service delivery.

4.6.2   Application of humanitarian-development nexus approach

Interviewees, including stakeholders/partners, identify emergency preparedness as a critical success factor for emergency response. Emergency preparedness, important to applying the humanitarian-development nexus approach, was an area in which UNFPA has invested—building capacity internally and with stakeholders/partners. Data from reports and consultations with key informants highlight that UNFPA's opportunities for further strengthening emergency preparedness include: 1) readiness for rapid deployment (e.g., regional surge roster and prepositioning of supplies); the role of the UNCT and LACRO's technical support will be critical in that regard; and 2) local teams' readiness to handle capacity surges brought by humanitarian emergencies; this requires financial and human resources.

Data shows that except for the delays in the hurricane response, the immediate and potentially emerging needs of population groups (e.g., GBV prevention and support) facing-life threatening conditions were met with UNFPA support. Interviewees describe UNFPA's support as relevant and responsive to the present needs. Reports and consultations with key informants indicate that UNFPA's humanitarian response also considered the long-term vulnerabilities of population groups. The establishment of safe spaces for women and provision of livelihood support, for example, addressed needs in both the relief and recovery phases. As one beneficiary institution shared about UNFPA's response Hurricane Maria (2017): "After Maria it was just survival and that project helped young people and women in a vulnerable situation to gain a skill to help themselves"

Additionally, mapping exercises and the establishment and strengthening of referral pathways for SRH and GBV services were key components of the UNFPA's response, which also offered value in the aftermath of the crises.

5. Chapter 5: Conclusions

Based on the findings of the evaluation, the UNFPA Caribbean's sub-regional programme has been an overall success. The organization's technical skills, its sharp focus on the vulnerable groups within its mandate and effective partnerships with local CSOs allowed the programme to achieve important results despite certain constraints. The data indicate that the programme has performed well in terms of the selected evaluation criteria, but the weaknesses highlighted should be addressed.

5.1 Strategic level

Conclusion 1

The sub-regional programme demonstrated a high degree of relevance. Continued focus on the Sustainable Development Goals (SDGs) and other relevant targets will require the UNFPA's contributions to further improvements in data collection and analysis to facilitate improved monitoring of the SDGs.

The UNFPA used evidence-based and participatory approaches to conduct needs assessments that inform programme design and implementation. The programme also responded adequately to needs as they emerged (e.g., humanitarian crises). The planned interventions were aligned with strategic framework documents such as international agreements and conventions as well as national and regional plans such as National Development Plans and Action Plans for SRH, Adolescent Health and Gender Equality, and were consistent with Sustainable Development Goals, Agenda 2030, MSDF, Montevideo Consensus and ICPD. However, data is inadequate to track the SDGs and other targets such as the ICPD commitments. In every country through the sub-region, a vast amount of data is required to be produced and analyzed to satisfy the requirements for monitoring the SDG indicators. There is a need to further strengthen national statistical systems to make data better available for utilization in the development of plans, strategies, and programmes.

Origin: Evaluation Questions 1 and 2

Evaluation Criteria: Relevance

Associated Recommendations: 1, 3 and 5

Conclusion 2

The sub-regional programme is targeted to the most vulnerable, and most targets were met, and desirable outcomes achieved. Nonetheless, there are challenges (e.g., cultural and legislative barriers, different priorities between government partners and UNFPA and limited staff and funding) in fully discharging the UNFPA's mandate.

Vulnerable groups, including women, adolescents and youth, LGBQTI, refugees and migrants, indigenous and people with disabilities, were targeted as ultimate beneficiaries of services delivered by the UNFPA, working directly with government and non-government organizations.

The sub-regional programme met most of its performance targets, and, in some instances, exceeded them, despite resource constraints (e.g., human and financial). Its support has considerably strengthened beneficiary institutions' capacity to deliver SRH services, particularly in emergency settings. The UNFPA support, during emergency settings, helped the institutions to address and put at the forefront, population needs, such as addressing gender-based violence, that might have otherwise been overlooked.

The UNFPA's capacity-building support, coupled with its role in the policy process contributed to the success in advancing favourable SRHR policies.

The UNFPA's response to adolescents and youth has been mainly effective in meeting the needs of the population sub-group. The major challenges include adolescent pregnancy, access to SRH services and commodities impacted by restrictive laws and policies, and limited access to comprehensive sexuality education resulting from political, religious and cultural barriers. Needs assessments supported by the UNFPA were critical inputs for the revision and development of youth-friendly SRHR policies. The UNFPA's support has improved stakeholders'/partners' ability to deliver quality service to adolescents and youth. UNFPA has also consistently worked to reduce the prevalence of adolescent pregnancy in line with the CARICOM Integrated Strategic Framework to Address Adolescent Pregnancy.

Despite its strengths and notable achievements in advancing the rights of vulnerable and marginalized populations, there were challenges in fully discharging UNFPA's mandate. While the needs of vulnerable groups are considered in design, this does not always translate into implementation. There are gaps in targeting people with disabilities, older population (e.g., older women), the indigenous population and LGBTQI. Additionally, resource constraints, competing priorities of government partners, legal and socio-cultural obstacles to some gender-based action, capacity issues of partners, insufficient integration between regional and sub-regional structures (e.g., SROC/LACRO) were all significant challenges in achieving targets.

The UNFPA contributed to the enhancement of legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings, primarily through increase in stakeholders'/partners' capacity to deliver GBV services (e.g., UNFPA's COVID-19 grant facilitated the operation of safe spaces for women and girls to access GBV and SRH services). The UNFPA's demonstrated progress and improvements in responding to humanitarian crises, collaborating with partners and providing needed SRH/GBV-related support to beneficiaries, despite resource and other limitations. The response to hurricanes Irma, Maria, Dorian and the Venezuelan crisis supported the integration of GBV services into the emergency response. The UNFPA also contributed to strengthening national capacity to generate, analyze and utilize data and evidence for national policies and programmes.

However, the development and implementation of programmes reaching the most vulnerable continue to be hampered by laws and policies that discourage access to services and an environment of stigma

and discrimination against vulnerable populations. The design and implementation of the programme's monitoring and evaluation frameworks do not fully reflect these contextual factors. The lack of policy and legislation on CSE and conservatism across the Caribbean also contribute to a lack of financial commitment by governments to support CSE/HFLE implementation.

Origin: Evaluation Questions 3, 4 and 5

Evaluation Criteria: Effectiveness

Associated Recommendations: 4, 5 and 6

Conclusion 3

The UNFPA played a key role in the UNCT Coordination and Cooperation Mechanisms. However, it has not maximized the benefits of its participation, largely because of resource constraints; this has implications for programme performance and the UNFPA's visibility.

The UNFPA made valuable contributions within the UNCT Coordination and Cooperation Mechanisms; it was an active participant. Joint UN initiatives provided the opportunity for the UNFPA to leverage a key comparative strength – its technical expertise. The SROC strongly leveraged the coordination and cooperation mechanisms to accelerate its response to the COVID-19 Pandemic, for example.

While UNFPA played a visible role, resource constraints (human and financial) limited UNFPA's full participation in joint initiatives; thus, benefits of increased visibility that come from such participation were not fully maximized. Given that the joint UN initiatives were an opportunity for UNFPA to leverage the resources of partners to advance implementation and strengthen UNFPA visibility, this limited the scope of the programme's performance.

Origin: Evaluation Questions 10, 11 and 12

Evaluation Criteria: Coordination

Associated Recommendations: 4

Conclusion 4

The UNFPA programme is heavily dependent on implementing partners to support identification of beneficiaries and their respective needs. The UNFPA's influence on who CSOs target is therefore somewhat limited.

This is a very important issue at both strategic and programmatic levels, as persistent institutional barriers including public perceptions and attitudes toward gender issues as well as legal and policy frameworks, continue to influence full effectiveness in reaching most vulnerable groups targeted. This is also a sustainability issue.

Origin: Evaluation Questions 1 and 2

Evaluation Criteria: Relevance

Associated Recommendations: 4

5.2 Programmatic level

Conclusion 5

Resource constraints limited the scope of the sub-regional programme's contributions in all programme components and limited the UNFPA's visibility.

Financial and human resources to implement programmes are limited, making it imperative that resource mobilization be prioritized and sustained. Resource limitations led to problems in programme effectiveness (e.g., small staff was frequently mentioned as a constraint by SROC and partner agencies; permanent GBV staff positions are required at sub-regional and country levels). The inadequate staffing levels are also significant in terms of the impact on productivity especially where implementation timelines and workloads are considered. Among the aspects that should be considered are the following.

   a. The effort required (and potential consequences of failure) to meet end of the calendar/ programme year deadlines – especially when there had been some, even substantial, lag periods during the year.
   b. The "sacrifices" required to attain the above – from team members and their families.
   c. The fact that virtually every member of staff would do whatever might be required (and even more) to ensure that targets were met, regardless of how difficult that might be, and regardless of the actual short-medium-longer-term impact on their health.

These limitations also affected the UNFPA's visibility (e.g., the UNFPA was unable to participate in a media supplement that could have increased its exposure among stakeholders) and underscored the need for more effective external communications and resource mobilization.

Origin: Evaluation Questions 3,4,5 6 ,7, 10, 11, 12,13 and 14

Evaluation Criteria: Efficiency, Effectiveness, Coordination and Coverage and Connectedness

Associated Recommendations: 1 and 2

Conclusion 6

The programme demonstrated efficiency over the review period. The UNFPA makes good use of available resources to deliver beneficiary support.

Resource limitations were evident, but prudent use of resources and leveraging the resources of partners allowed the UNFPA to overcome, to the degree possible, resource constraints. Budget revisions

indicate the ability to adjust implementation. It may also suggest that more comprehensive and careful planning should be done to minimize the number of reallocations.

Origin: Evaluation Questions 6 and 7

Evaluation Criteria: Efficiency

Associated Recommendations: 1 and 2

Conclusion 7

The SROC established successful partnerships and leveraged the resources of partners to achieve programmed results within a context of limited resources. Strong partnerships promoted sustainability in the UNFPA's programming; there is room to strengthen relationships with additional groups.

To a large extent, SROC's partnerships allowed it to make use of its comparative strengths to facilitate dialogue among key actors, provide technical assistance and deliver capacity-building support to deliver the programme's planned support to beneficiary institutions. Stakeholders/partners have come to expect UNFPA to deliver quality technical expertise.

Stakeholder interactions between SROC, LACRO and HQ and SROC and other UN agencies have implications for programme performance. Technical and financial support from LACRO and HQ helped the SROC to address implementation gaps and UN joint initiatives helped to advance programme implementation. A perceived disconnect between SROC and LACRO, however, including the language barrier and insufficient coordination among and between UN agencies, affected the efficiency and effectiveness of the emergency response.

The UNFPA's programming could benefit from continued high-level dialogue with government partners as well as reaching out to non-traditional and private sector partners. At the same time, programmes could benefit from strengthening the capacity of some existing partners.

Origin: Evaluation Questions 6, 7, 10, 11 and 12

Evaluation Criteria: Coordination and Efficiency

Associated Recommendations: 4

Conclusion 8

Inadequate population data limits the countries' ability to track and monitor the SDGs and prepare national policies and plans for sustainable development. The lack of capacity in this area is severe in most countries in the region, while some are better off in this regard.

Limitations in the collection, analysis and utilization of population data continues to be an issue. Except for Jamaica and, to a certain extent, Suriname, there is a persistent lack of disaggregated data by sex, age, disability, race, ethnicity and other criteria for assessing the impact and effectiveness of policies and programmes; this includes the absence of disaggregated data regarding domestic, sexual,

trafficking, and other forms of gender-based violence. Lack of population data also hampers the ability to appropriately manage interventions e.g., determine needs and target appropriately.

Origin: Evaluation Questions 1, 2, 3, 4 and 5

Evaluation Criteria: Relevance and Effectiveness

Associated Recommendations: 3

Conclusion 9

Institutional constraints limit the sub- regional programme's ability to fully achieve desired results among all the vulnerable groups targeted. The UNFPA's impact is often limited by low and delayed buy-in, slow response and delayed implementation by government partners, for example.

Competing priorities between the UNFPA and government partners sometimes limited the scope of UNFPA's work. Governments in the region tend to be more "conservative" leading to limitations in targeting all vulnerable and at-risk populations reached through UNFPA-supported interventions around SRH and CSE, for example. This may lead to different priorities which could affect implementation of interventions and effective delivery of SRH and CSE-related services.

Origin: Evaluation Questions 1,3, 4 and 5

Evaluation Criteria: Relevance and Effectiveness

Associated Recommendations: 1, 4, 5 and 6

Conclusion 10

Humanitarian response was a key feature of UNFPA's support for the 2017-2021 cycle. Given the increased knowledge regarding the region's vulnerability to natural hazards for example, there is a need to better articulate and integrate humanitarian issues into UNFPA's work.

The period under review was marked by humanitarian response to three hurricanes (the first two occurring in 2017) a migrant crisis (which started in 2018) and more recently, the COVID-19 Pandemic. The UNFPA's support included emergency preparedness and its response demonstrated consideration for the immediate and long-term needs of target populations. Like other programme components, resource constraints (human and financial) limited the UNFPA's contributions.

Over time, the SROC showed improvement in the quality of its humanitarian response. A key factor for success was establishing partnerships with CSOs to reach and respond to the needs of target populations; this was seen especially in the response to COVID-19. There is strong agreement that emergency preparedness is also a key success factor; there is room for improvement (e.g., further building of partner capacity for preparedness and prepositioning of supplies). Most importantly, the UNFPA's role in humanitarian response and its presence as an actor in humanitarian response, in the view of some stakeholders, should be more clearly defined. So, while the levels of coordination and collaboration among UN agencies were generally high, the exception was for humanitarian responses.

Noting the UNFPA's comparative strengths, there is the need for better and/or more coordination to avoid a perception of competition with other agencies providing similar services. Stronger coordination within joint UN response is a critical success factor and the Resident Coordinator's Office has a role to play in this regard.

Origin: Evaluation Questions 13 and 14

Evaluation Criteria: Coverage and Connectedness

Associated Recommendations: 1, 2, 4 and 6

Conclusion 11

The COVID-19 Pandemic prompted important shifts in programming in terms of expanding partnerships to advance implementation and supporting CSO partners to reach the hardest to reach populations, in line with the principle of *leaving no one behind*.

The UNFPA was able to mobilize its technical and financial resources and establish and leverage key partnerships to respond to this humanitarian situation. The UNFPA's collaboration with CSOs that can reach the vulnerable and underserved populations and its support to strengthening mobile/digital forms of service delivery, for example, responded to the needs of persons facing life threatening situations (e.g., survivors of GBV). The pandemic has facilitated an understanding of and familiarity with options for how best to achieve this.

Origin: Evaluation Questions 1, 3, 4, 5, 13 and 14

Evaluation Criteria: Relevance, Effectiveness and Coverage and Connectedness

Associated Recommendations: 4 and 5

Conclusion 12

The UNFPA-supported interventions that were key drivers for programme performance were: technical/financial assistance to improving service delivery, advocacy and generating evidence to inform advocacy and programming.

The UNFPA's support for the strengthening of beneficiary institutions' service delivery allowed them to better serve their clients, thereby increasing access to SRH and GBV services. The value of the UNFPA's support in this regard was observed in the COVID-19 response with its support in providing remote/mobile services (e. g., communication devices, emergency hotlines, telemedicine), establishment of safe spaces for women and girls was noted as significant in helping stakeholder/partners to reach and meet the needs of targeted populations, including those who would otherwise have been left behind.

Using evidence to "make the case" for policy change and to inform the design of programmes was a key strategy in the UNFPA's support in increasing access to SRH services. The "Expanding the Contraceptive

Method Choice in Trinidad and Tobago: Introduction of Contraceptive Implants" study, for example, demonstrated how the contraceptive methods mix could be expanded. The government has since committed to scaling up the expansion of the methods mix.

The UNFPA's support to and presence in advocacy initiatives is significant. Those factors were identified as being critical for the policy wins secured during the period under review including approval /adoption of SRH policies in Guyana, Trinidad and Tobago and Suriname. Conclusions on the overall value of capacity-building initiatives could not be drawn with the data available.

