UNFPA CARIBBEAN SUB-REGIONAL OFFICE

7th SUB-REGIONAL PROGRAMME 2022-2026

SUB-REGIONAL PROGRAMME EVALUATION

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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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ACRONYMS

CARICOM – Caribbean Community

CSE – Comprehensive Sexuality Education

CSO – Civil Society Organisation

DAC/ OECD – Development Assistance Committee / Organisation for Economic Co-operation and Development

ECLAC – Economic Commission for Latin America and the Caribbean

ESP – Essential Services Package

EQAA – Evaluation Quality Assurance and Assessment

ERG – Evaluation Reference Group

GBV – Gender-Based Violence

GBViE – Gender-Based Violence in Emergencies

ICPD – International Conference on Population and Development

IDB- Inter-American Development Bank

IEO – Independent Evaluation Office (UNFPA)

IRRF – Integrated Results and Resources Framework

KOICA – Korea International Cooperation Agency

LACRO – Latin America and the Caribbean Regional Office (UNFPA)

LNOB – Leave No One Behind

MISP – Minimum Initial Service Package

MSDCF – Multi-Country Sustainable Development Cooperation Framework

NGO – Non-Governmental Organisation

ODA – Official Development Assistance

OECS – Organisation of Eastern Caribbean States

PAHO – Pan American Health Organisation

SDG – Sustainable Development Goal

SIDS – Small Island Developing States

SOP / SOPs – Standard Operating Procedure(s)

SRP – Sub-Regional Programme

SROC – Sub-Regional Office for the English and Dutch-speaking Caribbean

ToC – Theory of Change

UMIC – Upper-Middle-Income Country

UN – United Nations

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNCT – United Nations Country Team

UNDESA – United Nations Department of Economic and Social Affairs

UNDP – United Nations Development Programme

UNEG – United Nations Evaluation Group

UNFPA – United Nations Population Fund

UNICEF – United Nations Children's Fund

UNSWAP – United Nations System-Wide Action Plan on Gender Equality and Women's Empowerment

WFP – World Food Programme

WHO – World Health Organisation

Key Facts

Key population statistics in the Caribbean Sub-Region, 2023

State	Income Class	Total pop.	Life exp. at birth (years)	Pop. Change 2005-14 (%)	Pop. change 2014-23 (%)
Anguilla		14 410	79.3	11.9	5
Antigua and Barbuda	HIC	93 316	77.6	11.5	5.1
Aruba	HIC	107 939	76.4	9.7	4.4
Bahamas	HIC	399 441	74.6	11.2	4.5
Barbados	HIC	282 336	76.2	3.6	1.4
Belize	UMIC	411 106	73.6	24.7	17.8
Bermuda		64 698	82.3	1.3	1.8
Cayman Islands	HIC	73 038	80.4	28.6	21.4
Curaçao		185 427	76.8	9.1	12.4
Dominica	UMIC	66 511	71.1	2.4	-5.5
Grenada	UMIC	117 081	75.2	4.0	2.6
Guyana	HIC	826 353	70.2	-0.9	9.6
Jamaica	UMIC	2 839 786	71.5	4.0	1.6
Montserrat		4 421	76.2	3.6	-6.2
St Kitts and Nevis	HIC	467 58	72.1	1.4	-0.7
St Lucia	UMIC	179 285	72.7	5.3	3
St Vincent and Gren.	UMIC	101 323	71.2	-4.4	-5.8
St Maarten (Dutch)	HIC	42 749	76.4	14.4	16.6
Suriname	UMIC	628 886	73.6	10.8	9.3
Trinidad and Tobago	HIC	1 502 933	73.5	5.1	5.8
Turks and Caicos	HIC	46 198	78	46.1	31.8
Virgin Islands (British)	HIC	38 985	77.3	39.3	18.3

Source: World Bank, 2024. World Development Indicators; UNDESA, 2024. World Population Prospects.

Adolescent birth rates and the demand for family planning in the Caribbean, 2023

State	Adolescent Fertility Rate (per 1,000)		Births to mothers (no.)		Unmet need for family planning (% all women 15-49)	Demand for family planning satisfied with modern method (% women 15-49)
	10-14	15-19	10-14	15-19		
Anguilla	0.8	28.3	0	17	14.7	71.8
Antigua and Barbuda	0.4	32.9	1	103	12.4	75.4
Aruba	0.2	18.8	0	65		
Bahamas	0.1	24.6	1	345	12	77.8
Barbados	0.6	45.3	5	405	15.8	74.6
Belize	1.1	55.2	20	1 058	16.1	71.3
Bermuda	0.1	1.5	0	2		
Cayman Islands	0	11.3	0	20		
Curaçao	0.2	13	1	67	17.7	66.7
Dominica	1.1	34.1	3	74	13.2	77.4
Grenada	0.5	29.1	3	121	13.4	75.2
Guyana	0.9	69.9	34	2 464	20.8	56.2
Jamaica	0.5	36.5*	47	4 103	12.1	73.1
Montserrat	0	12.3	0	2	12.1	77.5
St Kitts and Nevis	0	35.2	0	57	15.3	74.2
St Lucia	0.7	27.8	4	170	15.1	74.9
St Vincent and Gren.	1.4	42.3	5	150	12.6	78.2
St Maarten (Dutch)	0.2	17.2	0	22		
Suriname	1.9	48	52	1 289	15	69.1
Trinidad and Tobago	0.5	36	26	1 657	22.7	52.5
Turks and Caicos	0.1	16.2	0	22	20.1	63.2
Virgin Islands (British)	0.1	15.3	0	20		

Source: UNDESA, 2024. SDG Indicators Database.

*The 2021 Reproductive Health Survey in Jamaica reports a value of 32 per 100,000, which remains the country's current official figure.