Origin: Evaluation Questions 3, 4 and 5

Evaluation Criteria: Effectiveness

Associated Recommendations: -

6.   Chapter 6: Lessons Learned and Good Practices

6.1 Lessons Learned

From its experience with implementing the 2017-2021 multi-country programme period, the UNFPA has garnered several key lessons relevant to programme design and implementation and programme context. Among the lessons learned are the following.

1. **Coordination, particularly among UN agencies, positively impacts emergency response**. Better coordination for humanitarian response can be improved with better preparedness, especially for rapid deployment (e.g., the creation of a regional surge roster). The role of the UNCT is critical in that regard.

2. **Collaborations accelerate implementation (e.g., closing resource gaps, collaborating to ensure beneficiaries receive planned support)**. UN joint initiatives should be maximized.

3. **Strategic partnerships at the ground and at policy level are extremely important for effective implementation of the sub-regional programme, especially in times of humanitarian crises.** Strategic alliances and partnerships are key to sustainability and response to humanitarian crises. More joint programming with other UN agencies (e.g., PAHO, UNICEF, UNAIDS) could enhance effectiveness. The UNFPA should exploit opportunities to develop alliances and partnerships with important audiences (e.g., women in Parliament) and initiate new partnerships, including with non-traditional partners.

4. **Resource mobilization requires innovative approaches adapted to the evolving economic contexts and peculiarities of the Caribbean middle-income countries.** In view of the resource constraints that hamper the UNFPA's collaborative initiatives and the fact that lack of funding may sometimes delay or hinder response to governments' needs, mobilization of external resources is important.

5. **Cultural and legal contexts play a major role in implementing some aspects of SRH and GBV and as a result these have to be incorporated in country specific initiatives.** This often influences the attitudes of governmental and other local stakeholders. (e.g., governments can sometimes be selective regarding which part of the UNFPA mandate they accept. For example, while population and census work are readily accepted this is less evident with SRH). Well calibrated, long-term strategies, sensitive to local context, are required for resolution.

6. **Work to accelerate the ICPD Programme of Action in the Caribbean against the background of a lack of data appreciation is possible through a combined sub-regional advocacy strategy and country specific interventions.** Countries within the sub-region have varying types and levels of need in the mandated areas requiring differentiated approaches. For example, the quality of population data systems, the extent of adolescent pregnancy and crime and violence.

7. **Technology is also an effective tool to engage with vulnerable groups though it requires specific considerations.** Digitalization, for example, can increase efficiency and coordination of different field offices and enhance UNFPA's ability to reach its target group and is an

opportunity to realize cost savings. The restrictions of the COVID-19 Pandemic were instrumental in raising awareness and application of technology in this regard. Further integration of digitization should, however, ensure that all vulnerable target groups have access and that no one is left behind (e.g people living with disabilities, migrants).

8. **Effective public advocacy raises the level of awareness of the UNFPA among key stakeholders and the public and increases support for UNFPA's mandate**. Interactions with some key stakeholders suggest that visibility is low.

9. **Coordination within the region with the wider LAC region plays a major role in the roll-out and targeting of programs, projects and initiatives geared to combat regional-specific issues, for example migration of Venezuelans into the wider region..** Although there is interaction between regional and sub-regional levels, much more needs to be done to close cultural gaps (e.g., between Spanish-, Dutch- and English-speaking countries), cultural nuances need to be considered to further integration, especially in the context of declared breadth of coverage.

6.2 Good Practices

Good practices, things that the UNFPA did well that can be applied in future programme implementation include the following.

1. **The SROC made good use of robust and multi-dimensional needs assessments, which involved many data sources and sound methodologies to support the programme objectives and targets.** Stakeholder groups in the target population were engaged in focus groups and workshops, for example. United Nations, national and regional studies provided evidence for programme design.

2. **The SROC applied flexibility when responding to emergencies**. The UNFPA managed its limited resources well, re-allocating resources to make funds available for preparedness and response, for example, where the need arose, to ensure programme implementation.

3. **The SROC recruited and maintained committed human resources for effective programme implementation, albeit, against the background of resource constraints.** Highly motivated SROC staff, committed to the team and willingness to try to meet targets (e.g., work plan implementation deadlines, working extended hours, etc.) contributed to programme successes

Chapter 7: Recommendations

The recommendations are presented in two sections: those to be applied at the strategic level, and those to be applied at the programmatic level. The strategic recommendations relate to the UNFPA's institutional structure and activities, while the programmatic recommendations relate to the activities and processes that support the delivery of the UNFPA's mandated services at the regional or national level by the implementing organization (in this case SROC, in coordination with LACRO). The programmatic recommendations address the main population needs for which outcomes are programmed: Sexual and Reproductive Health (SRH), Gender (GBV), Adolescent and Youth Sexual and Reproductive Health (ASRH) and Population Dynamics. In keeping with the objectives of the evaluation, recommendations are also developed for Coordination and Cooperation and Humanitarian Response. For more efficient implementation, a deliberate attempt has been made to limit the number of recommendations, so some include more than one component. In all cases, the recommendations are tied to specific conclusions, but conclusions may lead to multiple recommendations and vice versa.

7.1. Strategic Level Recommendations

1.1 Effect improvements in programme planning

Position UNFPA as a convener and broker in dealing with controversial human rights issues

Sub-Recommendations

1.1.1 Properly leverage needs assessments so that the planned interventions yield increase efficiency and ensure that the level of resources matches the needs. Antigua, for example, is trending down in adolescent pregnancy: Is a programme to reduce adolescent pregnancy top priority? In another example, Belize and Suriname represent the greatest challenges, with distances, ethnicities, languages, therefore their interventions should be adequately resourced to ensure effectiveness.

1.1.2 Revise and review planned results and targets in the areas in which implementation faced serious institutional constraints such as legislative and social environment that limited or resulted in a delay in the achievement of targets within defined timeframes. This should be linked to pre-implementation risk assessments and cover effective strategies to promote institutional change. For example, a longer timeframe may be more realistic where institutional change is required for programmes to achieve success (e.g., legislative changes may take years). This is in keeping with approaches to monitoring and evaluating advocacy and policy change.

1.1.3 Increase the use of risk analyses (e.g., natural hazard, public health risks) in programme planning to improve preparedness for humanitarian responses. The use of risk analysis in programme planning is an excellent way of incorporating emergencies in work plans – further integrating humanitarian response in sub-regional programming.

Humanitarian emergencies occur with increasing frequency within the region. They may increasingly threaten the extent to which the sub-regional programme can deliver planned beneficiary support (e.g.- allocations and transfers within or between existing financial resource tranches).

Operational Implications:

The UNFPA should prioritize population needs on a country-by-country basis within its regional programme to ensure that intervention outcomes achieve the maximum impact. At the programme's design and inception phase there was no pandemic. With the reality of global, regional and national impacts of COVID-19, the programme was quickly forced to respond according to what was emerging as the most important priorities and needs; it was also necessary to attempt nationally-responsive responses appropriate to the populations. There even had to be a shift in all data collection approaches. Such scenarios may have served to highlight some of the challenges the UNFPA regularly faces in trying to produce appropriate responses across the 22 countries for which it has regional responsibility. Effectively achieving this is very costly, as responses and related communication materials must be language-appropriate, and otherwise culturally-nuanced, so the various populations feel as if they had been specially targeted for the messaging. Investments in overcoming language barriers can broaden the reach of the UNFPA's support.

The UNFPA should conduct pre-implementation risk assessments and where institutional change is required to enable outcomes, consider effective strategies to promote these institutional changes and likely timeframes.

The UNFPA should ensure that annual work plans include contingencies for humanitarian response, for example, based on annual assessments of the likelihood of hurricanes, health emergencies etc.

Priority/Proposed Timeframe: High/Q4 2021

Target level: SROC, LACRO, HQ, Liaison Offices.

Based on conclusions: 1, 5, 6, 9 and 10

7.2.   Programmatic Level Recommendations
2a UNFPA needs to effect strategies to achieve greater efficiency within organizational systems (e.g., human resources, operational) and mobilize additional resources.
2b. Prioritize resource mobilization.
Sub- Recommendations

2.1.1 Review and streamline internal organizational processes and address challenges (e.g., financial, administrative and operational processes and procedures) to maintain motivation of staff and ensure improved efficiency of implementation cycle and productivity. Key areas for consideration include:

- **Atlas** rights and planning strategies (including procedures, standards), with a view to more timely release of resources to beneficiaries;

- expanding opportunities for staff discussion, review, introspection and evaluation;

- implementing training initiatives for staff; and

- using technology in operations and programme implementation to the extent practicable.

2.1.2 Explore other external funding opportunities (e.g., Foundations, funding aligned to SIDS). Funding available for SIDS may, for example, be aligned with capacity-building support needed for emergency preparedness.

2.1.3 Implement recommendations 3 D from the MCO review, specifically the option of *increasing technical capacities in some countries according to needs, vulnerabilities and existing support*. Areas for consideration include hiring a population dynamics technical expert at the sub-regional level and hiring GBV specialists as permanent staff (which would strengthen UNFPA's position as the lead in GBV).

Operational Implications:

The UNFPA should conduct internal reviews/consultations (e.g., retreat) to explore and identify staffing issues more comprehensively incorporating decisions into new work plans.

The UNFPA should undertake a thorough review of funding opportunities as part of annual planning with a view to identifying new sources of funding for various types of interventions within its mandate.

The UNFPA should further leverage available technology platforms for knowledge sharing. This would see UNFPA sharing information and lessons of experience/solutions in a wide range of areas, and among multiple entities and making its technical expertise available to a much wider primary audience than might otherwise have been accessible.

Priority/Proposed Timeframe: High/ 2021-2026

Target level: SROC, LACRO, HQ, Liaison Offices

Based on conclusions: 5, 6 and 10

3.1-Population Dynamics
Develop strategies to strengthen UNFPA's capacity to support collection, analysis and dissemination of relevant population data. **The UNFPA should also strengthen the agency's capacity to provide capacity-building support to NSOs in the region around collection, analysis and utilization of relevant SRH data on population.**

Unavailability of suitable data and weaknesses in data systems constitute major constraints on the achievement of desired outcomes especially in population dynamics – linking population data to sustainable development policy and planning to ensure effective monitoring of the progress and realization of the SDGs in the sub-region. Improved data collection systems are urgently needed. The UNFPA strategies would include the following.
● Filling mission-critical resource gaps; key among them would be hiring a population dynamics technical expert at the sub-regional level with the ability to train national personnel.

● Continuing to intensify efforts to strengthen the capacity of NSOs—especially in specific areas of weakness— through appropriate programmes (e.g., capacity-building training, information exchange, knowledge sharing in the region between OECS member states and countries with more advanced systems).

- Strengthening data collection systems within key sectors such as health, social development, and youth, to be better able to manage and utilize administrative data for decision making.

- Building capacity of CSOs to gather, manage and utilize data particularly as it relates to service delivery for vulnerable and marginalized populations.

Operational Implications:
UNFPA should continue efforts to recruit suitable personnel and ensure that knowledge is transferred to qualified regional counterparts.

Priority/Proposed Timeframe: High/ Q4 2021

Target level: SROC, LACRO, HQ

Based on conclusions: 1 and 8

4.1 Partnerships

4.1.1 Re-examine partnership and communication strategies with a view to further leveraging partnerships to achieve desired results and sustainability.

Partnerships: There is an opportunity to take advantage of the momentum built with the on-boarding of new stakeholders/partners and use a strategic approach to further strengthen those partnerships and identify new ones.

4.1.2 Expand assessment of stakeholders'/partners' organization capacity and deliver capacity building support to address gaps. This is particularly important given the rapid and considerable expansion in the number of partners UNFPA now engages. The recent experience with the COVID-19 response may highlight key areas in which emergency preparedness, for example, can be improved, particularly for new stakeholders/partners.

4.1.3 Identify gaps to further promote and strengthen stakeholder/partner networks in areas that need additional focus. Opportunities may include engaging with:
- non-traditional partners (e.g., labour/trade unions and employers) and private-public sector partnerships (e.g., business community) that will have increased influence in addressing GBV;

- parliamentarians to build awareness around GBV and population dynamics; and

- academia (University of the West Indies and other tertiary institutions) in programmes to enhance the quality of population data (e.g., through joint research, capacity building training in collaboration with CSOs).

4.2 Communications and Visibility: Prominent, identifiable and consistent effort is needed to make UNFPA's presence and value known: a call for enhanced visibility. Within the comparatively small but far-flung population of the Caribbean, this becomes an important objective especially in context of such broad presence from other UN agencies. Internal stakeholders are also impacted by inadequate profiling of the institution as there is more pressure brought to bear on them to explain the importance of the

goods and services about which they are all so proud. Weakened presence might also limit image, which might then further impact ability to draw funds more readily to the entity.

Additionally, institutional barriers in the sub-region, such as national law and constitution, are high; this could limit the effectiveness of UNFPA support to vulnerable groups (e.g., LGBTQI youth and adults). Stronger communication and advocacy are required to create greater demand for UNFPA's services. Increased attention to external communication strategies may help to improve coverage of vulnerable groups and may also support resource mobilization efforts.

4.2.1 Review and strengthen the communications strategy to increase public advocacy, stakeholder engagements and visibility of UNFPA's work. Implement expansive communications and visibility directives as needed given that visibility of UNFPA (and the ICPD) is a key assumption that influences the achievement of the programme results.

4.2.1 Use sensitization and awareness building initiatives as a key strategy to minimize pushbacks and maximize stakeholder buy-ins for programs, projects and initiatives. Institutional barriers in the sub-region, such as national law and constitution, are high. This could limit the effectiveness of UNFPA support to vulnerable groups (e.g., LGBTQI youth and adults).

4.2.3 Combine communications and visibility efforts with Monitoring and Evaluation to ensure rich story telling of UNFPA's contributions.

Operational Implications

UNFPA should apply stakeholder analysis/readiness tools to identify institutional strengths and weaknesses and capacity strengthening needs of prospective partners and implementing partner organizations. Results of assessments should identify areas for capacity strengthening in emergency preparedness.

UNFPA should prioritize capacity building for emergency preparedness.

UNFPA should strategically position itself for wider recognition of its mandate (e.g., as the GBV lead). Strategic partnerships around GBV can further advance UNFPA's position in that regard. The Spotlight Initiative is an ideal opportunity to forge (and test and learn from) partnerships around GBV. Cultivating champions in the SRH field is also a worthwhile advocacy strategy to promote further.

UNFPA should continue to ensure that partnerships 1) make best use of UNFPA's comparative advantage; and 2) serve to strategically position UNFPA for wider recognition of its mandate.

UNFPA should consider a communication plan that incorporates the new and emerging media presence, online and social media—these brought to even greater prominence and importance due to COVID restrictions. When combined with technological advances and access, the output should be strong enough to, *inter alia*, facilitate increased access to UNFPA's harder-to-reach target audiences, survive the ongoing pandemic, its protocols and restrictions which included limiting travel, and even resulted in any related financial gains being diverted to developing enhanced platforms for suitable communication with partners and beneficiaries.

The UNFPA should include wider public advocacy before project implementation as part of its communication strategy. This would help to ensure that benefits reach target populations.

UNFPA should consider the value of making a few comparisons with other guidelines (e.g., the evaluation handbook) and communication/visibility efforts and manuals of other agencies, which should also detail the targeted management of the wide range of audiences with which the programmes are likely to interact, and the situations likely to be encountered.

UNFPA should establish targets for reaching additional stakeholders and/or increasing awareness and upgrade current communication strategies to close existing gaps. This may involve engaging communications consultants in the short term.

UNFPA should ensure that M&E systems adequately (and on an ongoing basis) capture effectiveness of

UNFPA supported interventions so that M&E system outputs can complement communication strategies.

Priority: Priority/Proposed Timeframe: High/ Q4 2021

Target level: SROC, LACRO, Liaison Offices, M&E Unit

Based on conclusions: 2, 3, 4, 7, 9, 10 and 11.

5.1 Leaving No One Behind

Implement mechanisms that empower and actively encourage the participation of all persons paying special attention to the most vulnerable in relevant decision- making processes, and the implementation of the sub-regional programming efforts to safeguard the *leaving no one behind* principle.

Key approaches include: 1) ensuring the strongest alignment between needs assessment and resource allocation; 2) considering partnerships with stakeholder/partners that demonstrate strong capacity to reach the most marginalized and vulnerable as priority; and 3) integrating the use of digital/remote modalities of service delivery were practicable.