Changes in adolescent fertility rates and unmet needs for family planning, 2013-2023

	Adolescent fertility rate, 15-19 (births per 1,000 girls)					Unmet need for family planning, all women 15-49 (%)				
State	2013	2018	2023	% Ch. 2013-18	% Ch. 2018-23	2013	2018	2023	% Ch. 2013-18	% Ch. 2018-23
Anguilla	37.6	30.2	28.3	-20%	-6%	15.5	15.2	14.7	-2%	-3%
Antigua and Barbuda	34.3	28.2	32.9	-18%	17%	12.9	12.6	12.4	-2%	-2%
Aruba	36.7	24.0	18.8	-34%	-22%					
Bahamas	35.1	26.3	24.6	-25%	-7%	12.2	12.1	12	-1%	-1%
Barbados	45.9	45.9	45.3	0%	-1%	17.1	16.4	15.8	-4%	-4%
Belize	72.4	72.2	55.2	0%	-23%	17.2	16.7	16.1	-3%	-4%
Bermuda	8.9	3.6	1.5	-59%	-57%					
Cayman Islands	23.3	10.6	11.3	-55%	7%					
Curaçao	34.3	21.7	13.0	-37%	-40%	18.5	17.9	17.7	-3%	-1%
Dominica	43.3	36.1	34.1	-17%	-5%	13.4	13.3	13.2	-1%	-1%
Grenada	41.1	31.1	29.1	-24%	-7%	13.5	13.5	13.4	0%	-1%
Guyana	80.0	76.1	69.9	-5%	-8%	21.2	21.3	20.8	0%	-2%
Jamaica	49.8	38.2	36.5	-23%	-4%	11.8	12	12.1	2%	1%
Montserrat	35.5	19.9	12.3	-44%	-38%	12.3	12.2	12.1	-1%	-1%
St Kitts and Nevis	41.4	40.4	35.2	-2%	-13%	15.9	15.5	15.3	-3%	-1%
St Lucia	38.7	32.1	27.8	-17%	-13%	15.8	15.5	15.1	-2%	-3%
St Vincent and Gren.	64.1	54.5	42.3	-15%	-22%	13	12.9	12.6	-1%	-2%
St Maarten	32.5	20.9	17.2	-36%	-18%					
Suriname	61.1	53.6	48.0	-12%	-10%	15.3	15.6	15	2%	-4%
Trinidad and Tobago	39.7	38.4	36.0	-3%	-6%	21.6	22.3	22.7	3%	2%

Turks and Caicos	23.2	20.3	16.2	-12%	-20%	20.4	20.6	20.1	1%	-2%
Virgin Islands (British)	16.9	12.1	15.3	-28%	26%					

Source: UNDESA, 2024. SDG Indicators Database.

Maternal mortality and delivery care estimates, 2016-2022

Area	Maternal mortality ratio		Implied maternal deaths, 2020 (no.)	Births attended by skilled health personnel (%)	Births occurring in health facilities (%)
	2020 value (deaths per 100k live births)	Annual rate of reduction, 2000-2020 (%)			
Anguilla				100	
Antigua and Barbuda	21.2	4.5	0.2	99	
Bahamas	77.1	-1.1	3.4	99	99
Barbados	39.1	1	1.2	98.4	
Belize	129.8	-2.1	9.3	94.6	96.4
Dominica				100	100
Grenada	21.1	3.5	0.3	100	
Guyana	111.9	2.6	19.2	97.6	
Jamaica	98.9	-0.9	33.6	99.7	99.3
Montserrat		1.4		100	
St Kitts and Nevis				100	100
St Lucia	73.3	0.9	1.5	100	99
St Vincent and Gren.	61.8	1.1	0.8	100	
Suriname	96.5	5.3	10.5	98.4	92.9
Trinidad and Tobago	26.6	5.1	4.6	100	
Turks and Caicos				100	96.8

Note: data missing for almost all overseas territories. Source: WHO, 2024; UNICEF, 2024

Outcome indicators under TR 3 by country and year with available data

	Proportion of women aged 20-24 years who were married or in a union by 15		Proportion of women aged 20-24 years who were married or in a union by 18		Intimate partner violence in the previous 12 months (% women 15-49)[1]	Femicide (per 100,000 women)	
Area	Value	Year	Value	Year	2018	Value	Year
Anguilla						0	2022
Barbados	7.7	2012	29.2	2012		0	2022
Belize	6.3	2016	33.5	2016	7.8	3.5	2021
Grenada					7.8	3.2	2022
Guyana	6.3	2020	32.3	2020	10.5		
Jamaica	1.4	2011	7.9	2011	7.3		
St Lucia	3.7	2012	24	2012		4.4	2017
St Vincent and Gren.							
Suriname	8.8	2018	36	2018	7.7		
Trinidad and Tobago	0.7	2022	4.2	2022	7.5	5.5	2022
Turks and Caicos	0	2020	23.3	2020			

Source: UNICEF, 2024; UN, 2024; ECLAC, 2024

1 Full indicator: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical sexual or psychological violence by a current or former intimate partner in the previous 12 months, 15-49 years

Key demographic statistics in the Caribbean Sub-Region, 2023

State	Total fertility rate (no. births per woman)	Change in total fertility rate (% change 2014-23)	Share of pop. 65+ (% total)	Change in share of pop. 65+ (% change 2014-2023)	Crude rate of net migration, (per 1000 people)
Anguilla	1.4	-7.1	12.2	52	13.9
Antigua and Barbuda	1.6	3.4	11.2	43.1	0
Aruba	1.6	-17.6	16.4	46.8	1.4
Bahamas	1.4	-18.6	11.5	14.5	2.5
Barbados	1.7	-1.1	16.1	27.4	-0.3
Belize	2.0	-18.9	4.8	20.2	1.4
Bermuda	1.4	-1.3	20.9	34.2	0
Cayman Islands	1.5	14.7	8.5	43.8	12.6
Curaçao	1.1	-46.3	16.3	20.5	2.8
Dominica	1.5	-13.4	12.7	33.5	-3
Grenada	1.5	-17.3	11.9	19.3	-1.6
Guyana	2.4	-10.5	6.5	25.4	-7.5
Jamaica	1.4	-12.1	7.9	24.1	-3.5
Montserrat	1.4	-1.5	19.2	36.1	-2.7
St Kitts and Nevis	1.5	-9.6	10.7	43	0
St Lucia	1.4	-7.1	9.3	18	0
St Vincent and Gren.	1.8	-17.1	11.6	24.1	-7.7
St Maarten (Dutch)	1.4	-20.4	13.4	91	13.3
Suriname	2.2	-14.1	7.6	26.2	-1.6
Trinidad and Tobago	1.5	-4.4	11.9	56.5	1.4
Turks and Caicos	1.5	-15.4	10.9	38.5	4.2
Virgin Islands (British)	1.0	-15.4	9.2	36.8	15.1

Source: UNDESA, 2024. SDG Indicators Database.

EXECUTIVE SUMMARY

Purpose, objective, users and scope

The evaluation examined UNFPA's Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026). Its purposes were to support learning to inform decision-making, ensure accountability, and promote stakeholder empowerment through engagement in the evaluation process. The evaluation adopted a forward-looking perspective, assessing how the Sub-Regional Office for the Caribbean (SROC) can remain responsive to evolving contexts. The objectives were to provide an independent assessment of programme performance and strengthen the evidence base to inform the next programming cycle, including an assessment of relevance, coherence, effectiveness, efficiency, and sustainability; an examination of SROC's role within United Nations coordination; and the formulation of conclusions and actionable recommendations.

The primary users of the evaluation are national governments across the 22 English and Dutch-speaking Caribbean countries and territories, rights-holders and their representative organisations—particularly those furthest behind—United Nations Country Teams, UNFPA at sub-regional and regional levels, and development partners, all of whom will use the findings to inform policy dialogue, programme design, coordination, and future cooperation.

The evaluation's scope included all 22 countries and territories where the programme operates, with focused attention on the six liaison offices in Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. It assessed the period from January 2022 to October 2025 and encompassed all six programme outputs, covering sexual and reproductive health integration in policy frameworks, commodity security, data systems, maternal health quality, discriminatory norms and harmful practices, and gender-based violence (GBV) response. Cross-cutting areas—including human rights, gender equality, disability inclusion, leaving no one behind, coordination, monitoring and evaluation, innovation, resource mobilisation, communication, and strategic partnerships—were also examined.

Methodology

The evaluation was both formative and summative, guided by a utilisation-focused and forward-looking approach. It applied a mixed-methods design, drawing on document review, semi-structured individual and group interviews, and analysis of financial data, all selected through purposive sampling. The evidence base combined six country studies of varying depth and a subregional study to assess the added value of coordination and partnerships. Two countries—Belize and Suriname—were selected for field missions. The evaluation was grounded in the programme's theory of change and applied a contribution-analysis lens to understand how the programme contributed to results. To ensure independence and credibility, methods and data sources were triangulated. All findings are supported by multiple sources. Validation of findings and co-creation of recommendations were supported through participatory workshops with the SROC and the Reference Group, complemented by written feedback from both. Limitations included uneven availability of quantitative and disaggregated data, time constraints, and inconsistencies in monitoring data. These were mitigated through extensive document review, targeted follow-up, and triangulation.

The evaluation was structured around five evaluation questions.

EQ1 examined the relevance of the Subregional Programme to regional and national priorities and its responsiveness to diverse and evolving Caribbean contexts, including development and humanitarian settings, as well as its preparedness to remain relevant in the future.

EQ2 assessed the extent to which the Programme aligned with, added value to, filled gaps in, and contributed to broader development and humanitarian efforts in the English and Dutch-speaking Caribbean.

EQ3 analysed the extent to which the Programme achieved its intended outputs and contributed to outcomes across mandate areas in both development and humanitarian contexts, and how well positioned it is to accelerate results going forward.

EQ4 focused on efficiency, examining whether the Programme was delivered in a timely and cost-effective manner and whether organisational arrangements and operational processes supported efficient implementation.

EQ5 considered sustainability, assessing the extent to which the Programme established foundations likely to ensure the continuation of results and benefits beyond the programme cycle and its preparedness to sustain these benefits in the future.

Context

The 7th Sub-Regional Programme was implemented in a context of interlinked development and humanitarian challenges that constrained progress on UNFPA mandate areas. High adolescent fertility rates, preventable maternal mortality, GBV, and persistent data gaps affected marginalised groups, while natural disasters, the lingering effects of the COVID-19 pandemic, and migration flows further strained national systems. The programme responded through a human rights-based and gender-transformative theory of change focused on two long-term objectives: enabling women and adolescents to exercise their sexual and reproductive rights and live free from violence and strengthening demographic intelligence to support inclusive and resilient development.

The Programme's Theory of Change centred on adolescent pregnancy as a key leverage point, assuming that integrated Sexual and Reproductive Health and Rights (SRHR) and GBV interventions generate wider gains in reducing unmet need for family planning, preventable maternal mortality, and GBV. It further assumed that strengthening data and statistical systems enable countries to better respond to demographic change and climate vulnerability while ensuring that no one is left behind. The Theory of Change was underpinned by an integrated logic across supply, demand, and the enabling environment, recognising that service expansion must be accompanied by social norm change, and supportive policies to achieve sustainable and equitable results.

Implementation relied on a decentralised organisational set-up and an approved budget of US$28 million, combining regular and other resources. Over US$25 million was mobilised - 132 per cent of initially planned other resources. Between 2022 and September 2025, total expenditure reached US$30.4 million, representing about 54 per cent of total available resources.

Main Findings

The Programme was relevant to regional and national priorities and responsive to the diverse Caribbean context, addressing persistent gaps in SRHR and GBV, and demographic data across development and humanitarian settings. Its Theory of Change was broadly endorsed by stakeholders. It provided a coherent framework linking demand for services, supply-side capacity, and the institutional environment shaping access and uptake. The programme's implementation confirmed its overall relevance, while also revealing gaps in key assumptions, particularly the limited translation of policy adoption into financing and implementation and increased access to information into service uptake. The programme's scope proved ambitious given contextual constraints. Looking ahead, stakeholders expect UNFPA to more fully leverage its population and development mandate to address demographic trends and climate-related challenges through a rights-based approach.

The Programme aligned well with broader development and humanitarian efforts in the Caribbean and demonstrated added value. Joint programmes supported delivery and contributed to UN coherence, although the effectiveness of coordination varied significantly. The Programme enabled country-specific approaches while also leveraging regional interventions, illustrating how shared technical resources can support scale and mitigate capacity constraints.

UNFPA played a central role in strengthening SRHR policies, including adolescent health-care standards and MISP preparedness; however, uptake and implementation were uneven due to institutional capacity constraints, limited policy financing, and persistent barriers such as parental consent requirements. UNFPA demonstrated readiness to deliver SRH services in emergency contexts. Support to reproductive health commodity security strengthened supply-chain systems and technical capacities, though results remained uneven due to structural constraints affecting investment, procurement, and distribution. UNFPA's engagement in data and population and development positioned the organisation, although efforts remained fragmented.

The Programme contributed to maternal health through a comprehensive approach that linked policy, workforce development, and service delivery. UNFPA strengthened GBV response systems across the Caribbean, advancing national referral pathways, the Essential Services Package, and protocols for the clinical management of rape and intimate partner violence. Progress in comprehensive sexuality education was more evident in out-of-school settings. Across thematic areas, the Programme consistently applied a leave-no-one-behind approach, combining systems strengthening with targeted interventions, contributing to more inclusive programming.

Delivery relied on a lean yet technically strong organisational structure that enabled UNFPA to maintain a quality footprint across the subregion; however, efficiency was constrained by systemic inefficiencies, fragmented processes, and human-resource limitations. While measures were taken to strengthen management, accountability, and internal technical capacities, these efforts have not yet translated into sustained improvements. Resource allocation remained broadly aligned with strategic priorities, and stronger results are observed in areas receiving higher levels of investment.