Operational implications:

UNFPA should prioritize population needs on a country-by-country basis within its regional programme and prioritize differentiated population needs to ensure that intervention outcomes achieve the maximum impacts.

UNFPA should make special efforts to reach all vulnerable and at-risk populations targeted in UNFPA-supported interventions around SRH and CSE which are currently underserved because of institutional constraints.

UNFPA should use robust and multi-dimensional needs assessments to inform programme objectives and targets.

UNFPA should work closely with CSOs to develop innovative approaches to engaging and reaching marginalized and vulnerable groups. Results from stakeholder analysis/readiness should inform stakeholder selection.

UNFPA should, by building on lessons learned during the COVID-19 Pandemic, facilitate a check-in session with COVID-19 response stakeholders/partners to identify key lessons learnt about service delivery for those hardest to reach groups. Insights may point to, for example, Mobile Women's Centers as an innovative approach that should be strengthened and replicated (where best-suited) in other countries.

Priority/Proposed Timeframe: Medium/ 2022-2026

Target level: SROC, HQ, LACRO Liaison Offices, M&E Unit

Based on conclusions: 1, 2, 7, 9 and 11

6.1 Sexual and Reproductive Health

Examine current approaches in SRHR programming in the sub-region and strengthen the weak areas by including alternative approaches to contribute to increasing access to and use of SRH services. Special effort will be needed in reaching all vulnerable and at-risk populations targeted in UNFPA-supported interventions around SRH and CSE which are currently underserved because of institutional constraints.

Key approaches include:

● **Modern family planning interventions in the LAC countries must be further incorporated in the essential services package to provide universal coverage**, paying special attention to the poorest and most vulnerable people and, in addition, actions beyond the health sector to change social norms, laws, and policies to uphold human rights and promote gender equality should be strengthened.

● **Special efforts should be directed to the male population** since the uptake of HIV testing and treatment services in the Caribbean is significantly higher among women than among men.

● Differentiated**, decentralized and non-discriminatory services are required to expand combination prevention and treatment coverage, especially for** young people.

● **For youth, UNFPA should consider participation in a holistic health intervention, in partnership with other agencies** (e.g., PAHO), governments and CSOs concerned with health and wellness targeting the adolescent and youth populations. This programme will address NCDs, healthy lifestyles and related areas which could impact adolescent SRH.

Operational Implications

UNFPA should review SRH services to ensure that family planning interventions are accessed by the most vulnerable. Changing social norms, laws and policies may require increased dialogues and advocacy involving additional partners as well as increased visibility.

UNFPA should develop a proposal and initiate dialogue with partners (e.g., PAHO and relevant CSOs) regarding programme design and implementation.

UNFPA should consider appropriate advocacy and communications strategies targeting males.

UNFPA should apply initiatives that have contributed to effectiveness of interventions (e.g. technical/financial assistance to improving service delivery, advocacy and generating evidence to inform advocacy and programming) where relevant. Its support to strengthening the beneficiary institutions' service delivery, and advocacy initiatives is significant to increasing access to SRH and GBV services and influencing approval/adoption of SRH policies (e.g., in Guyana, Trinidad and Tobago and Suriname). Results from stakeholder analyses/readiness assessments should identify stakeholders best-suited to accelerate implementation in those intervention areas.

UNFPA should use robust and multi-dimensional needs assessments to inform programme objectives and targets.

UNFPA should continue to ensure application of UNFPA comparative advantage in all interventions, concentrating resources on core activities while fully utilizing partners' resources in joint activities.

Priority/Proposed Timeframe: Medium/ 2022-2026

Target level: SROC, Liaison Offices and M&E Unit

Based on conclusions: 2 and 9

7.1 Humanitarian Emergencies

Increase support through partnership with United Nations organizations to countries in the sub-region in the areas of Risk Profiling and Monitoring; Minimum Preparedness Actions (MPA); and Advanced Preparedness Actions (APA) and Contingency Planning ahead of humanitarian emergencies, with particular focus on the development of sustainable models for gender-based violence prevention, empowerment of women and girls.

Humanitarian emergencies occur with increasing frequency within the region. Global research shows that disasters tend to exacerbate pre-existing vulnerabilities which can increase potential risks of exploitation, abuse and GBV. UNFPA's interventions around GBV in emergencies is relevant. The effectiveness of interventions in humanitarian emergencies can be greatly improved with better planning and preparedness. Humanitarian response may increasingly threaten the extent to which the sub-regional programme can deliver planned beneficiary support in the other thematic areas.

- **Use of risk analysis (e.g., natural hazard, public health risks) in programme planning is an excellent way of incorporating emergencies in work plans.**

- **It is also important for UNFPA to build on lessons learnt from COVID 19 relevant to programme implementation and *leaving no one behind* (e.g., flexibility in humanitarian response and engaging with stakeholder/partners).**

Operational Implications:

The UNFPA should use the results of risk analyses to inform annual work plans and processes so that work plans include contingencies for humanitarian response based on likelihood of hurricanes and other critical events.

The UNFPA should continue to ensure application of UNFPA's comparative advantage in all interventions, while fully utilizing partners' resources in joint activities.

Priority/Proposed Timeframe: Medium/ Q1 2022

Target level: SROC, LACRO, Liaison Offices

Based on conclusions: 10

Annex 1: Terms of Reference

TERMS OF REFERENCE FOR CONSULTANCY
Evaluation of the 6th Sub-regional Programme of the UNFPA's Sub-regional Office for the Caribbean

Hiring Office:	Sub-regional Office for the Caribbean (SROC)
Introduction:	The UNFPA Executive Board approved UNFPA's sub-regional programme document for the English-speaking and Dutch-speaking Caribbean for five years (2017-2021) in 2016. The sub-regional programme aimed to contribute to regional and national priorities as reflected in the United Nations Multi-Country Sustainable Development Framework 2017-2021, which was guided by the CARICOM Strategic Plan, the SAMOA Pathway, the Montevideo Consensus on Population and Development, and the 2030 Agenda. According to the UNFPA Strategic Plan 2014-2017 business model, the Caribbean was assigned the pink quadrant as a result of which the sub-regional programme was designed to apply *in principle* one programming strategy, namely advocacy and policy dialogue/advice. The programme was particularly designed to empower the most vulnerable through advocacy for (a) universal access to sexual and reproductive health and rights; (b) prevention of adolescent pregnancy and sexual violence; and (c) integration of population dynamics into policies and programmes. In preparation of the development of the seventh sub-regional programme, UNFPA in close collaboration with its partners is planning to conduct a final evaluation. An independent evaluation team is being sought to conduct this evaluation. This final sub-regional programme evaluation will serve the purposes of demonstrating accountability to stakeholders on performance in achieving development results and on invested resources, generating learning, supporting evidence-based decision making, and contributing important lessons learned on how to further improve programming in the Caribbean. The key users of the evaluation findings and results would be the UNFPA sub-regional office staff, government counterparts, implementing partners, UN agencies, external development partners, civil society organizations and the UNFPA Executive Board as well as UNFPA regional office and headquarter units. *Sub-regional context* The population of the 22 English and Dutch speaking countries (excluding Haiti) which make up the Caribbean sub-region is estimated

at 7.5 million, with 73% concentrated in Jamaica (2.7M), Trinidad and Tobago (1.3M), Guyana (0.7 M), Suriname (0.5M) and Belize (0.3M). The majority of these countries are island states which exposes them to unique vulnerabilities (economic, environmental and social), despite them being classified among middle and high income countries. There is a high level of indebtedness among most of these countries, and the classification of middle-high income countries affects the feasibility for these nations to get well needed aid to address many of their socioeconomic issues. Coupled with these underlined issues, the majority of these States are largely affected by migration, as they are places of origin, destination and transit for migrants; a feature which is extremely predominant among the island countries. Several Caribbean countries have received a large influx of migrants/refugees escaping the humanitarian emergency in Venezuela, as well as other migrant populations from Haiti and Cuba.

Maternal mortality ratios have been dramatically reduced over the last two decades in all countries; however remain above average for Guyana and Suriname mainly due to the lack of access to skilled birth attendance for those populations living in the hinterlands in these countries. Although the progress to reduce unmet need for family planning has been slow in the region over the last twenty years, currently high rates in the sub-region are only reported in Guyana, Suriname and Trinidad and Tobago.

Regional adolescent fertility rate, which was estimated at 64.7 births per 1,000 girls aged 15-19 for the 2005-2010, period fell to 60.2births per 1,000 girls aged 15-19 for the 2010-2015.[67] Despite a reduction of 4.5 births per 1,000 girls, it is still high compared with developed countries.

Despite overall gains, however, the sub-region still has the highest incidence rate of reported AIDS cases in the Americas and is the second most-affected region in the world after Sub-Saharan Africa, with an HIV prevalence of 1.6%. In 2018, prevalence among adults was highest in Haiti, Belize, Jamaica and The Bahamas. Prevalence is significantly higher among transgender people (51%), and among gay men and other men who have sex with men. Countries continue to grapple with the incomplete agenda of ending HIV transmission and achieving the 90-90-90 targets and large gaps persist across the HIV testing and treatment cascade. The estimated number of people living with HIV has increased from 310,000 [260,000 - 420,000] at the end of 2017 to 337,438 in 2018. In the Caribbean incidence has been relatively unchanged, decreasing too slowly over the past 5 years. New HIV

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[67] PAHO, WHO, UNFPA, UNICEF. Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean. 2017. (Primary source: United Nations Population Division. World Population Prospects: The 2015 Revision).

infections among adults in the Caribbean declined by about 16% between 2010 and 2018, from 19,000 [14,000 – 31,000] to 16,000 [11,000 – 24,000]. The rate of decline is slowing, from an 18% reduction in 2017. Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries— Cuba, Dominican Republic, Haiti and Jamaica. Jamaica together with Haiti, is among the 30 countries identified by UNAIDS as contributing to 89% of new infections globally. Saint Vincent, Belize, Jamaica and Haiti are countries with the highest incidence rates and above the regional average. There is evidence of increasing new infections in Belize, Suriname and Guyana, and among the male population.

Gender-based Violence (GBV) is also another major problem across the Caribbean region, and it disproportionately affects women and girls. Globally, it is estimated that one in three women and girls will experience some form of GBV in their lives. Some of the most common forms of GBV are intimate partner violence (IPV), domestic violence (DV), sexual violence (rape), trafficking in persons, sexual exploitation and abuse, femicides and incest. All of these forms of GBV to some degree are present in the region. There is however, a high level of under-reporting and institutional inefficiencies in capturing reports of family violence, and this makes it impossible to properly account for the incidences of family violence in the region. Nevertheless, recent studies conducted in Grenada, Guyana, Jamaica, Suriname and Trinidad and Tobago pointed to the high prevalence of intimate partner violence and child sexual abuse in the region. Some 27-40 percent of women informed the researchers that they were experiencing violence at the hands of their partners in these five countries. Some female victims of GBV are also at a risk of being killed by intimate partners and family members. In Trinidad and Tobago, forty three of the fifty-two women killed in 2017 were victims of domestic violence.[68]

The prevalence of GBV is largely impacted by the high level of gender inequality which exists in the region. Gender inequality has been reflected in areas such as the continued occupational gender stereotypes and discriminatory practices in the labor market, which are usually reinforced by a lack of official recognition and remuneration of domestic work. The prevalence surveys also confirmed that inequitable gender norms support male dominance in the intimate partner relationships in the region. This was deduced from the continued assertion by respondents that men should be the head of the household, a view held by both women and men.[69] In addition, the

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[68] http://www.caribbean360.com/news/former-trinidad-and-tobago-pm-calls-for-national-response-to-women-murdered-by-their-partners#ixzz5ZEveDlc8

[69] Women's Health Survey Jamaica 2016. In Jamaica over three-quarters of women (77.4 %) agreed with a statement that it is natural (God-intended) that men should be the head of the family, and 70.2 % agreed that a woman's main role is to take care of her home. 31.4 % believed that a wife is obligated to have sex with her husband whenever he wants, except when she is sick or menstruating.

	surveys showed that women whose male partners demonstrated more than one type of controlling behavior were more likely to experience all forms of intimate partner violence.[70]

Moreover, there is a relationship between GBV and sexual and reproductive rights; GBV is both a cause and consequence of limited access to sexual and reproductive rights and health. Although there has been reduction in the adolescent fertility rate in the region, the rate is still one of the highest in the world. It has been argued that early sexual debut and coerced sex are among the main contributing factors to adolescent pregnancy in the Caribbean region.[71] Forced or coercive sexual intercourse also exposes women to the possibility of contracting the Human Immunodeficiency Virus (HIV).

The aforementioned issues highlight a few of the issues which are targeted in the 1994 ICPD agreed on in Cairo, Egypt, in 1994. In 2013, countries in Latin America and Caribbean recommitted to the principles and themes of the ICPD (in the form of the Montevideo Consensus on Population and Development) along the lines of the unique peculiarities of the countries which make up the region; which includes many island states. At the Nairobi Summit in November 2019, countries around the world further recommitted to the ICPD and adopted the decade of action to actualize the 1994 ICPD and its landmark Programme of action through "three transformative results" -zero maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices – to be achieved by 2030. Achieving these transformative results will help to fulfil the 2030 Agenda and its main tenet of 'leaving no one behind'. |
| **Purpose, objectives and scope of the evaluation** | *Purpose of the evaluation:*
Provide an overall assessment of the UNFPA sub-regional programme
Draw **key lessons** from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

Evaluation objectives:
The objectives of the evaluation are to:
Determine the **relevance** of the support of the current sub-regional programme (SRP) to sub-regional and national development priorities and strategies;
Assess the **effectiveness** and **efficiency** of the sub-regional programme interventions during the SRP cycle 2017-2021;
Determine the **sustainability** of interventions and programme results and |

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a. [70] Spotlight Caribbean Regional Investment Plan

[71] Caroline Allen, Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean. PAHO 2013

assess how the interventions have been able to build adequate local capacity to ensure programme sustainability with a particular focus on the humanitarian-development nexus;

Identify and analyze the level of internal **coordination** between the UNFPA Sub-regional Office for the Caribbean (SROC) and the five liaison offices and between the SROC and the UNFPA Regional Office for Latin America and the Caribbean as well as between SROC and the six UNCTs, five Resident Coordinators, its implementing partners, relevant UN agencies and other regional and national partners; and determine the added value or comparative advantage of the UNFPA in the framework of the UNDS Reform, especially in the sub-region.

Determine the extent to which major population groups facing life-threatening suffering were reached by **humanitarian action** and the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

Scope of evaluation:
The evaluation will cover interventions planned and/or implemented within the current sub-regional programme for the period 2017 to July 2020. The evaluation will cover the 22 English and Dutch speaking Caribbean countries and territories where the SROC implements interventions: Anguilla; Antigua and Barbuda; Aruba; Bahamas; Barbados; Belize; Bermuda; British Virgin Islands; Cayman Islands; Curacao; Dominica; Grenada; Guyana; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; and Turks and Caicos Islands.

The evaluation will cover the technical areas of the sub-regional programme, namely (i) Sexual and Reproductive Health, (ii) Youth and Adolescents, (iii) Gender Equality and Women's Empowerment, and (iv) Population Dynamics. In addition, the evaluation will cover cross-cutting aspects such as human rights; gender equality; humanitarian assistance; sustainable development; 'leaving no one behind' with a particular focus on the most vulnerable groups including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; and partnerships.

Evaluation criteria and preliminary evaluation questions:
This evaluation is structured around the four OECD-Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability, as well as a criterion of coordination specific to UNFPA and the connectedness and coverage (humanitarian).[72] Consequently, the independent evaluation team will explore answers to the following evaluation questions :

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[72] UNFPA (2019) Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA.

a) Relevance:

To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable populations; including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; (ii) in line with the priorities set by ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and (iv) aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and to what extent did the MSDF fully reflect the interests, priorities and mandate of UNFPA in the region?

To what extent does the allocation of resources (human and finance) across the sub-regional programme reflect the varied needs of vulnerable and marginalized groups, prioritizing those marginalized within, as well as reflect the varied needs of countries and territories?

b) Effectiveness:

To what extent have planned outputs of the programme been achieved and to what extent did the outputs contribute to the achievement of the planned outcomes:

Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies;

Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups;

Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings; and

Strengthened national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development

To what extent has UNFPA successfully mainstreamed gender equality and human rights in the development and implementation of the sub-regional programme?