The Programme laid important foundations for sustainability through partnerships with governments, UN entities, civil society, and regional organisations, which enhanced ownership and supported effectiveness, although more horizontal collaboration could be further strengthened. While there are positive examples of institutionalisation, sustainability remains constrained by structural factors, including limited fiscal space, weak domestic budget prioritisation, and staff turnover, with many interventions remaining project-based and lacking clear continuity plans. Capacity development efforts are vulnerable in the absence of institutional strategies to sustain strengthened capacities. UNFPA's technical expertise and established presence facilitated successful resource mobilisation; however, long-term financial sustainability remains fragile, as most initiatives are not yet embedded within government financing. Despite these constraints, UNFPA's footprint across the Caribbean is widely perceived as adding value to sustaining progress.

Conclusions

Strategic conclusions: The Programme's conceptual framework was sound and contextually relevant. However, it underestimated the sociopolitical and normative constraints shaping implementation. Strategic ambition exceeded institutional capacity, leading to mid-cycle recalibration that improved realism but narrowed transformative scope. Pre-existing commitments and portfolio breadth limited mid-cycle adjustments' translation into decisive programmatic shifts. Implementation reflected uneven balance across Theory of Change dimensions, with stronger progress on supply-side and policy-oriented interventions than on demand generation and social norm change. Engagement in population and development, while increasingly expected of UNFPA, remained comparatively underdeveloped and added pressure to an already stretched agenda.

Programmatic conclusions: The Programme advanced results across all output areas, consolidating gains from the previous cycle in GBV response systems, MISP integration, SRHR policy and standards, maternal health, and population and development capacities. However, the central pathways of the Theory of Change were only partially validated in practice. Persistent gaps between policy adoption, financing, and implementation; between institutional capacity and service delivery; and between information provision and behavioural change constrained outcome-level progress. Results broadly aligned with resource allocation, though execution diverged from original planning, with social norm change and SRHR policy and legal reform receiving less emphasis than initially envisaged. LNOB was applied through a twin-track approach, but reliance on project-based and direct implementation modalities risks limiting sustainability. Joint programmes expanded reach and supported UN coherence, though variability in coordination reduced their overall contribution to outcome-level change.

Operational conclusions: The Programme benefited from strong technical capacity and a valued subregional footprint, enabling delivery across a complex multi-country context. However, the breadth of the portfolio increased transaction costs and constrained efficiency. The business model was primarily shaped around implementation demands, limiting the development of enabling functions required for sustained upstream engagement, including evidence generation, knowledge management, and convening. Weaknesses in results-based management, combined with staffing constraints affected continuity, accountability, and compliance. While recent efforts to strengthen systems, staffing, and processes indicate positive momentum, operational arrangements were not yet fully adapted to the complexity of a multi-country programme, and institutional readiness for the next cycle remains constrained by unresolved structural limitations.

Recommendations

At the strategic level

1 Prioritisation and modes of engagement: The evaluation recommends strengthening strategic focus and prioritisation to support a progressive shift toward upstream engagement. This requires translating existing prioritisation agreements into a more selective results framework and recalibrating the strategic scope and modes of engagement to balance ambition with delivery capacity. It also entails actively managing transitions toward the next SRP. This includes using the final phase of the current programme to consolidate, transition, or phase out selected intervention areas, while refocusing downstream engagement on proof-of-concept models that demonstrate scalability, institutional uptake and sustainability.

2 Partnerships and communications: The evaluation recommends reinforcing strategic partnerships to amplify policy influence. Partnerships should be more strategically leveraged for advocacy, resource mobilisation, innovation, and reach, including more strategic collaboration with implementing partners. Communication functions should be strengthened and grounded in systematic use of evidence to support policy dialogue at regional and country level and address social norms.

3 Demographic change and nexus programming: The evaluation recommends strengthening adaptation to demographic change and nexus-oriented programming as cross-cutting strategic lenses. This would reinforce upstream engagement, enhance contextual relevance, and improve sustainability of SRHR and GBV outcomes by addressing the structural drivers of vulnerability in a region affected by demographic transitions, climate risks, and recurrent shocks. A clearer strategic approach to data and statistics is required to support this agenda, positioning UNFPA as a convenor within a broader ecosystem of national, regional, and UN partners.

At the programmatic level

4 Sustainability: The evaluation recommends embedding programmatic and financial sustainability considerations from the outset of every intervention design. Earlier attention to transition pathways, sustainability agreements with national counterparts, institutionalisation of capacities, and domestic

financing conditions is required to strengthen national ownership and reduce reliance on project-based modalities.

5 Theory of Change: The evaluation recommends strengthening programme design and contextualised implementation by addressing gaps in the Theory of Change. This includes more explicitly tackling structural barriers—such as restrictive legal environments, entrenched social norms, and gaps between policy adoption and financing—and clarifying how LNOB will be operationalised in an upstream programming model. Greater differentiation in how the programme Theory of Change is operationalised across countries is recommended, so that pathways reflect country-specific priorities, capacities, and constraints while remaining aligned with the subregional framework.

At the operational level

6 Operational capacities: The evaluation recommends strengthening internal coordination, results-based management, and operational processes to improve accountability and efficiency, and to ensure that programme delivery is manageable and predictable within existing capacities in both development and emergency contexts, while enabling adaptive programme management in a multi-country operating environment.

7 Business model: The evaluation recommends optimising the SROC business model to better align organisational arrangements, skills mix and positioning of capacities with the strategic scope and delivery realities of the next SRP. This includes reviewing the geographical distribution of functions and workload balance across the multi-country structure, exploring administrative flexibilities to attract and retain specialised personnel, strengthening structured onboarding and knowledge transfer processes, formalising technical backstopping arrangements with LACRO, and developing a clearer approach to coordinating complementary capacities from UN system and external partners in development and emergency contexts.

1. INTRODUCTION

This chapter sets out the evaluation's purpose, objectives and scope. In so doing it establishes a framework from which the rest of the evaluation was designed.

1.1 Purpose and objectives of the evaluation

Aligned with the UNFPA Evaluation Policy[1], the purpose of this evaluation was to provide an independent assessment of the 7th Sub-Regional Programme (SRP) for the English and Dutch-speaking Caribbean (2022–2026), approved by the UNFPA Executive Board in December 2021. The evaluation aimed to generate credible evidence to inform learning and strategic decision-making ahead of the next programming cycle, ensuring responsiveness and alignment with the evolving demographic and social realities of the countries served. It included a forward-looking dimension to strengthen the preparedness of the Sub-Regional Office for the Caribbean (SROC) to respond to the evolving UN and Caribbean contexts. Through its participatory process, the evaluation also sought to ensure oversight and accountability and to contribute to the empowerment of community, national, sub-regional, and regional stakeholders.

The main audience and primary intended users of the evaluation are the governments and public authorities of the 22 English and Dutch-speaking Caribbean countries and territories where the SROC implements interventions; rights-holders engaged in UNFPA-supported initiatives and the organisations that represent them, with particular attention to those identified as furthest behind in UNFPA's Leave No One Behind (LNOB) operational plan[2]; the United Nations Country Teams (UNCTs); UNFPA Latin America and the Caribbean Regional Office (LACRO); UNFPA implementing partners; and donors and other institutional and development partners. All these stakeholders were engaged throughout the evaluation process. The evaluation results are also expected to be of interest to a wider group of stakeholders, including the UNFPA Executive Board, relevant divisions and branches at UNFPA headquarters, as well as academia, private sector civil society organisations, and non-governmental organisations (NGOs). A detailed stakeholder mapping presented in Annex 8 identifies the key stakeholders, specifying their type, their roles in the implementation of the SRP, their interests in the evaluation, the ways in which they participated in the evaluation process, their level of influence over the programme, and the potential impact of the SRPE on each group.

The objectives of this SRPE are:

I. To provide the SROC, national stakeholders and rights-holders, the LACRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the SROC 7th SRP (2022-2026).
II. To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this SRPE are:

I. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
II. To provide an assessment of the role played by the SROC in the coordination mechanisms of the UNCTs, with a view to enhancing the United Nations collective contribution to national development results.
III. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

[1] UNFPA. 2024. Evaluation policy (DP/FPA/2024/1)

[2] Age, disability, location, income, migratory status, sexual and gender identity, HIV/AID status and culture, race ethnicity, language religion. Source: UNFPA. 2021. LNOB Operational plan

1.2 Scope of the evaluation

The geographic scope of the SRPE encompassed the entire Caribbean sub-region covered by the SROC, including all 22 English- and Dutch-speaking countries and territories where interventions were implemented, with specific focus on the six liaison offices in Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago.

Temporarily, the evaluation covered interventions planned and/or implemented during the full programme period January 2022 to December 2025, with data collection concluding in October 2025.

The thematic scope includes all six outputs of the 7th Sub-Regional Programme (2022–2026):

Output 1: Government entities and regional institutions are better able to integrate sexual and reproductive health and rights (SRHR) into laws, policies, and plans

Output 2: Ministries of health are better able to effectively forecast, procure, distribute, and track sexual and reproductive health (SRH) commodities and collaborate with civil society organisations to create demand and deliver SRH information and services

Output 3: National Governments and regional institutions have increased capacity to collect, analyse, and utilize data and information to address structural inequalities and ensure the advancement of those at risk of being left furthest behind

Output 4: Health facilities and service providers can provide high-quality maternal health services better.

Output 5: Government entities and civil society organisations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate GBV and harmful practices and undermine the ability of individuals to exercise their SRHR.

Output 6: Regional entities, national Governments, and civil society organisations have improved capacities to deliver comprehensive and integrated GBV response services.

In addition, the evaluation assessed the integration and contribution of cross-cutting dimensions such as human rights, gender equality, disability inclusion, leaving no one behind, coordination, monitoring and evaluation, innovation, resource mobilization, communication and partnerships.

The evaluation questions are aligned with five evaluation criteria of the Organisation for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC) shown in table 1.[3]

Table 1: OECD DAC criteria

Criteria	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution.

[3] Impact (the sixth DAC criterion) is beyond the scope of this evaluation. According to the UNFPA evaluation handbook, assessing impact requires a different time frame and a different methodology.

Criteria	Definition
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends)

Source: Organisation for Economic Co-operation and Development Assistance Committee. Criteria for evaluating development programmes: https://www.oecd.org/en/topics/sub-issues/development-co-operation-evaluation-and-effectiveness/evaluation-criteria.html#relevance-block.

The proposed questions in the evaluation Terms of Reference were adapted to align with the theory of change. The Evaluation Reference Group approved the revised questions. Table 2 presents the evaluation questions and related assumptions, which form the basis of the evaluation matrix. The full evaluation matrix with corresponding indicators, data sources and collection methods is presented in Annex 1.

Table 2: Evaluation questions and assumptions

EQ1. To what extent has the SRP been relevant to regional and national priorities, and responsive to the diverse and evolving contexts of the Caribbean, including both development and humanitarian settings, and how prepared is it to remain so in the future?	
A1.1: The SRP has been aligned with regional priorities and relevant across different national contexts, including both development and humanitarian settings, while remaining flexible to adapt to changing circumstances during implementation and enhancing its responsiveness to subregional complexities with adaptive and differentiated strategies.	Relevance
A 1.2 The SRP adopts an integrated programmatic approach that provides an adequate basis for advancing the UNFPA mandate in the Caribbean.	Relevance/ Effectiveness
EQ2: To what extent does the SRP align with, add value to, fill a gap in, and contribute to broader development and humanitarian efforts in the English and Dutch-speaking Caribbean?	
A 2.1 The SRP leveraged complementarity, synergies and joint programming approaches with other UN agencies in development and humanitarian settings	Relevance/ Coherence
A 2.2 The SRP fostered enhanced coordination and cooperation while maintaining a context-specific and differentiated approach	Relevance/ Coherence
EQ3. To what extent has the SRP achieved its intended outputs and contributed to outcomes, in both development and humanitarian contexts, and how well positioned is it to accelerate results in the future?	
A 3.1 The SRP integrated programmatic approach contributed enhanced capacities of government entities and regional institutions to integrate SRH and reproductive rights into laws, policies, and plans	Effectiveness
A 3.2 The SRP integrated programmatic approach contributed to enhanced capacities of Ministries of Health to effectively forecast, procure, distribute, and track SRH	Effectiveness

commodities and collaborate with civil society organisations to create demand and deliver SRH information and services	
A 3.3 The SRP integrated programmatic approach contributed to leverage data as a catalyst for policy and programmatic change	Effectiveness
A 3.4 The SRP integrated programmatic approach contributed to enhanced capacities of health facilities and providers to deliver higher-quality maternal health services	Effectiveness
A 3.5 The SRP integrated programmatic approach contributed to enhanced capacities of government entities and civil society to address discriminatory gender and social norms that perpetuate GBV and harmful practices	Effectiveness
A 3.6 The SRP integrated programmatic approach contributed to enhanced capacity of regional entities, national governments, and civil society organisations to deliver comprehensive and integrated GBV response services.	Effectiveness
A 3.7 The SRP has introduced acceleration strategies that increased the pace and scale of results while advancing resilience and ensuring no one was left behind, and future preparedness depends on building on these proven accelerators while developing new or adapted strategies to further enhance impact in the next cycle.	Relevance/ Effectiveness
EQ4: To what extent was the SRP delivered in a timely and cost-effective manner?	
A 4.1 UNFPA has put in place appropriate, effective and efficient tools and processes to support its work and address programmatic and operational bottlenecks	Efficiency
A 4.2 UNFPA has delivered the SRP in a timely and cost-effective manner	Efficiency
A 4.3 The SROC internal configuration enabled the efficient achievement of results	Efficiency
EQ5: To what extent has the SRP established sustainable foundations that are likely to ensure the continuation of results and benefits in the Caribbean beyond the programme cycle, and how prepared is it to sustain the benefits in the Caribbean in the future?	
A 5.1 The SRP business model has strengthened partnerships that support the continuation of benefits	Sustainability
A 5.2 The SRP business model has contributed to enhanced financial sustainability for long-term impact in the Caribbean	Sustainability
A 5.3 The SRP business model has fostered programmatic sustainability by embedding interventions in national systems	Sustainability
A 5.4 UNFPA business model effectiveness in the Caribbean depends on the implementation of strategic shifts that respond to evolving contexts and future challenges in the Caribbean.	Sustainability/ Effectiveness