To what extent has UNFPA ensured that the needs of adolescents and young people in all their diversities (age, location, gender identity, sexual orientation, etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the sub-regional programme?

c) Efficiency:

To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools

	and approaches to pursue the achievement of the results defined in the UNFPA sub-regional programme? How has the organizational structure and staffing profiles of the SROC influenced the achievement of the programme results and - in view of the UN system wide Multi-Country Office review – what are recommendations for improvement? d) Sustainability: To what extent have the partnerships established with intergovernmental entities and national governments allowed the SROC to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies? To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality information and services in the field of integrated sexual and reproductive health, particularly family planning, HIV prevention, comprehensive sexuality education and gender-based violence, including for vulnerable and marginalized populations such as women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI? e) Coordination: What was the nature and quality of coordination among the SROC, LACRO and Headquarters' units? What were the level, nature and quality of coordination with other UN agencies, implementing partners, civil society organizations, regional entities and external development partners in the sub-region? To what extent has the SROC contributed to and took advantage of the functioning and consolidation of improved UNCT coordination & cooperation mechanisms under UN Reform? f) Coverage & connectedness: To what extent has UNFPA contributed to improved emergency preparedness in the Caribbean region in the area of response to SRH and GBV as well as data availability while ensuring that no one is left behind? To what extent was the SROC able to apply a humanitarian-development nexus approach in its response to 2017 and 2019 hurricanes, the Venezuelan crisis and COVID-19?
Evaluation process:	The evaluation will unfold in three phases, each of them including several steps. **a. Evaluation design phase** This phase will include: a document review of all relevant documents available regarding the sub-regional programme for the period being examined;

a stakeholder mapping – prepare a mapping of stakeholders relevant to the evaluation. The stakeholder mapping should be inclusive, integrating beneficiaries from vulnerable groups to hear their voices. The mapping exercise will also include government, civil society, regional entities, UN agencies and external development partners and will indicate the relationships between different sets of stakeholders;

an analysis of the intervention logic of the programme, i.e., the theory of change meant to lead from planned activities to the intended results of the programme;

the evaluation matrix containing the final version of evaluation criteria, questions, indicators, sources of information, etc.;

the development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team will produce an **inception report**, which will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan - prepared in accordance with the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation".[73] The inception report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The inception report needs to be reviewed and validated by the **Evaluation Reference Group[74]** before the evaluation field phase commences.

b. Field phase
After the design phase, the evaluation team will collect and analyze the data required in order to answer the evaluation questions.[75] At the end of the field phase, the evaluation team will provide the Evaluation Reference Group with a **debriefing presentation** on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

c. Analysis and Reporting phase
During this phase, the evaluation team will continue the analytical work initiated during the field phase, taking into account comments

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[73] https://www.unfpa.org/updates/unfpa-evaluation-handbook-released

[74] Evaluation Reference Group will have ten days to review the draft reports and send their comments.

[75] In light of the Covid19 pandemic, this collection may have to be done virtually.

	made by the Evaluation Reference Group. This **first draft evaluation report** will be submitted to the Evaluation Reference Group for comments (in writing).
	Comments from the reference group and UNFPA SROC staff will be consolidated. The draft report will form the basis for a debriefing meeting, which will be attended by the members of the SROC as well as all the members of the Evaluation Reference Group. The final report will be drafted by the Team Leader based on the comments received during the webinar/seminar.
	The final report will be quality assessed by the Evaluation Office.[76]
	d. Dissemination phase
	During this phase, UNFPA offices, including relevant divisions at UNFPA headquarters, will be informed of the evaluation results. The evaluation report, accompanied by a document listing all recommendations, will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once completed, this document will become the management response to the evaluation. The UNFPA offices will provide the management response within six weeks of the receipt of the final evaluation report. The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks since their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.
Duration and working schedule:	The timeframe of the evaluation will be **four** months from the start of phase 1 until the approval of the final report.
Place where services are to be delivered:	The evaluation team is expected to work remotely, utilizing own office space, computer, internet, telephone and other equipment, as needed, to undertake the assignment.
Methodology:	The evaluation will use a theory-based approach to reconstruct and understand the logic behind the sub-regional programme interventions for the period under evaluation from planning documents and represent it in a diagram to be presented in the inception report. The Theory of Change (ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation including the most important implicit assumptions underlying the change pathway. The ToC will include the types of intervention strategies or modes of engagement used in programme delivery, the principles

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[76] See evaluation quality assessment grid - https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance

guiding the interventions, the elements of the intervention logic, the level of expected changes and the external factors and influence and determine the causal links depicted in the theory of change diagram. The ToC will be tested during the field and data collection phase.

Data Collection
The evaluation will use a mixed-method approach to data collection, including documentary review, group and individual interviews, a questionnaire, focus groups and field visits to programme sites, as appropriate (and in light of COVID-19). The evaluators will be required to take into account ethical considerations when collecting information. The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). The consultants will adhere to the *Ethical guidelines for Evaluators in the UN system* and the *Code of Conduct*, also established by UNEG. The evaluation team will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise. The evaluation will also follow the guidance on the integration of gender equality and human rights as established in the UNEG guidance document "Integrating Human Rights and Gender Equality in Evaluations".[77]

Data analysis
The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be made at the level of programme outputs and corresponding components and their contribution to outcome level changes. Evaluation questions set within the change pathway of the ToC will be tested to assess where change has taken place. In the process, the evaluation will assess UNFPA's contribution to the change observed over the years. The reconstructed ToC and the assumptions therein will be tested during the conduct of the evaluation. Judgment will be based on data responding to the indicators set forward in the evaluation matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA's contribution to the change observed.

The evaluation team will ensure the following in analyzing data, formulating findings and reaching to conclusions:

Are the findings substantiated by evidence?
Is the basis for interpretations carefully described?
Is the analysis presented against the evaluation questions?

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[77] Links: UNFPA Evaluation Policy, UNEG Norms and Standards, Ethical Guidelines, Code of Conduct and UNEG Integrating Human Rights and Gender Equality

	Is the analysis transparent about the sources and quality of data? Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted? Does the analysis show different outcomes for different target groups, as relevant? Is the analysis presented against contextual factors? Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? **Stakeholders' participation** The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping for the region and countries in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). In order to improve the quality of the next sub-regional programme document and to ensure that regional and national development needs are addressed, it is important to invite implementing partners and national counterparts to participate in the final evaluation of the programme. This will also increase the sense of ownership of programme activities and therefore sustainability of the programme interventions. The participation of the different stakeholders should be done at different stages of the evaluation process and should also be done separately as their interest and involvement in programme implementation is different. In particular, efforts should be made to reach the beneficiaries of the SROC programmes, with special emphasis on target groups (most vulnerable). The methodology on how best to capture the views of the partners should be discussed during the inception meeting using as background document the evaluation questions.
Expected outputs and deliverables (incl. Work plan):	The evaluation team will produce the following deliverables: **Inception report (Within 2 weeks after contract is signed).** The report should include (as a minimum): a) stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The inception report should have a maximum of 30 pages; **First draft evaluation report (Within 5 weeks after inception report approval and feedback is received by the evaluation team):** This draft report presents an overview of the main preliminary findings of the evaluation **A second draft evaluation report (Within 2 weeks after approval is given on first draft of evaluation report):** This second draft report should be of a maximum of 70 pages (plus annexes); a presentation of the results of

	the evaluation for the internal dissemination seminar to be held and facilitated by the team of evaluators; **A final evaluation report (Within 2 weeks after approval of second draft of evaluation has been approved):** this final evaluation report should address comments expressed during the dissemination seminars. **An evaluation brief (Submit with the final evaluation):** A brief is to be compiled (maximum 5 pages) summarizing the evaluation report. All deliverables will be written in English.
Supervisory arrangements:	The evaluation will be guided by the Terms of Reference approved by the UNFPA Regional Office on behalf of the UNFPA Evaluation Office, and the UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation". The evaluation will be conducted by an independent evaluation team, preferably comprised of a team leader and 2-3 experts in relevant fields. The team leader reports directly to the SROC Deputy Director and the SROC Programme Analyst throughout the evaluation. The Sub-Regional Office reserves the right to discontinue the contract if it feels that the evaluation team does not live up to the expectations or does not respect the rules of the code of conduct or if the consultants act in a way that is detrimental to UNPFA's reputation and image. **Team leader** The team leader will take overall responsibility for conducting the evaluation and will be the focal point for coordinating with UNFPA. S/he will be responsible for the following: Liaise periodically with the SROC Programme Analyst to ensure that the evaluation is carried out as per the work plan approved by UNFPA; Seeks guidance and support from the SROC Programme Analyst on conducting meetings with internal and external partners; Ensure all ethical considerations outlined in study work plan are adhered to; Coordinate and lead data management, analysis and interpretation of the results; Provide qualitative and quantitative data analysis and recommendations to UNFPA in agreed upon reporting format; and Amend report as needed to incorporate technical feedback and management responses and provide a final report to UNFPA as per agreed upon timeline. **Evaluation Reference Group:** The Evaluation Reference Group has a critical role in the evaluation. The Evaluation Reference Group will provide direct guidance and advice to the team of evaluators and has the following specific responsibilities:

	Provides input to the ToR of the evaluation, including the first selection of evaluation questions to be covered by the evaluation; Contributes to the final selection of the evaluation questions, and provides overall comments on the inception report of the evaluation; Facilitates access of evaluation team to information sources (documents and interviewees) to support data collection; and Provides comments on the main deliverables of the evaluation, in particular the draft final report. The Reference Group will – to the extent possible - be comprised of the following members: SROC Management team SROC Programme Analyst Two SROC Liaison Office staff Regional M&E Advisor M&E focal point, Pacific Sub-regional Office UNFPA HQ – Programme Division representative Two youth representatives (YAG)
Expected travel:	Where possible, interviews are expected to be conducted primarily electronically and/or via telephone and only if feasible through face-to-face meetings. The potential for travel will be carefully monitored by UNFPA against the background of the provisions regarding travel in light of the COVID19 pandemic.[78]
Required expertise, qualifications and competencies:	The team of evaluators shall consist of members with expertise and skills to conduct the evaluation as per the TOR. The desired qualifications and competencies of the team of evaluators should include: a) Requirements for the team of evaluators: The team of evaluators should be culturally diverse and multidisciplinary in nature and gender balanced. The members should possess key experience and skills in evaluation of multilateral and bilateral agencies supporting the national governments. b) Experience: Knowledge and demonstrated experience in the four components of UNFPA's mandate: Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Women's Empowerment; and Population and Development; Knowledge of the UNDS and the Caribbean sub-region; Technical knowledge and demonstrated experience related to information

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[78] https://www.unfpa.org/admin-resource/adapting-evaluations-covid-19-pandemic

gathering methods, data analysis and reporting;
Demonstrated experience in working successfully as a multidisciplinary team; and
Knowledge of participatory methods.

c) Skills:
Excellent English language skills; knowledge of Dutch is considered an asset;
Interviewing skills, especially in interviewing different target audiences;
Facilitation skills, especially in working with groups of different target stakeholders (i.e. beneficiaries, including women and men, adolescents, persons belonging to different ethnic groups; central, district and village government officers; non-governmental organizations; civil society).

d) Abilities:
Document analysis;
Data analysis taking into consideration different perspectives;
Financial analysis; and
Understanding of diversity, including cultural and gender awareness.

e) Personal ethics
Respect the United Nations Evaluation Group (UNEG) Code of Conduct;
Be sensitive to beliefs, manners and customs and act with integrity and honesty in their relationship with all stakeholders, and in accordance with human rights norms; and
Protect the anonymity and confidentiality of institutions and individual informants.

The Evaluation will preferably be carried out by an interdisciplinary group of technical experts in Sexual and Reproductive Health and Rights, Adolescents and Youth, Data & Population dynamics and Gender Equality and Women Empowerment. The team of evaluators will comprise of a team leader (lead evaluator) who will also serve as one of the technical focal points.

1) Team Leader

a) Key tasks
Lead in undertaking agreed evaluation activities;
Guide other members of the team in order to complete the work in accordance with the Terms of Reference in a timely manner;
Continuously review the work of individual members, provide guidance and ensure a coordinated analysis;
Be the spokesperson of the team of evaluators vis-à-vis SROC Deputy Director and the Evaluation Reference Group;
Ensure that meeting schedules are adequate to fulfill the ToR and conducted without any delay;
Follow the final TOR and the questionnaire provided for the evaluation;

Review all documents produced by the sub-regional office and its liaison offices during the period under review;

Consolidate the team members' contributions into the draft and final evaluation report; and

Prepare the evaluation report and serve as principal presenter in front of key audiences.

Qualifications

Post graduate degree in social sciences, public health or any related field to UNFPA's mandate

At least 10 years of experience conducting programme level evaluations (complex evaluations).

At least 10 years of working experience in the area of expertise

Ability to use facilitation and mediation skills during interviews

Ability to realistically assess stakeholders' capacity and willingness to participate in evaluation

Ability to communicate clearly (verbally and written) in English

Willingness to travel to the sub-region

Proven analytic, communication, presentation and evaluation skills

Working experience with the UNDS and/or in the sub-region

Strong understanding of the Caribbean environment (political, social, economic and religious)

Technical experts (2-3)

Key tasks

Assess the design, implementation and results of the technical components of the programme

Work independently and as a team member on all activities needed to conduct the evaluation in his/her area of expertise and in the programme as a whole

Contribute to the review of the evaluation questionnaire to assure that gender and youth issues are captured during the interviews/meetings

Follow the final TOR and the questionnaire provided for the evaluation

Review all documents produced by the sub-regional office and its liaison offices during the period under review

Meet with partners, beneficiaries and stakeholders to review the advances in the thematic components and to gather recommendations for improvement, if needed

Analyze the pertinence and alignment of the thematic component of the country programme interventions to sub-regional/national development priorities and strategies

Provide assistance to the evaluation through analysis of the technical component and related regional and national priorities

Provide assistance to the team leader in preparing the evaluation draft and final reports through the preparation of chapters on their areas of focus

Contribute to the preparation of the design (inception), the draft and final

	reports of the evaluation Provide strategic recommendations in the related thematic component for the development of the next sub-regional programme document **Qualifications** At least a Master's degree in one of the following areas: Public Health, Gender, Development Studies, Economics, Demography At least 10 years of working experience in the area of expertise Capacity to work well in a multi-cultural and multi-national settings Ability to use facilitation and mediation skills during interviews Ability to realistically assess stakeholders' capacity and willingness to participate in evaluation Ability to communicate clearly (verbally and written) in English Working experience with the UNDS and/or in the sub-region Strong understanding of the Caribbean environment (political, social, economic and religious)
Services to be provided by UNFPA	All relevant documents related to the evaluation process will be shared with the team of evaluators directly once the assignment is awarded. UNFPA will facilitate setting up meetings with internal and external partners

Other relevant information	**Structure of the final report**
	Cover page
	Second page
	o Map of region
	o Team of evaluators
	o Titles/position of consulting team members
	Acknowledgements
	Abbreviation and acronyms
	Table of contents
	Executive summary (5 pages max)
	Chapter 1: Introduction
	    1.1 Purpose and objectives of the CPE
	    1.2 Scope of the evaluation (5 - 7 pages max.)
	    1.3 Methodology and process
	    1.4 Limitations of evaluation
	Chapter 2: Regional context
	    2.1 Development challenges and regional strategies (5 - 6 pages max.)
	    2.2 The role of external assistance
	Chapter 3: UN/UNFPA response and programme strategies
	    3.1 UNFPA strategic response (5 - 7 pages max.)
	    3.2 UNFPA response through the sub-regional programme
	    3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements
	    3.2.2 Current UNFPA sub-regional programme
	    3.2.3 The human and financial structure of the sub-regional programme
	Chapter 4: Findings
	    4.1 Answer to evaluation questions on relevance
	    4.2 Answer to evaluation questions on effectiveness