1.3 Evaluation approach

This evaluation is both formative and summative in nature. It assesses the performance of the SRP to date, while also informing and strengthening future programming, considering the remaining year of implementation and the development of the next SRP.

The evaluation is utilization-focused, with an emphasis on generating actionable insights for decision-making and organisational learning. It integrated a prospectivity lens, operationalized through the analysis of short-term adjustments for 2025–2026, exploration of medium-term scenarios to inform the next SRP, with forward-looking assumptions embedded in the evaluation matrix and integrated across data collection and analysis. This allowed the evaluation to probe stakeholders on future opportunities and risks, as well as to assess the SROC's preparedness.

A mixed-methods approach was adopted, integrating quantitative and qualitative data to enhance triangulation and analytical depth. The evaluation followed a participatory approach, ensuring the engagement of primary users throughout all phases. An Evaluation Reference Group—comprising representatives from across UNFPA stakeholders— contributed to the evaluation design, was consulted during data collection, and participated in the formulation of recommendations.

The evaluation follows United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the United Nations system[4] and abides by UNEG Ethical Guidelines and Code of Conduct[5]. To meet the requirements of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UNSWAP), the evaluation adheres to the UNEG gender-related norms and standards. More specifically, it is aligned with the standards set out in the UNFPA Evaluation Quality Assurance and Assessment (EQAA) system (see section 6.7 for more information on quality assurance). The EQAA is aligned with the UN Disability Inclusion Strategy and includes related guidance on disability inclusion in UNFPA evaluations.[6]

The evaluation methodology was designed to be gender and human rights responsive, consistent with UNFPA's EQAA system and aligned with UNEG norms and standards. From the outset, the Theory of Change for the evaluation explicitly integrates gender and LNOB related outcomes. Consequently, evaluation assumptions and indicators were shaped to ensure that gender equality, women's empowerment, and the principle of leaving no one behind were properly embedded. Purposive sampling ensured the participation of left behind groups. An intersectional lens was also applied to the analysis, where relevant and feasible, to better capture the overlapping and compounding forms of exclusion affecting different groups.

The evaluation adhered to the highest ethical and professional standards, guided by the principles of integrity, independence, transparency, accountability, respect, and beneficence. It was conducted impartially and free from external influence, with no conflicts of interest identified. The process was grounded in respect for all participants. Confidentiality and data privacy were strictly maintained, with no citations traceable to individuals and all personal data handled securely and deleted upon completion of the evaluation. The principle of beneficence guided the team's focus on generating findings that contribute to positive change and improved conditions for those engaged. Triangulation of multiple data sources and systematic quality assurance ensured the credibility and reliability of findings, while reflective and transparent practices reinforced accountability and trustworthiness throughout the evaluation. A detailed description of how these ethical principles were applied in practice is provided in Annex 6.

Disclosure of use of Artificial Intelligence (AI): The evaluation used generative AI models to streamline document review and support writing. All AI-generated outputs were carefully verified for accuracy, and the evaluation team assumes full responsibility for their reliability and validity. AI models were not used to support analysis or provide judgements. A detailed discussion on how AI was used can be found in Annex 7.

[4] UNEG Norms and Standards for evaluation (2016) http://www.unevaluation.org/document/detail/1914

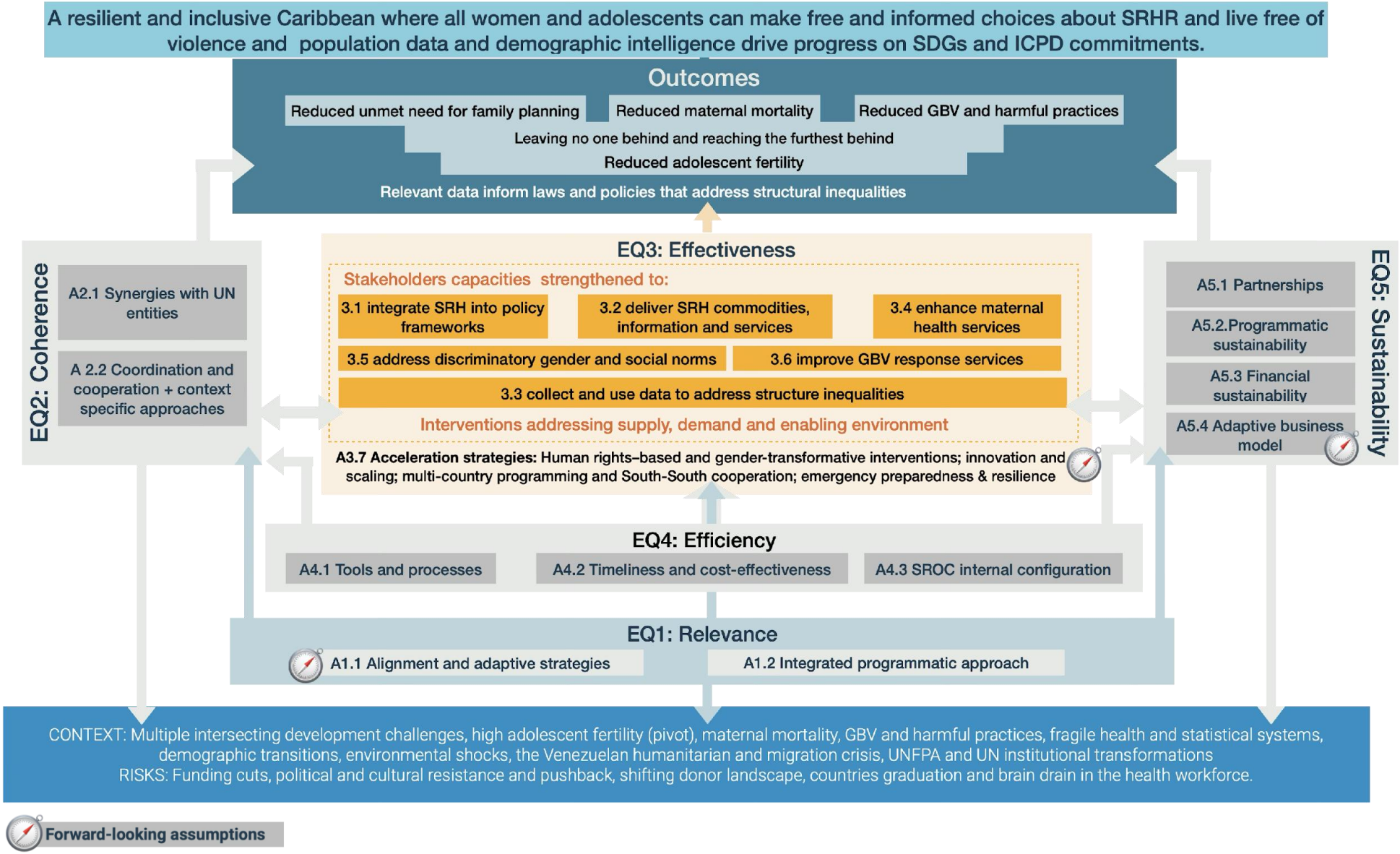
[5] UNEG Ethical Guidelines for Evaluation (2020) http://www.uneval.org/document/detail/2866

[6] Guidance on disability inclusion in UNFPA evaluations https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations

Contribution analysis and theory of change

The evaluation approach is grounded in the Theory of Change (ToC), which serves as an investigative framework to assess whether and how the SRP has contributed to the expected results, taking into account the underlying change hypotheses that shaped the strategies. In line with this approach, the evaluation applies the Contribution Analysis as an analytical lens, recognizing that in complex interventions and contexts, direct causal attribution is neither feasible nor desirable. Instead, the focus is placed on constructing a credible and evidence-based performance narrative, supported by a consistent analysis of the hypotheses, assumptions, and principles guiding the SRP. The ToC, detailed in Figure 1, constitutes the starting point for the design of the overall evaluation framework.

Figure 1: Theory of Change



The original SRP Theory of Change was reconstructed by the evaluation team to serve as a single analytical framework for the evaluation, encompassing the multiple pathways presented in the original ToC, which is further detailed in section 3.2.2. This reconstruction was undertaken through two iterative rounds—first with the SROC team and subsequently with the ERG.

The reconstructed evaluation's ToC retained the core logic of the SRP's ToC in relation to the causal chain of results—strengthening policy and institutional frameworks, securing SRH commodities and services, improving data systems, enhancing maternal health, addressing social norms, and expanding GBV response capacities as pathways to improved outcomes (effectiveness). At the same time, the evaluation ToC incorporated additional layers of assumptions on relevance, coherence, efficiency, and sustainability, in line with the evaluation criteria outlined in the ToR and initial consultations.

The evaluation's Theory of Change logic is that:

IF the SRP is aligned with regional priorities and national contexts, and applies adaptive and integrated programmatic strategies (EQ1: Relevance)

+ IF UNFPA ensures effective tools and processes, timeliness and cost-effectiveness, and an enabling SROC internal configuration (EQ4: Efficiency)

+ IF the SRP promotes synergies with UN entities, fosters coordination and cooperation while applying context-specific approaches (EQ2: Coherence)

+ IF stakeholder capacities are strengthened to integrate SRH into policy frameworks, deliver SRH commodities and services, collect and use data, enhance maternal health services, address discriminatory gender and social norms, and improve GBV response services, underpinned by an integrated approach across supply, demand, and the enabling environment, with acceleration strategies introduced to increase the pace and scale of results while ensuring no one is left behind (EQ3: Effectiveness);

+ IF partnerships, programmatic sustainability, and financial sustainability are embedded through strategies that ensure long-term impact (EQ5: Sustainability),

= THEN the programme will contribute to accelerated reduction in adolescent fertility, unmet need for family planning, maternal mortality, and GBV, while strengthening data systems to enable societies to adapt to demographic transitions and climate vulnerabilities, leaving no one behind and reaching those furthest behind.

The Theory of Change presents mutually reinforcing dimensions - efficiency, coherence, relevance, and sustainability - that enable an appropriate response to the context and ensure both effectiveness and sustainable outcomes. An efficient business model provides the backbone of the programme. It embeds sustainability strategies by aiming at supporting programmatic and financial continuity and by fostering partnerships that sustain benefits over time. It also ensures coherence through synergies with UN entities and coordination with broader stakeholders. Relevance to regional and national contexts, combined with responsiveness to identified risks, ensures that interventions are contextually appropriate and strategically aligned. This is grounded in assumptions related to alignment with national and regional priorities, and the use of integrated programmatic and adaptive strategies. Together, these elements underpin the appropriateness of interventions and strengthen their effectiveness. Effectiveness relies on assumptions that stakeholder capacities are strengthened to integrate SRH into policy frameworks, deliver SRH commodities and services, collect and use data, enhance maternal health services, address discriminatory gender and social norms, and improve GBV response services, while applying acceleration strategies. Finally, sustainability and coherence strategies also respond to evolving contexts and risks, ensuring that the progress achieved is resilient, durable, and forward-looking.

Importantly, the Theory of Change also reflects an evolving context. Drivers shaping the 2025–2030 horizon include demographic transitions, environmental shocks – mainly driven by climate change - economic and financial shifts (declining ODA, fiscal pressures, country graduation), social and political dynamics (persistent adolescent fertility, GBV, inequalities, conservative pushback), and UN system change (the new UNFPA

Strategic Plan, business model, and UN reform). These dynamics create both risks and opportunities underpin the forward-looking assumptions of the Theory of Change, particularly related to relevance and sustainability. Figure 1 presents the evaluation Theory of Change, reflecting the revised evaluation questions, underlying assumptions, and causal pathways that frame the evaluation.

1.3.1 Methods for data collection and analysis

To ensure an objective assessment in compliance with quality standards, the evaluation team applied a mixed methods approach where qualitative and quantitative data were collected aligned with the evaluation matrix.[7] While both strands are valued, the design prioritizes qualitative data, with a sampling strategy that ensures the inclusion of diverse and contextually relevant stakeholders, supported by an appropriately sized sample to capture a broad range of perspectives.