Annex 2 List of persons/institutions met

	Stakeholder Category	Designation	Name
	UNFPA Management and SROC Staff		
1.	UNFPA SROC Leadership	Representative	Alison Drayton
2.	UNFPA SROC Leadership	Deputy Representative	Seth Broekman
3.	Technical Advisors /Specialist	Gender Based Violence in Emergencies Specialist	Mariana Santoyo Bahamón
4.	Technical Advisors /Specialist	HIV AIDS Officer (Jamaica)	Denise Chevannes-Vogel
5.	Technical Advisors /Specialist	Gender & Human Rights Specialist (Suriname)	Zaviska Lamsberg
6.	Technical Advisors /Specialist	Associate Officer, Gender and Human Rights (Jamaica)	Joon Lee
7.	Technical Advisors /Specialist	Gender-based Violence Specialist (Trinidad)	Aiysa Mohammed
8.	Technical Advisors /Specialist	SRH Technical Advisor	Pilar De la Corta Molina
9.	Technical Advisors /Specialist	Gender-based Violence Specialist (Jamaica)	Elga Salvador
10.	UNFPA Country Level Staff (Country Liaisons)	Country Liaison Barbados	Denise Blackstock
11.	UNFPA Country Level Staff (Country Liaisons)	Country Liaison Suriname	Judith Brielle
12.	UNFPA Country Level Staff (Country Liaisons)	Country Liaison Guyana	Adler Bynoe
13.	UNFPA Country Level Staff (Country Liaisons)	Country Liaison Belize	Tisa Grant
14.	UNFPA Country Level Staff (Country Liaisons)	Country Liaison Trinidad and Tobago	Aurora Noguera-Ramkissoon
15.	Operations Staff	ICT /Procurement Associate (Jamaica)	Tommy Allen
16.	Operations Staff	International Operations Manager (Jamaica)	Francis Anyansi
17.	Operations Staff	Programme/Finance Associate (Jamaica)	Ilsa Banks
18.	Operations Staff	HR Focal Point (Jamaica)	Dawn Beckford
19.	UNFPA LACRO Office (Panama)	Programme Specialist	Doretta Di Marco
20.	UNFPA LACRO Office (Panama)	Regional Monitoring and Evaluation Advisor	Laura Gonzalezgarces

	Stakeholder Category	Designation	Name
	UNFPA Management and SROC Staff		
21.	SROC Staff (Suriname)	Programme Clerk/ Associate	Fezera Fraenk
22.	SROC Staff (Trinidad & Tobago)	Programme Clerk/ Associate	Ella Gaspard
	UN and EU Interviews		
23.	Belize	United Nations Resident Coordinator's Office	Tracey Hutchinson
24.	Belize	Pan American Health Organisation/WHO	Noreen Jack
25.	Jamaica	United Nations Resident Coordinator's Office	Garry Conille
26.	Jamaica	Head of Cooperation, Delegation of European Union	Bardia Divins
27.	Jamaica	Programme Manager (Spotlight), Delegation of European Union	Vanna Lawrence
28.	Suriname	UNDP	Gillian Babb
29.	Suriname	UNDP	Meriam Hubard
30.	Suriname	UNICEF	Patrick Matala
31.	Trinidad and Tobago	PAHO	Sandra Jones
32.	Trinidad and Tobago	United Nations Resident Coordinator's Office	Marina Walter
	Stakeholder/partner (Beneficiary Institutions) -- Focus Groups		
33.	Anguilla, Antigua and Barbuda, Turks and Caicos, Bahamas, Dominica	Bureau of Gender Affairs (Dominica)	Melissa Morgan
34.	Barbados	Barbados Family Planning Assoc	Anderson Langdon
35.	Barbados & OECS	Caribbean Family Planning Affiliation	Pat Sheerattan-Bisnauth
36.	Belize	Belize Family Life Association	Joan Burke-Skeen
37.	Belize	Statistical Institute of Belize	Diana Castillo-Trejo
38.	Belize	Human Rights Commission	Diego Grajalez and Romario Pech
39.	Belize	National Women's Commission	Cynthia Williams
40.	Dominica	Dominica Planned Parenthood Association	Marilyn Richards
41.	Guyana	Guyana Responsible Parenthood Association	Programme Officer
42.	Guyana	Guyana Responsible Parenthood Association	Arlene Chaturia
43.	Guyana	ST FRANCIS COMMUNITY DEVELOPER	Alex Foster
44.	Guyana	ChildLink Inc.	Omattie Madray
45.	Jamaica	Women's Centre of Jam Foundation	Deon Brown
46.	Jamaica	MOH & NFPB (Adolescent Health)	Joi Chambers
47.	Jamaica	MOH & NFPB (Adolescent Health)	Tazhmoye Crawford
48.	Jamaica	Jamaica Family Planning Assoc	Pauline Russell-Brown
49.	Regional (Jamaica)	University of West Indies Jamaica	Samantha John-Aloye
50.	Regional (Jamaica)	PIOJ (Jamaica)	Denese McFarlane
51.	Regional (Jamaica)	PIOJ (Jamaica)	Stacy-Ann Robinson
52.	Regional (Jamaica)	PIOJ (Jamaica)	Easton Williams
53.	Regional-all countries (JAMAICA)	STATIN (Jamaica)	Carol Coy
54.	Suriname	Bureau of Gender Affairs, Ministry of Home Affairs	Shiefania Jahangier
55.	Trinidad & Tobago	Bureau of Public Health, Family Health	Roma Bridgelal-Nagassar
56.	Trinidad & Tobago	Employers Consultative Assoc.	Ronald Ramlogan Stephanie Fingal

Annex 3: List of documents consulted[79]

Programming documents
1. UNFPA Strategic Plan 2018-21 (including Annex 2: Theory of Change)
2. Problem Tree and Stakeholder Analysis (being referenced by UNFPA to develop TOC for new cycle)
3. Common country analysis (Barbados and the OECS; Belize; Jamaica; Suriname; The Bahamas)
4. UNDAF (including the action plan)
5. Current CPD (including Results and resources framework)
6. Relevant national policy documents for each programmatic area - National Sexual and Reproductive Health and Rights Policy of Suriname,2020-2030 Ministry of Health - Ministry of Health National Sexual & Reproductive Health Policy (Trinidad and Tobago - Guyana's National Sexual and Reproductive Health Policy (Finalized) - National Action Plan Implementation of the Integrated Strategic Framework to Reduce Adolescent Pregnancy in Antigua and Barbuda Draft - Barbados National Strategic Adolescent Health & Development Plan - National Policy for the reintegration of adolescent mothers into the formal school system (Guyana)
7. Relevant regional sub-regional development priorities and strategies - CARICOM Integrated Framework to Reduce Adolescent Pregnancy - Championing Our Wealth: Promoting the Health and Well-Being of Adolescents and Youth in the Caribbean Road Map
8. Other relevant strategic documents - Montevideo Consensus on Population and Development priorities - ICPD Programme of Action priorities
9. Annual work plans [for the period under evaluation] - SRO Work Plans 2017-2018 - 2017 and 2018 Annual Work Plan - Barbados

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[79] Other UN documents were also consulted as core references

	- 2017 Annual Work Plan- Suriname
10.	Work Plan progress reports
	- Final Progress Report_Yearend2020_UQA72_SRO Jamaica, Guyana
	- Final Progress Report_Yearend2020_UQA71_SRO Jamaica submitted
	- 2017- 2020 Annual Report - Jamaica-SRO
11.	Country office annual reports (COARs)
	- 2017 Annual Report - Suriname and Guyana
	- 2017 and 2018 Annual Report - Barbados
	Other programme documents
12.	GUYANA - Socio-Economic Response Recovery Plan_V1. b
13.	Gender-Based Violence in Emergencies Capacity Building Programme: Responding to lifesaving needs of women and adolescent girls affected by Hurricane Dorian by preventing, mitigating and responding to gender-based violence (Bahamas)
	UNFPA interventions
14.	Table with a list of all UNFPA interventions during the period under evaluation (generated from Atlas/GPS)
	Context
15.	Implementation of the Montevideo Consensus on Population and Development in the Caribbean: A review of the period 2013–2018
16.	Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean Executive Summary
17.	Organogram
18.	MCO Review Report
19.	MCO Commitments Tracker
20.	Financial reports and Budgets
	- SROC Administrative Budget 2017 & Rev #4 and 2018 & Rev #14
	- SROC Administrative Budget and Work Plan 2019 and 2020
21.	Periodic reports
	- Antigua And Barbuda Rapid Response Storm (Hurricane, Cyclone, Etc.) 2017
	- Dominica Rapid Response Storm (Hurricane, Cyclone, Etc.) 2017
	- Bahamas Rapid Response Hurricane Dorian 2019 (part 1)
	- Bahamas Rapid Response Hurricane Dorian 2019 (part 2) / BHS-CERF Report (Final)
	- The Socio-economic Response & Recovery Plan; A Review of Post - Hurricane Maria Migration

- Review of UN Socio-Economic Response Plans for COVID-19	
- Latin America/Caribbean Regional Office: GBV-SRH response to Venezuelan emergency/Compiled Report. EF-135 (2019)	
- JAM: Access to Lifesaving Integrated Sexual and Reproductive Health and Gender-based Violence life-saving Information and Services in Guyana and Trinidad & Tobago during the COVID-19 pandemic (complementary to EF-165)/Emergency Fund 2020	
- UNFPA'S Support in Guyana and Trinidad And Tobago towards the Response to the Venezuelan Migrant and Refugee Situation/ 2020 Emergency Funds Report	
Monitoring	
22. Partners	
- Workplan Progress Report: 2020 - Report No. 2 – UNFPA and Barbados Family Plan Assoc	
- Workplan Progress Report: 2020 - Report No. 3 – UNFPA and Barbados Family Plan Assoc	

Annex 4: The Consolidated Evaluation Matrix

RELEVANCE				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ1: To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable populations; including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; (ii) in line with the priorities set by ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and (iv) aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and to what extent did the MSDF fully reflect the interests, priorities and mandate of UNFPA in the region?				
The needs of the population, particularly those of vulnerable groups, as well as national priorities and policies were considered during the programming process in a comprehensive needs assessment.	Evidence of needs assessment Evidence that programme design is responsive to needs; addresses gaps.	Evaluation documents (Theory of change etc.) Key documents (Country Programme Document; Common Country Assessment, Annual Work Plans, Work Plan progress reports etc.)	Document review	There was evidence of needs assessments in identifying priority population needs.
		SROC staff	Key informant interviews	
Interventions were adapted to identified needs and in line with priorities and targeted at the most vulnerable,	Extent to which the interventions adapted to identified needs and in line with priorities Extent to which	Key documents (Work Plan progress, Annual and periodic reports etc.)	Document review	Specific and differentiated needs of the most vulnerable groups were identified, and recommendations made
		UNFPA staff	Key informant interviews	

RELEVANCE				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
disadvantaged, marginalized and excluded population groups.	implementation was targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups	Stakeholder/partners	Focus Groups/Key informant interviews	for required actions
Interventions were aligned with UN, national and international frameworks such as UNFPA Strategic Plan; National Development Plans & Policies (e.g., gender, SRH, SVG); Montevideo Consensus etc.	Extent to which implementation aligned with priorities in key framework documents (e.g., UN and national and international level) Extent to which MSDF reflects UNFPA interests, priorities and mandate.	UNFPA staff	Key informant interviews	The sub-regional programme strongly aligned with UNFPA's Strategic Plan. It applies "leaving no one behind" principle, incorporating it all four programme components and emphasizing vulnerable and marginalized groups and outlining actions to address demographic disparities and socioeconomic inequities that affect women's and adolescents' SRHR, including in disaster-prone areas. The outcomes, outputs and planned interventions of the sub-regional
		Stakeholder/partners	Focus Groups/Key informant interviews	
		Key documents (ICPD Programme of Action; Montevideo Consensus on Population and Development, national policy frameworks etc.)	Document review	

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
				programme also reflect the three transformative results of the Strategic Plan Programme design reflected the major objectives and priorities presented in the key documents in particular, National Development Plans and Action Plans for SRH, Adolescent health and Gender equality, Agenda 2030 SDGs, MSDF, Montevideo Consensus and ICPD. MSDF fully reflects the interest, priorities and mandate of UNFPA, **and** sub-regional programme reflects UNFPA's interest, priorities and mandate.
EQ2: To what extent does the allocation of resources (human and finance) across the sub-regional programme reflect the varied needs of vulnerable and marginalized groups, prioritizing those marginalized within, as well as reflect the varied needs of countries and territories?				

RELEVANCE

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
Resource allocations reflect identified needs and priorities	Extent to which allocation of resources matches needs of vulnerable and marginalized group Extent to which allocation of resources matches needs of countries and territories	Annual reports financial reports Country policy framework documents	Document review	Funding was a major constraint Generally felt that UNFPA responded adequately to the needs of the most vulnerable and marginalized groups even with limited resources. Of note was UNFPA's support to addressing the needs of women and girls after the passage of the hurricanes. Groups that require more attention include youth and adolescents, migrant and refugees' groups.
		UNFPA staff	Key informant interviews	

EFFECTIVENESS

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings

EFFECTIVENESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ3: To what extent have planned outputs of the programme been achieved and to what extent did the outputs contribute to the achievement of the planned outcomes: • Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies. • Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups. • Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings; and • Strengthened national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development				
Programme outputs were produced as planned	Variance between planned and actual output indicator values: – No. of countries with policies and programmes to deliver integrated sexual and reproductive health, including family planning and HIV-prevention services, for underserved people. *Baseline: 5; Target: 10* – No. of countries that adopt and apply the concept of quality care *Baseline: 0; Target: 6* – No. of regional institutions with capacity to support countries to integrate MISP in national disaster-risk reduction and response plans *Baseline: 0; Target: 4* – No. of countries	M&E tools (Results and Resources framework etc.) Performance reports (Summary reports – Strategic Information System, Annual Reports etc.)	Document review	The programme met most of its performance targets, and in some instances exceeded them, despite resource constraints.

EFFECTIVENESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
	supported to integrate MISP in national disaster-risk reduction and response plans *Baseline: 7; Target: 14* – No. of countries that have implemented comprehensive sexuality education programmes in line with international standards *Baseline: 0; Target: 6* – No. of countries that have implemented the CARICOM Integrated Strategic Framework to reduce adolescent pregnancy *Baseline: 0; Target: 6* – No. of organizations that have advocated for the needs and rights of vulnerable young people in policies and programmes. *Baseline: 0; Target: 5* – No. of civil society organizations supported to advocate for policy implementation and monitoring for reproductive rights and protection from sexual violence for the most vulnerable people, including adolescent girls. *Baseline: 0; Target: 6* – No. of countries			

EFFECTIVENESS

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
	supported to develop and advocate for the implementation of multisectoral protocols and norms to address sexual violence, including during emergencies *Baseline: 3; Target: 8* – No. of national statistical offices with technical capacity to use disaggregated data for mapping demographic disparities and socioeconomic inequalities, including for emergency preparedness. *Baseline: 0; Target: 5* – No. of counties with evidence-based policies and programmes to address population dynamics, sexual and reproductive health, HIV and their linkages to sustainable development. *Baseline: 0; Target: 5* – No. of countries supported to develop implementation plans for the 2020 round of census. *Baseline: 0; Target: 6*			
National capacity to strengthen enabling environments for	Increased number of countries that have reduced family planning unmet need *Baseline:*	Key documents (Work Plan, Annual and periodic reports, evaluation reports etc.)	Document review	Beneficiary institutions' capacity to deliver sexual and reproductive health

EFFECTIVENESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
integrated sexual and reproductive health services, targeting underserved populations, including in emergencies;	*3; Target 6* Increased number of countries that have integrated the MISP into national disaster risk plans *Baseline: 0; Target 7* Report on UNFPA contribution to Increased number of countries that have reduced family planning unmet need Report on UNFPA contribution to Increased number of countries that have integrated the MISP into national disaster risk plans	SROC staff (Country Liaison Officers, Technical Specialists/Advisors etc.)	Key informant interviews	services increased, particularly in emergency settings. Support to procurement and strengthening supply chain management systems yielded benefit for stakeholder/partners. Evidence generated around LACRS supported the case for the expansion of the methods mix in Trinidad and Tobago. SRH Policies approved and adopted in Guyana, Trinidad and Tobago and Suriname. Limitation: a more comprehensive analysis would have included the perspectives from indirect beneficiaries. However, they were not available to participate
		Stakeholder/partners (Ministry of Health; regional and national family planning associations; youth networks; United Nations organizations; the private sector; academia etc.)	Focus Groups/Key informant interviews	
		Indirect beneficiaries	Focus group discussion	
National capacity to advocate for and deliver	Increased number of countries have laws and policies that	Key documents (Work Plan, Annual and periodic reports, evaluation	Document review	Evidence generated from assessments and analyses

EFFECTIVENESS

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
policies and programmes for access to sexual and reproductive health for adolescents and young people increased.	allow adolescents access to sexual and reproductive health services Baseline: 0 Target: 6 Report on UNFPA contribution to Increased number of countries have laws and policies that allow adolescents access to sexual and reproductive health services	reports etc.)		and UNFPA's support to facilitating dialogue among key actors strengthened advocacy capacity advocacy positions and programming. Key policy wins: abolishment of child marriage in Trinidad and Tobago (2017), provisions in Guyana SRH Policy that ensure adolescents' access to SRH services Data on extent of effectiveness of capacity building initiatives limited. Participants report increased knowledge of policies and legislation that hinder adolescents' access to SRHRR because of their engagement in National Capacity Building Dialogue on Adolescent SRHR (held in Jamaica). Youth Connect App (Trinidad and Tobago) has potential to increase access
		SROC staff (Country Liaison Officers, Technical Specialists/Advisors etc.)	Key informant interviews	
		Stakeholder/partners (Ministries of Youth; youth networks; United Nations organizations; the private sector; academia etc.)	Focus Groups/Key informant interview	
		Indirect beneficiaries	Focus group discussion	

EFFECTIVENESS

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
				to SRHR information and services. Data on progress made to date not available
Legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls strengthened.	Increased number of countries with national mechanisms to monitor, prevent and reduce violence against women and adolescent girls Baseline 0, Target 6 Report of UNFPA's contribution Increased number of countries with national mechanisms to monitor, prevent and reduce violence against women and adolescent girls	Key documents (Work Plan, Annual and periodic reports, evaluation reports etc.)	Document review	Systems strengthened through key implementers' enhanced capacity to deliver GBV services (including applying standard approaches to service delivery). Referral pathways were an important tool for improve service provider' ability to increase access to GBV services. For addressing sexual violence in emergency settings, UNFPA support facilitated women and girls (continued) access to SRH and GBV services. Spotlight Initiative has potential to contribute to addressing of GBV in the sub-region. Evidence of contribution to
		SROC staff (Country Liaison Officers, Technical Specialists/Advisors etc.)	Key informant interviews	
		Stakeholder/partners (Ministries of Gender and Social Affairs, faith-based organizations, the private sector etc.)	Focus Groups/Key informant interview	
		Indirect beneficiaries	Focus group discussion	

EFFECTIVENESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
				strengthening legal and protection systems for the implementation not yet available
UNFPA contributed to. strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes.	Increased number of countries that have national development plans that address population dynamics in setting development targets Baseline: 0; Target: 8 Report of how UNFPA's contribution Increased the number of countries that have national development.	Key documents (Work Plan, Annual and periodic reports, evaluation reports etc.)	Document review	National Statistical Offices such as those in Suriname and Belize, were better equipped with the skills, tools and resources to plan and implement the 2020 Census.
		SROC staff (Country Liaison Officers, Technical Specialists/Advisors etc.)	Key informant interviews	
		Stakeholder/partners (National statistical offices, CARICOM, OECS organizations, the private sector etc.)	Focus Groups/Key informant interview	
		Indirect beneficiaries	Focus group discussion	
EQ4: To what extent has UNFPA successfully **mainstreamed gender equality** and **human rights** in the development and implementation of the sub-regional programme? **EQ5:** To what extent has UNFPA ensured that the needs of adolescents and young people in all their diversities (age, location, gender identity, sexual orientation, etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the sub-regional programme?				
Programme design and implementation considered diverse	Extent to which gender equality and human rights considerations are reflected in the	Key documents	Document review	Gender Equality and Human Rights are key principles that guide UNFPA's work.

EFFECTIVENESS

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
needs, interests and experiences of different groups (e.g., men and women, girls and boys, marginalized groups)	development and implementation Extent to which the needs of adolescents and young people in all their diversities are reflected in programme planning and implementation.	UNFPA staff (e.g., Experts in cross cutting areas)	Key informant interviews	The sub-regional programme's design adequately integrates these principles. They also feature highly in on-going implementation deliberations and decisions. Evidence of needs assessments for addressing needs of young people and adolescents. UNFPA should maintain and reenergize focus on youth. Progress towards enhancing the well-being of young people and adolescents include abolishment of child marriage in Trinidad and Tobago and development of CSE actions plans in 10 countries

EFFICIENCY

Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
EQ6: To what extent has UNFPA made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA sub-regional programme?				
Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner.	Extent to which beneficiary support was delivered as planned	Key documents (Annual Work Plans; Work plan progress, periodic, procurement and financial reports; minutes; etc.)	Document review	UNFPA prioritizes programming based on available resources and makes prudent decisions and leveraging the resources of partners to close any gaps in providing beneficiary support.
		SROC staff (Country Liaison Officers, Operations etc.)	Key informant interviews	
		Stakeholder/partners	Key informant interviews/Focus Group	
Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the country programme	Good use of resources to meet requirements of programme (rating) Report on good use of resources to meet requirements of programme Amount of resources mobilized as a percentage of regular resources Baseline 0%, Target 2% Number of proposals developed for resource mobilization Baseline 0, Target 2	Key documents (Operational plan; Annual Work Plans; Work plan progress, periodic, procurement and financial reports; minutes; etc.)	Document review	It is evident that UNFPA "does a lot with limited resources"; staff resources are stretched, and financial resources are limited. Funding was a major constraint Budget revisions indicate the SROC's ability to adjust implementation.
		SROC staff (Country Liaison Officers, Operations etc.)	Key informant interviews	

EFFICIENCY				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ7: How has the organizational structure and staffing profiles of the SROC influenced the achievement of the programme results and in view of the UN system wide Multi-Country Office review – what are recommendations for improvement**?**				
SROC organizational structure and staffing meets UN standards.	Quality of organizational structure and staffing (rating) Report on adequacy of structure and staffing for requirements of programmes	Key documents (MCO review, periodic, procurement, financial reports; minutes; organogram etc.)	Document review	There is room for improvement, staff structure, operational processes and procedures and lines of communication appear adequate and contributed to the achievement of programme results.
		SROC staff	Key informant interviews	

SUSTAINABILITY				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ 8: To what extent have the partnerships established with intergovernmental entities and national governments allowed the SROC to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?				

SUSTAINABILITY				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
UNFPA established appropriate partnerships and conducted consultations with key stakeholders.	Nature of UNFPA's comparative strengths Report on quality of SROC partnerships Quality of SROC partnerships (satisfactory rating)	SROC staff	Key informant interviews	UNFPA established successful partnerships and leveraged resources of partner organizations.
		Stakeholder/partners (UN agencies, implementing partners, CSOs, regional entities, external development partners)	Stakeholder survey	
			Key informant interviews	
EQ 9: To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality information and services in the field of integrated sexual and reproductive health, particularly family planning, HIV prevention, comprehensive sexuality education and gender-based violence, including for vulnerable and marginalized populations such as women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI?				
UNFPA contributed to the development of a functional integrated information system for the formulation, monitoring and evaluation of national and sectoral policies.	Evidence of improved access to SRH services because of UNFPA support Report on whether gains made in improving access to services can remain after 2021	Key documents (periodic reports, evaluation reports etc.).	Document review	UNFPA interventions have contributed to improved access to information and services in the relevant fields of reproductive health. Limitation: more comprehensive analysis would have included indirect beneficiaries' perspectives. However, they were not available to participate
		Stakeholder/partners (Ministry of Health; regional and national family planning associations; youth networks; United Nations organizations; the private sector; academia etc.)	Focus Groups/Key informant interviews	
Technical capacity of national institutions and NGOs related to SRH, women's empowerment	Evidence of improved use of SRH services resulting from UNFPA support Report on how UNFPA	Key documents (periodic reports, evaluation reports etc.).	Document review	
		Stakeholder/partners	Key informant	

SUSTAINABILITY				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
and gender equality increased.	contributed to use of services		interviews	

COORDINATION				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ 10: What was the nature and quality of coordination among the SROC, LACRO and Headquarters' units? **EQ 11:** What were the level, nature and quality of coordination with other UN agencies, implementing partners, civil society organizations, regional entities and external development partners in the sub-region? **EQ 12:** To what extent has the SROC contributed to and took advantage of the functioning and consolidation of improved UNCT coordination & cooperation mechanisms under UN Reform?				
UNFPA country office has actively contributed to UNCT working groups and joint initiatives.	Nature of and report on the quality of SROC/LACRO/HQ interactions Nature of and report on the quality of SROC/stakeholder interactions Difference between SROC's expected and actual contributions to UNCT working groups and joint initiatives	Key documents (periodic reports, minutes etc.)	Document review	**SROC/LACRO/HQ** Resources from LACRO and HQ supported implementation: LARCO provided technical assistance and its support closed implementation gaps and HQ's support included financial assistance. Levels of collaboration and
		UNFPA staff (SROC, LACRO, HQ) Stakeholder/partners (UN agencies, implementing partners, CSOs, regional entities, external development partners)	Key Informant Interviews	
		Stakeholder list/SROC	Stakeholder mapping	

COORDINATION				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
	Report on how SROC took advantage of UNCT's coordination & cooperation mechanisms			coordination were high in some regard (e.g., targeting vulnerable and marginalized groups) and lower in others (e.g., targeting vulnerable and marginalized groups) There is room to improve communication and coordination. Need for greater efforts at integration: differences in the regional context remain a barrier for integration despite improvement in integration over the years. SROC's relationship with LACRO, requires attention and more so than its relationship with HQ. **SROC/stakeholder**s Overall, stakeholders view the SROC very favourably: satisfied with partnership with SROC and with support received. Partnership supports
	Quality of SROC/LACRO/HQ interactions (satisfactory rating) Quality of SROC/stakeholders' interactions (satisfactory rating)	Stakeholder/partners (UN agencies, implementing partners, CSOs, regional entities, external development partners)	Stakeholder survey	

COORDINATION				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
				stakeholders to carry out their mandates; SROC's technical and financial and valuable. **SROC/UNCT** SROC actively participates in UNCT coordination & cooperation mechanisms; other agencies rely on UNFPA's technical expertise. SROC has not optimized its participation/contributions because of resource (financial and technical) constraints.

COVERAGE & CONNECTEDNESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ 13 To what extent has UNFPA contributed to improved emergency preparedness in the Caribbean region in the area of response to SRH and GBV as well as data availability while ensuring that no one is left behind?				

COVERAGE & CONNECTEDNESS				
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods of data collection**	**Findings**
EQ 14: To what extent was the SROC able to apply a humanitarian-development nexus approach in its response to 2017 and 21019 hurricanes, the Venezuelan crisis and COVID-19?				
Response to SRH and GBV and practices in humanitarian contexts demonstrated coverage, coherence and connectedness.	Quality of humanitarian response to Hurricane/Venezuela/COVID 19 (satisfactory rating)	Stakeholder/partners Stakeholder/partners (RC Office, OCHA, CER, UNHCR, CDEMA, government ministries etc.)	Stakeholder survey	Quality of humanitarian response varied. Good collaboration and coordination, availability of resources (human, financial) and better preparedness can enhance quality of response. UNFPA's support described as relevant and responsive to needs. Timeliness of response though noted as a challenge in hurricane response. UNFPA-funded interventions for preparedness aimed at building capacity (UNFPA and stakeholder/partners) Preparedness can be further strengthened to ensure better readiness for deployment of supplies and technical team and enhance

COVERAGE & CONNECTEDNESS				
Assumptions to be assessed	Indicators	Sources of information	Methods of data collection	Findings
				capacities to manage the capacity surges brought on by emergencies. Resources (human and financial) required to enhance coverage and connectedness of humanitarian response. LACRO's resources may need to be further leveraged. Population groups' needs addressed in both the relief and recovery phases.

Annex 5 Tools/templates used (e.g., interview protocols; focus group templates, survey template)

a. Strategic level: UNFPA Regional and HQ Leadership

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:
 	
    ▪ Briefly state the purpose of evaluation
    ▪ Remind interviewee of confidentiality
    ▪ Explain interview objective	

1. How would you describe your role in your organization?
   a. When did you join the organization?

Objective: Understand alignment, adequacy of UNFPA response to identified needs and strategic frameworks

2. How adequately would you say the MSDF reflects UNFPA's interests, priorities and mandate?

Objective: Understand how SROC structure and staffing influences implementation

3. How would you rate the adequacy of the SROC structure and staffing to meet programme needs?

Adequate, Somewhat Adequate, Not Adequate

a. How can staffing/structure be improved/further strengthened?

4. What would you say are UNFPA's comparative strengths?

a. To what extent did UNFPA's partnerships allow it to adequately use those strengths?

Objective: Understand coordination within UNFPA and with external counterparts

5. How would you describe the interactions between SROC LACRO and HQ?

Probe: quality of coordination

6. To what extent did SROC meet its contributions to UNCT working groups and joint initiatives?

7. To what degree did UNFPA take advantage of UNCT's coordination & cooperation mechanisms?

Objective: Identify key areas for the next programme cycle

8. What key lessons have been learned over the 2017-2021 implementation period?

9. What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes?

10. What are your recommendations for the new Sub-regional Programme?

b. Strategic level: UNFPA SROC Leadership

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:
 	
    ▪ Briefly state the purpose of evaluation
    ▪ Remind interviewee of confidentiality
    ▪ Explain interview objective	

1. How would you describe your role in your organization?

    a. When did you join the organization?

Objective: Understand alignment, adequacy of UNFPA response to identified needs and strategic frameworks

2. How adequately would you say the MSDF reflects UNFPA's interests, priorities and mandate?

3. Please describe the process for developing the 2017-2021 CPD.

Probe: identifying needs and crafting UNFPA's response; who is involved; who was missing; what was missing

a. How well does the CPD development process allow UNFPA to develop its programmatic strategy in response to populations' needs?

4. How well did UNFPA target the most vulnerable, disadvantaged, marginalized and excluded population groups?

Probe: Also consider beneficiaries' identification, and identification of their respective needs

a. If there are gaps, where/what would you say they are?

Objective: Understand how resources were used to support implementation

5. Over the programme period, to what extent was the support to beneficiaries delivered as planned?
Probe: contributing factors

6. How would you rate UNFPA's use of resources to meet the requirements of the programme?
Good; Fair: Poor
Probe: Contributing factors

 Objective: Understand how SROC structure and staffing influences implementation

7. How would you rate the adequacy of the SROC structure and staffing to meet programme needs?
Adequate, Somewhat Adequate, Not Adequate

a. How can staffing/structure be improved/further strengthened?

8.   What would you say are UNFPA's comparative strengths?

a.   To what extent did UNFPA's partnerships allow it to adequately use those strengths?

 Objective: Understand whether or not gains from humanitarian responses can be sustained

9.   To what degree would you say UNFPA's response reflects adequate consideration for connectedness in humanitarian response?

Probe: urgent/short-term response takes into account longer-term term and interconnected nature of the issues/problems.

a.   What helped? What hindered? What, if anything, should be adjusted over time?

Objective: Understand coordination within UNFPA and with external counterparts

10.   How would you describe the interactions between SROC LACRO and HQ?

Probe: quality of coordination

11.   How would you describe the interactions between SROC and stakeholders??

Probe: quality of coordination

12.   To what extent did SROC meet its contributions to UNCT working groups and joint initiatives?

13.   To what degree did UNFPA take advantage of UNCT's coordination & cooperation mechanisms?

Objective: Identify key areas for the next programme cycle

14.   What key lessons have been learned over the 2017-2021 implementation period?

15.   What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes?

16.   What are your recommendations for the new Sub-regional Programme?

c. Strategic/Programmatic level: Technical Advisors/Specialists e.g., SRH, HIV

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:
Interviewer's guide: ▪ Briefly state the purpose of evaluation ▪ Remind interviewee of confidentiality ▪ Explain interview objective	

1. How would you describe your role in your organization?

    a. When did you join the organization?

Objective: Understand alignment, adequacy of UNFPA response to identified needs and strategic frameworks

2. Please describe the process for developing the 2017-2021 CPD.

Probe: identifying needs and crafting UNFPA's response; who is involved; who was missing; what was missing

    a. How well does the CPD development process allow UNFPA to develop its programmatic strategy in response to populations' needs?

3. How well did UNFPA target the most vulnerable, disadvantaged, marginalized and excluded population groups?

Probe: Also consider beneficiaries' identification, and identification of their respective needs

    a. If there are gaps, where/what would you say they are?

Objective: Understand UNFPA contributions to outcomes

4. How has UNFPA contributed to:

Outcomes and Outputs	Thematic Area	Response
I. Strengthen **national capacity** to **improve access** to SRH services *Reducing family planning unmet needs* *integrating the MISP into national disaster risk plans*	Sexual and Reproductive Health	

II. How has UNFPA's support contributed to **improving access** to SRH services? *Probe: progress made*	Sexual and Reproductive Health	
III. How has UNFPA's support contributed to **improved use** of SRH services? *Probe: progress made*	Sexual and Reproductive Health	
IV. Strengthen national capacity to advocate for and deliver policies and programmes relating to SRH for adolescents, with emphasis on vulnerable and marginalized groups? *laws and policies that allow adolescents access to SRH*	Youth and Adolescents/ Sexual and Reproductive Health	
V. Strengthen **legal and protection systems** needed to implement laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings? *national mechanisms to monitor, prevent and reduce violence against women and adolescent girls*	Gender Equality and Women's empowerment	
VI. Strengthen **national capacity** to generate, analyse and utilize data and evidence for national policies and programmes *national development plans that address population dynamics in setting development targets*	Population Dynamics	
VII. Respond to humanitarian situations *COVID 19, Hurricane(s), Venezuelan crisis*	Humanitarian response	

Objective: Determine inclusion of cross cutting issues

5. From your perspective, to what extent were gender equality and human rights considerations reflected in the development and implementation of the Sub-regional programme?

6. To what extent would you say the needs of adolescents and young people in all their diversities reflected in programme planning and implementation?

Objective: Understand coordination within UNFPA

7. How would you describe the interactions between SROC LACRO and HQ?

   Probe: quality of coordination

Objective: Identify key areas for next programme cycle

8. What key lessons have been learned over the 2017-2021 implementation period?
9. What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes?
10. What are your recommendations for the new Sub-regional Programme?

d. Programmatic level: Technical – cross cutting e.g., Gender and Human Rights

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:
- Briefly state the purpose of evaluation   - Remind interviewee of confidentiality   - Explain interview objective

1. How would you describe your role in your organization?
    a. When did you join the organization?

Objective: Understand alignment, adequacy of UNFPA response to identified needs

2. How well did UNFPA target the most vulnerable, disadvantaged, marginalized and excluded population groups?

   Probe: Also consider beneficiaries' identification, and identification of their respective needs

a. If there are gaps, where/what would you say they are?

3. From your perspective, to what extent were gender equality and human rights considerations reflected in the development and implementation of the Sub-regional programme?

4. From your perspective, to what extent would you say the needs of adolescents and young people in all their diversities reflected in programme planning and implementation?

Objective: Understand extent and quality of humanitarian response

The programme period has included more humanitarian needs than has been normative for some time.

5. Over the period, have gender equality and human rights considerations become more or less important in terms of the response to humanitarian needs?

Response to SRH and GBV and practices in humanitarian contexts

7. To what degree did UNFPA provide a quality humanitarian response?

   Probe: contributing factors

Objective: Understand whether gains from humanitarian responses can be sustained

8. To what degree would you say UNFPA's response reflects adequate consideration for connectedness in humanitarian response

Probe: urgent/short-term response takes into account longer-term term and interconnected nature of the issues/problems.

a.   What helped? What hindered? What, if anything, should be adjusted over time?

Objective: Identify key areas for the next programme cycle

9.   What key lessons have been learned over the 2017-2021 implementation period?

10.   What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes?

11.   What are your recommendations for the new Sub-regional Programme?

e. Programmatic level: Country Level (e.g., Liaison Officers)

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:
 	
    ▪ Briefly state the purpose of evaluation
    ▪ Remind interviewee of confidentiality
    ▪ Explain interview objective	

1. How would you describe your role in your organization?
    a. When did you join the organization?

Objective: Understand alignment, adequacy of UNFPA response to identified needs, strategi frameworks

2. Please describe the process for developing the 2017-2021 CPD.

Probe: identifying needs and crafting UNFPA's response; who is involved; who was missing; what was missing
    a. How well does the CPD development process allow UNFPA to develop its programmatic strategy in response to populations' needs?

3. How relevant has UNFPA's contribution been to advancing national priorities (e.g., national development plans)?

Highly relevant; b) Relevant: c) Irrelevant; c) Not sure

4. Given what the needs are at the national level, to what degree did UNFPA's funding support match those needs?
5. How well did UNFPA target the most vulnerable, disadvantaged, marginalized and excluded population groups?

Probe: Also consider beneficiaries' identification, and identification of their respective needs

6. If there are gaps, where/what would you say they are?

Objective: Understand how resources were used to support implementation

7. Over the programme period, to what extent was the support to beneficiaries delivered as planned?

Probe: contributing factors

8. How would you rate UNFPA's use of resources to meet the requirements of the programme?

Good; Fair: Poor
Probe: Contributing factors

Objective: Understand how SROC structure and staffing influences implementation

9. How would you rate the adequacy of the SROC structure and staffing to meet programme needs?
Adequate, Somewhat Adequate, Not Adequate

a. How can staffing/structure be improved/further strengthened?

10. What would you say are UNFPA's comparative strengths?
    b. To what extent did UNFPA's partnerships allow it to adequately use those strengths?

Objective: Understand coordination within UNFPA and with external counterparts

11. How would you describe the interactions between SROC LACRO and HQ?

Probe: quality of coordination

12. How would you describe the interactions between SROC and stakeholders?

Probe: quality of coordination

13. To what extent did SROC meet its contributions to UNCT working groups and joint initiatives?
14. To what degree did UNFPA take advantage of UNCT's coordination & cooperation mechanisms?

Objective: Understand extent and quality of humanitarian response

15. To what degree did UNFPA provide a quality humanitarian response?

Probe: contributing factors

Objective: Understand whether or not gains from humanitarian responses can be sustained

16. To what degree would you say UNFPA's response reflects adequate consideration for connectedness in humanitarian response

Probe: urgent/short-term response takes into account longer-term term and interconnected nature of the issues/problems.

b. What helped? What hindered? What, if anything, should be adjusted over time?

Objective: Identify key areas for the next programme cycle

17. What key lessons have been learned over the 2017-2021 implementation period?
18. What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes?
19. What are your recommendations for the new Sub-regional Programme?

f. Programmatic level: Operations e.g., Finance, Human Resources, Procurement

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:
▪ Briefly state the purpose of evaluation ▪ Remind interviewee of confidentiality ▪ Explain interview objective

1. How would you describe your role in your organization?
    a. When did you join the organization?

Objective: Understand how resources were used to support implementation

2. Over the programme period, to what extent was the support to beneficiaries delivered as planned?

Probe: contributing factors

3. How would you rate UNFPA's use of resources to meet the requirements of the programme?

Good; Fair: Poor
Probe: Contributing factors
Objective: Understand how SROC structure and staffing influences implementation
4. How would you rate the adequacy of the SROC structure and staffing to meet programme needs?
Adequate, Somewhat Adequate, Not Adequate
    a. How can staffing/structure be improved/further strengthened?

5. What would you say are UNFPA's comparative strengths?
    b. To what extent did UNFPA's partnerships allow it to adequately use those strengths?

Objective: Identify key areas for the next programme cycle

6. What key lessons have been learned over the 2017-2021 implementation period?

7. What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? P

Probe e.g., digitalization, SDGs, COVID, extreme hurricanes

8. What are your recommendations for the new Sub-regional Programme

g. Stakeholder/partners (e.g., UN Agencies)

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Interviewer's guide:

- Briefly state the purpose of evaluation
- Remind interviewee of confidentiality
- Explain interview objective

1. What is your role in your organization?
    a. When did you join the organization?
2. When during this programme cycle did the partnership with UNFPA begin? (2017-2021)
    a. In which country/countries?
    b. In which thematic area(s) did your agency partner with UNFPA?
        i. Sexual and Reproductive Health
        ii. Youth and adolescents
        iii. Gender equality and women's empowerment
        iv. Population dynamics
        v. Humanitarian response - COVID 19
        vi. Humanitarian response - Hurricane(s)
        vii. Humanitarian response -Venezuelan crisis

Objective: Understand alignment, adequacy of UNFPA response to identified needs and strategic frameworks

3. How relevant has UNFPA's contribution been to advancing national priorities (e.g., national development plans)?

a)Highly relevant; b) Relevant: c) Irrelevant; c) Not sure

Objective: Understand UNFPA contributions to outcomes

4. More specifically, how has UNFPA's support contributed to

Probe based on response to 2 above

Outcomes and Outputs	Thematic Area	Response
i. Strengthen **national capacity** to improve access to SRH services *Reducing family planning unmet needs* *integrating the MISP into national disaster risk plans*	Sexual and Reproductive Health	
ii. How has UNFPA's support contributed to improving access to SRH services? *Probe: progress made*	Sexual and Reproductive Health	
iii. How has UNFPA's support contributed to improved use of SRH services? *Probe: progress made*	Sexual and Reproductive Health	
iv. Strengthen national capacity to advocate for and deliver policies and programmes relating to SRH for adolescents, with emphasis on vulnerable and marginalized groups? *laws and policies that allow adolescents access to SRH*	Youth and Adolescents	
v. Strengthen legal and protection systems needed to implement laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings? *national mechanisms to monitor, prevent and reduce violence against women and adolescent girls*	Gender Equality and Women's empowerment	
vi. Strengthen national capacity to generate, analyse and utilize data and evidence for national policies and programmes *national development plans that address population dynamics in setting development targets*	Population Dynamics	

Outcomes and Outputs	Thematic Area	Response
vii. Response to humanitarian situations *COVID 19, Hurricane(s), Venezuelan crisis*	Humanitarian response	

Objective: Understand how UNCT influenced implementation

5. Based on your interactions with UNFPA, to what degree would you say they took advantage of the UN Country Teams' coordination & cooperation mechanisms?

Objective: Understand how SROC structure and staffing *influences implementation*

6. What would you say are UNFPA's comparative strengths?

7. To what extent did UNFPA's partnerships allow it to adequately use those strengths?

8. What are the main directions in which UNFPA might best (go) over in the future, to maintain those strengths?

*Objective: Understand extent and quality of humanitarian response (**Humanitarian Response only)***

9. To what degree did UNFPA provide a quality humanitarian response?

Probe: contributing factors

Objective: Understand whether gains from humanitarian responses can be sustained

10. To what degree would you say UNFPA's response reflects adequate consideration for connectedness in humanitarian response (**Humanitarian Response only)**

Probe: urgent/short-term response considers longer-term term and interconnected nature of the issues/problems.

a. What helped? What hindered? What, if anything, should be adjusted over time?

Objective: Identify key areas for the next programme cycle

11. What key lessons have been learned over the 2017-2021 implementation period

12. What do you think are the main opportunities / emergent trends / shocks that c/should direct UNFPA's next future? Probe e.g., digitalization, SDGs, COVID, extreme hurricanes

13. What are your recommendations for the new Sub-regional Programme?

h. Focus Groups: Stakeholder/partner (Beneficiary Institutions)

Name of Interviewee:	Name of interviewer:
Position/Organization:	Stakeholder Type
Country:	Date/ Duration:

Facilitator's guide:
 	
    ▪ Briefly state the purpose of evaluation
    ▪ Remind interviewee of confidentiality
    ▪ Explain interview objective	

Sections of questions 4 will be asked to the relevant group based on the outcome area UNFPA support was delivered in.

1. Please describe your roles in your organizations
2. What kind of support did your institution receive from UNFPA?
   a. Did you receive the support that was expected/agreed upon? Why or why not?
3. How much did that support relate to national/population needs and priorities?
4. More specifically, how did UNFPA's support help the country to:

Outcomes and Outputs	Responses
I. Strengthen **national capacity** to improve access to SRH services *Reducing family planning unmet needs* *integrating the MISP into national disaster risk plans*	
II. How has UNFPA's support contributed to **improving access** to SRH services? *Probe: progress made*	
III. How has UNFPA's support contributed **to improved use of** SRH services? *Probe: progress made*	
IV. Strengthen **national capacity** to advocate for and deliver policies and programmes relating to SRH for adolescents, with emphasis on vulnerable and marginalized groups? *laws and policies that allow adolescents access to SRH*	

Outcomes and Outputs	Responses
V. S**trengthen legal and protection systems** needed to implement laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings? *national mechanisms to monitor, prevent and reduce violence against women and adolescent girls*	
VI. Strengthen national capacity to generate, analyse and utilize data and evidence for national policies and programmes *national development plans that address population dynamics in setting development targets*	
vii. Response to humanitarian situations *COVID 19, Hurricane(s), Venezuelan crisis*	

5. What, if anything, should UNFPA do to ensure its contributions respond to the needs of the populations?

i. Stakeholder Survey Questionnaire (Non- UN Stakeholder/partners)

Overview:

As you might now be aware, the UNFPA Sub-Regional Office for the Caribbean (SROC) is conducting an evaluation for the 2017-2021 implementation period. As stakeholder partners, views on your institutions' interactions with the SROC and the sub-regional country programme provide vital information for the evaluation exercise. We are requesting survey feedback in addition to any interviews and discussions you might already have participated in. Therefore, you are asked to complete this brief survey questionnaire (est. time: 5 minutes). The survey is anonymous and confidential. We will not be able to identify your responses, and information you provide will be summarized with others' responses.

This survey is being implemented by C2M2C2 (Evaluation Consulting).

Thank you in advance.

1. In which country is your institution located?
    a. Anguilla, BVI
    b. Antigua and Barbuda
    c. Aruba
    d. Barbados
    e. Belize
    f. Curacao
    g. Dominica
    h. Guyana
    i. Jamaica
    j. Saint Kitts and Nevis
    k. Saint Vincent and the Grenadines
    l. Sint Maarten
    m. Suriname
    n. The Bahamas
    o. Trinidad and Tobago

2. Which type of institution do you represent?
    a. Government ministry, department or agency
    b. Civil Society Organization
    c. Private sector entity
    d. Academia
    e. Regional
    f. Other

3. In which years did your institution partner with UNFPA (select all that apply)?
    a. 2017
    b. 2018
    c. 2019
    d. 2020
    e. 2021

4. In which thematic area(s) did your institution partner with UNFPA (select all that apply)?
    a. Sexual and Reproductive Health
    b. Youth and adolescents
    c. Gender equality and women's empowerment

d. Population dynamics
e. Humanitarian response - COVID 19
f. Humanitarian response - Hurricane(s)
g. Humanitarian response - Venezuelan migrant and refugee crisis

<u>Instructions: Please indicate to what degree to you agree or disagree with the following statements (Please select one)</u>

5. The institutions' partnership with SROC was satisfactory.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

6. What aspects of the institutions' partnership with the UNFPA SROC were most favourable?
7. What aspects of the institutions' partnership with UNFPA SROC could be improved upon?
8. The institutions' interactions with SROC were satisfactory (e.g., coordination, communication).
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

9. UNFPA's support in response to the following national humanitarian crises was adequate (only for stakeholders involved in humanitarian response – (1) COVID 19; (2) Hurricanes; (3) Venezuelan migrant and refugee crisis.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
    f. Not applicable

10. Overall UNFPA's support was adequate
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

11. What recommendations would you share with the UNFPA to help them improve the quality of stakeholder partnerships and coordination efforts for the next Sub-regional programme period?

Annex 6 UNEG/UNFPA Ethical Code of Conduct for Evaluations[80]

INTEGRITY is the active adherence to moral values and professional standards, which are essential for responsible evaluation practice	**Integrity** in evaluation requires: • Honesty and truthfulness in communication and actions. • Professionalism based on competence, commitment, ongoing reflective practice and credible and trustworthy behaviour. • Independence, impartiality and incorruptibility. These are interdependent and mutually reinforcing. They mitigate or prevent conflicts of interest, bias or undue influence of others, which may otherwise compromise responsible and professional evaluation practice.
ACCOUNTABILITY is the obligation to be answerable for all decisions made and actions taken; to be responsible for honouring commitments, without qualification or exception; and to report potential or actual harms observed through the appropriate channels.	**Accountability** in evaluation requires: • Transparency regarding evaluation purpose and actions taken, establishing trust and increasing accountability for performance to the public, particularly those populations affected by the evaluation. • Responsiveness as questions or events arise, adapting intentions and plans as required. Where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified, it must be referred to appropriate channels. • Taking responsibility for meeting the evaluation purpose and for actions taken, for exercising due care and for ensuring redress and recognition as needed. • Justifying and fairly and accurately reporting to stakeholders (including affected people) decisions, actions and intentions
RESPECT involves engaging with all stakeholders of an evaluation in a way that honours their dignity, well-being and personal agency while being responsive to their sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity and ability and to cultural, economic and physical environments.	**Respect** in evaluation requires: • Access to the evaluation process and products by all relevant stakeholders – whether powerless or powerful – with due attention to factors that can impede access such as sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity and ability. • Meaningful engagement and fair treatment of all relevant stakeholders in the evaluation processes from design to dissemination, so they can actively inform the evaluation approach and products rather than being solely a subject of data collection. • Fair representation of different voices and perspectives in evaluation products.
BENEFICENCE means striving to do good for people and planet while minimizing harms arising from evaluation as an intervention.	**Beneficence** in evaluation requires: • Explicit and ongoing consideration of risks and benefits from evaluation processes, products and longer-term consequences. • Maximizing benefits at systemic (including environmental), organizational and programmatic levels. • Doing no harm and not proceeding with an evaluation when harms cannot be mitigated. • Ensuring evaluation makes an overall positive contribution to human and

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[80] Core aspects: abstracted from United Nations Evaluation Group (202). Ethical Guidelines for Evaluation

	natural systems and to the mission of the United Nations.

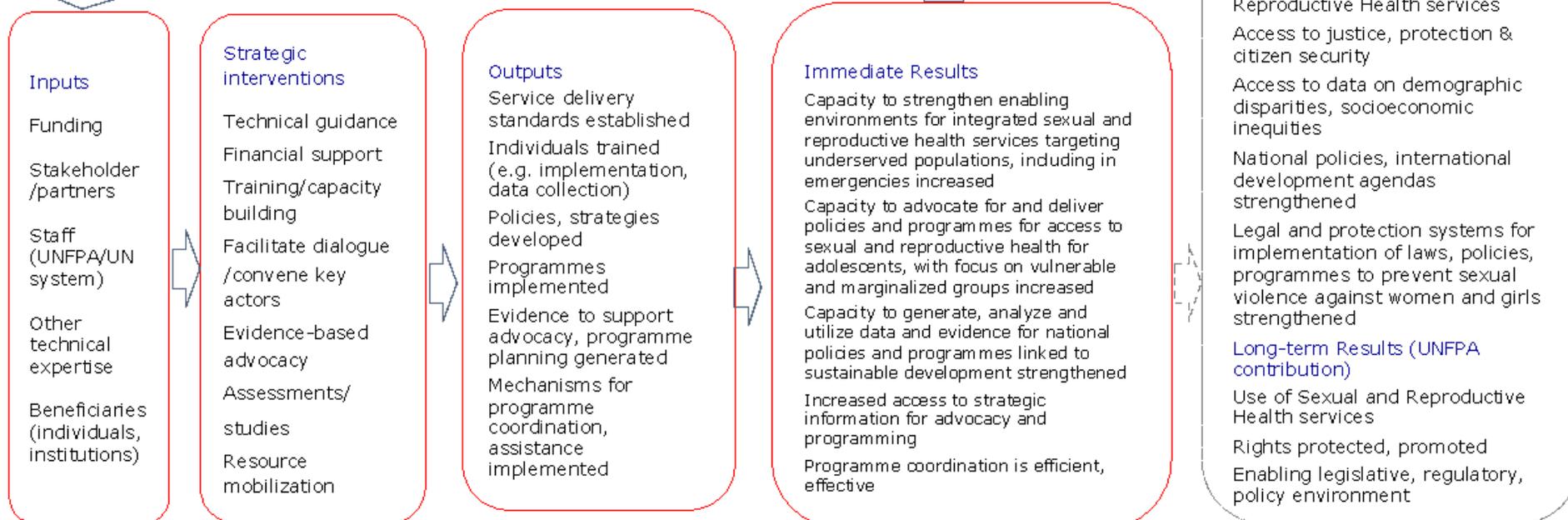## Annex 7 List of Atlas/JPS projects for the period under evaluation

Right click to open worksheet

Financial Report for
CPD 2017-2020- PM F

Annex 8: Reconstructed Theory of Change- UNFPA Sub-Regional Programme 2017-2021

Needs: 1) Progress made with Millennium Development Goals and Programme of Action of the International Conference on Population and Development at risk of being eroded in countries where financial austerity measures divert resources away from social development programmes; 2) Prevalence of non-communicable diseases is the primary health challenge in the region; 3) Unmet need for family planning in some countries and persistent levels in others; 4) Caribbean has the second highest HIV prevalence in the world; 5) Adolescent pregnancy is a public health, policy and human rights concern; 6) Gender equality remains a challenge; 7) Scarcity of reliable disaggregated data.

CPD objective: To strengthen national, institutional and individual capacity to enhance the safety, health and well-being of the population in the Caribbean Sub-region, particularly women, adolescent girls, and vulnerable and marginalized groups enhanced

Inputs

Funding

Stakeholder /partners

Staff (UNFPA/UN system)

Other technical expertise

Beneficiaries (individuals, institutions)

Strategic interventions

Technical guidance

Financial support

Training/capacity building

Facilitate dialogue /convene key actors

Evidence-based advocacy

Assessments/ studies

Resource mobilization

Outputs

Service delivery standards established

Individuals trained (e.g. implementation, data collection)

Policies, strategies developed

Programmes implemented

Evidence to support advocacy, programme planning generated

Mechanisms for programme coordination, assistance implemented

Immediate Results

Capacity to strengthen enabling environments for integrated sexual and reproductive health services targeting underserved populations, including in emergencies increased

Capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with focus on vulnerable and marginalized groups increased

Capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development strengthened

Increased access to strategic information for advocacy and programming

Programme coordination is efficient, effective

Intermediate Results (UNFPA contribution)

Access (universal) to Sexual and Reproductive Health services

Access to justice, protection & citizen security

Access to data on demographic disparities, socioeconomic inequities

National policies, international development agendas strengthened

Legal and protection systems for implementation of laws, policies, programmes to prevent sexual violence against women and girls strengthened

Long-term Results (UNFPA contribution)

Use of Sexual and Reproductive Health services

Rights protected, promoted

Enabling legislative, regulatory, policy environment

CROSS-CUTTING: human rights; gender equality; humanitarian assistance; sustainable development; leaving no one behind; partnerships

Assumptions: 1) Accountability for results & resource management; 2) Duty bearers sensitive to populations' needs; 3) CPD coherent, coordinated with regional, national poliices and programmes

Assumptions: 1) Visibility of and commitment for ICPD and UNFPA; 2) Youth participation; 3) Adolescents, especially girls, are empowered

Narrative - Reconstructed Theory of Change

The reconstructed Theory of Change (TOC), in part, articulates the logical connections between population needs in the sub-region and UNFPA's strategic response to those needs. These needs include:

1. Millennium Development Goals and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) have been achieved in the region, but they are at risk in countries where financial austerity measures divert resources away from social development programmes.
2. The prevalence of non-communicable diseases is the primary health challenge in the region, affecting well-being and maternal health outcomes.
3. Unmet need for family planning in some countries and persistent levels in others (e.g., limited access to sexual and reproductive health commodities, mainly for adolescents and the poor).
4. The Caribbean has the second highest HIV prevalence in the world. Some causes are stigma, discrimination and, in some countries, laws that restrict access to services for vulnerable populations).
5. Adolescent pregnancy is a public health, policy and human rights concern for the region (barriers to sexual and reproductive health for adolescents; poverty, sexual violence and a reluctance to teach comprehensive sexuality education; cultural and legal barriers; institutional weaknesses).
6. Gender equality remains a challenge (e.g., women less likely than men to hold positions of power, more at risk of being subjected to violence). Policies on gender equality integrating sexual and reproductive health and rights are limited, and weak regulatory frameworks and religious objections often derail implementation.
7. Scarcity of reliable disaggregated data in the Caribbean hampers decision - making and policy development.

The reconstructed TOC is based on the premise that UNFPA is strategically placed to respond to issues of sexual and reproductive health rights, youth and adolescents, gender equality and women's empowerment and population dynamics in the Caribbean Sub-region. Through its CPD 2017-2021, UNFPA seeks to make its contribution to enhancing the safety, health and well-being of the population in the Caribbean Sub-region, particularly women, adolescent girls, and vulnerable and marginalized groups, the ultimate outcome. Government and other counterparts are also making their contributions to achieving that ultimate outcome.

The TOC presents a hypothesis about *how* change happens with regards to enhancing the safety, health and well-being of the population in the Caribbean Sub-region, particularly women, adolescent girls, and vulnerable and marginalized groups. More specifically, it illustrates the results—that should be realized with UNFPA support—that are the necessary preconditions for achievement of the ultimate outcome.

To achieve the ultimate outcome, three preconditions must first be met: Use of Sexual and Reproductive Health services, Rights are protected and promoted and there Is an Enabling legislative, regulatory, policy environment. These are noted in the TOC as long-term results.

UNFPA's direct contribution is made at the intervention and output level where, through for example, technical and financial assistance, evidence-based advocacy and facilitating dialogue on key issues, individuals and institutions have access to standards for service delivery, support to implement programmes, relevant policies and strategies and evidence to support advocacy and programme planning. UNFPA theorizes that if it is effective and efficient in its programming, then it can influence the achievement of the results.

The hypothesis is that if these outputs are produced with UNFPA support, and if all assumptions[81] hold true, they result in the achievement of five immediate results; i) Capacity to strengthen enabling environments for integrated Sexual and Reproductive Health services improved; ii) Capacity to advocate for & deliver policies and programme for access to Sexual and Reproductive Health services increased; iii) Capacity to generate, analyze, utilize data and evidence for national policies, programmes strengthened; iv) Increased access to strategic information for advocacy and programming and v) programme coordination is efficient, effective.

If these results are achieved, it is expected that they will lead to four intermediate results: i) Access to (universal) access to Sexual and Reproductive Health services; ii) Access to justice, protection & citizen security; iii) Access to data on demographic disparities, socioeconomic inequities; iv) National policies & international development agendas strengthened, and iv) Legal and protection systems for implementation of laws, policies, programmes to prevent sexual violence against women and girls strengthened.

Notes on the Reconstructed Theory of Change

In the absence of a Theory of Change for the 2017-2021 CPD, the evaluation team relied on the CPD and other key documents (e.g., Work Plan Progress Reports) reviewed preliminarily at the Inception Phase to reconstruct the TOC.

The reconstructed TOC reflects adjustments made to close gaps in the intervention logic; these were:

1. Identifying a **programme development objective**:
   a. To strengthen national, institutional and individual capacity to enhance the safety, health and well-being of the population in the Caribbean Sub-region, particularly women, adolescent girls, and vulnerable and marginalized groups enhanced
2. Identifying/clarifying the **strategic interventions** that were being implemented across all thematic areas.
3. Identifying **programme outputs (i.e., tangible products, services)** that directly resulted from UNFPA-supported interventions.

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[81] 1) Accountability for results & resource management; 2) Duty bearers sensitive to populations' needs;3) CPD coherent, coordinated with regional, national policies and programmes

4. Shifting three (3) of CPD programme outputs **to Immediate level results** and one (1) to **Intermediate level results** to reflect the change that UNFPA expects to happen because of the outputs (i.e., tangible products, services) that were generated.

   a. **Immediate**
      i. Capacity to strengthen enabling environments for integrated Sexual and Reproductive Health services improved;
      ii. Capacity to advocate for & deliver policies and programme for access to Sexual and Reproductive Health services increased;
      iii. Capacity to generate, analyse, utilize data and evidence for national policies, programmes strengthened;

   b. **Intermediate**
      i. Legal and protection systems for implementation of laws, policies, programmes to prevent sexual violence against women and girls strengthened.

5. Addition of two (2) other **Immediate level results:**
   a. Increased access to strategic information for advocacy and programming.
   b. Programme coordination is efficient, effective.

6. Identifying/clarifying which immediate results should lead to the key (intermediate) result related to the *Gender Equality and Women's Empowerment* thematic area: Legal and protection systems for implementation of laws, policies, programmes to prevent sexual violence against women and girls strengthened. These were:
      i. Capacity to strengthen enabling environments for integrated Sexual and Reproductive Health services improved;
      ii. Capacity to advocate for & deliver policies and programme for access to Sexual and Reproductive Health services increased;
      iii. Capacity to generate, analyze, utilize data and evidence for national policies, programmes strengthened.

Annex 9: List of tables and List of figures

List of Tables

List of Figures

Annex 10: Summary survey results from SPSS analyses (focusing on those which ensure respondents are not identifiable)

Q: In which country is your institution located?

| ANSWER CHOICES	RESPONSES	
Anguilla, BVI	0.00%	0
Antigua and Barbuda	5.56%	1
Aruba	0.00%	0
Bahamas	0.00%	0
Barbados	5.56%	1
Belize	11.11%	2
Bermuda	0.00%	0
British Virgin Islands	0.00%	0
Cayman Islands	0.00%	0
Curacao	0.00%	0
Dominica	5.56%	1
Grenada	0.00%	0
Guyana	22.22%	4
Jamaica	27.78%	5
Montserrat	0.00%	0
Saint Kitts and Nevis	0.00%	0
Saint Lucia	0.00%	0
Saint Vincent and the Grenadines	0.00%	0
Sint Maarten	0.00%	0
Suriname	5.56%	1
Trinidad and Tobago	16.67%	3
Turks and Caicos Islands	0.00%	0
TOTAL		18

Q. Which type of institution do you represent?

ANSWER CHOICES	RESPONSES
Government ministry, department, agency or service	27.78%
Civil Society Organization	50.00%
Private sector entity	5.56%
Academia	11.11%
Regional	5.56%
Other	0.00%
TOTAL	

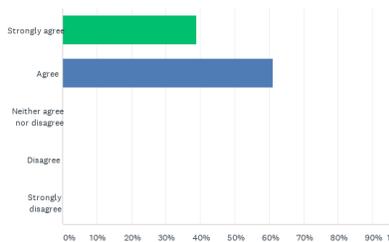Q: In which year(s) did your institution partner with UNFPA (select all that apply)?
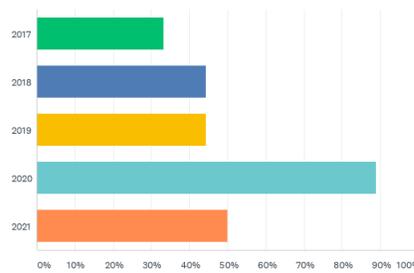
Q: In which thematic area(s) did your institution partner with UNFPA (select all that apply)?
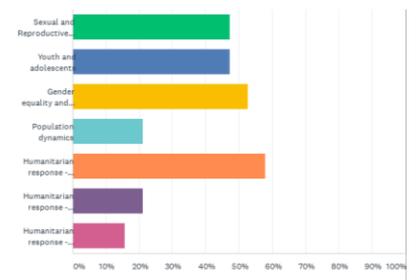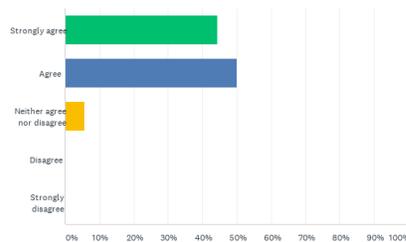

Key (Humanitarian): orange= COVID; purple=hurricane; fuchsia=Venezuela

Q: The institution's partnership with UNFPA was satisfactory

Q: The institution's interactions with UNFPA were satisfactory (e.g., coordination, communication)

Q: Overall UNFPA's support was adequate