Data collection methods have been designed to complement one another and provide the most suitable mix of data sources to triangulate findings against each evaluation assumption – see full evaluation matrix in Annex 1 for further details. To ensure a robust evidence base, the evaluation employed a data collection strategy that combined evidence from desk reviews, country-level analyses of varying depth, and a subregional lens. Country and subregional level data collection include desk review and semi structured interviews (see Annex 4 for data collection tools and protocols). Each strategy brings distinct value: the documentary and monitoring evidence provides a comprehensive factual foundation; in-depth country studies generate contextualized examples of results and challenges; the subregional analysis highlights the added value of coordination, advocacy, and partnerships at a level beyond individual countries; and targeted country reviews serve as lighter assessments that broaden coverage to additional contexts. Together, these strategies complement one another, enabling triangulation across data sources and levels of analysis. This integrated approach strengthens the reliability of findings, ensures coverage of the diversity of contexts in which the SRP operates, and makes visible both country-specific results and the distinctive contribution of the subregional programme.

The evaluation was framed around three different overall datasets:

Desk review: Given the wealth of evidence generated during SRP implementation, the evaluation placed strong emphasis on an extensive desk review to document achievements and identify challenges throughout SRP implementation. Its purpose was to provide a factual baseline and contextual understanding against which primary data can be triangulated. This covered programming documents, monitoring data, evaluative evidence, financial and administrative records and secondary data on outcome indicators.[8]

Country studies at different depths: Two country missions provided detailed insights into results and challenges, enabling a nuanced understanding of SRP implementation, while four lighter country reviews, based on desk review and selected interviews, broadened the coverage and strengthened cross-country comparisons. Together, these studies aimed to enrich the evidence base, test findings from the desk review, and provided concrete examples of how interventions unfolded in practice. The country studies were not meant to be delivered as a stand-alone deliverable of the evaluation.

One subregional analysis: This analysis aimed at capturing the added value of coordination, partnerships, and advocacy at the subregional level, with data collected primarily online. Its purpose is to document how UNFPA's

[7] Following the Norms and Standards, ethical guidelines, and Code of Conduct defined by the UN Evaluation Group and the recommendations of the UNFPA Evaluation Handbook and the UNFPA evaluation policy approved by the Executive Board in January 2019, updated in February 2024

[8] Key documents related to UNFPA SROC programming and implementation include the mid-term review, the audit of the SROC, annual workplans and relevant publications. Monitoring data includes Sub-regional Office annual reports, project reports to donors, UN annual results reports, and financial and administrative data, including human and financial resources invested in the SRP during 2022–2025, project monitoring data, and resource mobilization. Evaluative evidence from corporate, regional, thematic, and project evaluations include the Spotlight evaluation, the adolescent pregnancy regional evaluation and the LAC regional programme 2022-2025 evaluation.

subregional positioning and convening power generated results that go beyond country-specific interventions. The subregional analysis will not be issued as a separate deliverable.

The evaluation team decided not to conduct a survey due to the limited time available for data collection (one month) and to avoid placing additional burden on stakeholders, including UNFPA staff who would have needed to support by providing contact details of a wide range of interlocutors (see risks and limitations). Quantitative evidence was drawn from a combination of sources. This includes secondary data, such as programme monitoring and administrative information from the SRP monitoring framework, financial and resource allocation data (for instance, expenditure analysis and budget utilization rates). It also includes demographic and health indicators, gender statistics and statistical capacity indexes where available. In addition, selected qualitative evidence gathered by the evaluation was quantified to generate indicators, to complement those derived from external secondary sources.

The evaluation adopted a purposive sampling approach across countries, documents, and stakeholders. For country studies, while all priority countries were reviewed through desk reviews and virtual interviews, only two (Belize and Suriname) were purposely selected for in-depth missions, based on criteria including coverage of SRP outputs, stakeholder availability, and practical feasibility (see subsection 5.2 Site selection). For documents and data, sampling criteria included coverage of all SRP thematic areas, geographic scope to reflect subregional diversity, and type of source, balancing internal materials (programming, monitoring, evaluative, and financial) with external ones (evaluations, partner reports, national policies, academic and technical studies). For key informant interviews, sampling criteria included country representativeness, to ensure coverage of diverse contexts across the English and Dutch-speaking Caribbean (e.g. size, income level, islands, vulnerabilities, humanitarian exposure); thematic balance, with informants across all SRP outputs; and institutional diversity. Gender, age, disability, as well as intersectionalities factors were also considered, with the evaluation team and UNFPA making an intentional effort to identify the most relevant exclusion factors in each country to capture the voices of those left behind, as far as they have been engaged in UNFPA programming. The evaluation team also sought to engage representatives of groups left behind and systematically asked interviewees whether they required any accommodation to participate fully and comfortably in the evaluation, including accessibility, language or format adjustments. In addition, all stakeholders consulted were asked to reflect on how UNFPA had applied an LNOB lens to its programming and results, in line with assumption 3.7.

The analysis process followed a structured and iterative approach to ensure robustness and coherence of findings.

Synthesis: Evidence tables aligned with the evaluation matrix were prepared to organize qualitative and quantitative findings for each one of the data sets. Those evidence tables were later integrated into the evidence table presented in Annex 5, together they allowed the evaluation team to compare findings across datasets and to identify convergent or divergent evidence.

Analysis: Data was analysed for each assumption and indicator, and triangulation was used to ensure the validity of data analysed. Content analysis constituted the core of the qualitative analysis across case studies and for this evaluation report. Descriptive analysis was used to understand the contexts within which UNFPA programming takes place. A contribution analysis lens was used to understand logical relations of why the observed results occurred and the role played by UNFPA along with other external factors. Finally, for analysis, a process of data convergence was employed: quantitative trends were presented and interpreted in light of qualitative narratives. Qualitative evidence was emphasized for exploring causality, relevance, and coherence, especially given data gaps and uneven statistical capacity in the subregion.

An online synthesis workshop brought together the evaluation team to discuss the results of the data collection, to bring together the various strands of data and formulate preliminary findings. The preliminary findings were presented to the SROC and the ERG in subsequent meetings to obtain feedback on their validity and identify data gaps, which were addressed prior to the submission of the first draft evaluation report. The draft report

was then submitted to the ERG for review, followed by a participatory workshop where the ERG, the SROC and the evaluation team jointly co-created the evaluation recommendations.

1.3.2 Stakeholders consulted and sites visited

Belize and Suriname were purposely selected for in-depth country missions, as they are among the priority countries and have benefited from interventions across all SRP output areas, enabling a comprehensive assessment of results. Their selection was also guided by practical considerations: stakeholder availability was constrained in other countries, such as Jamaica and Guyana due to national elections, while Belize and Suriname offered greater accessibility and feasibility within the one-month timeframe available for organising the missions. Trinidad and Tobago had a very recently appointed liaison officer. Finally, Barbados and OECS and Guyana had relatively fewer intervention areas than other countries. Table 3 summarizes the distribution of SRP-supported intervention by country, thematic focus, and financial magnitude. The full list of UNFPA interventions is in annex 9.

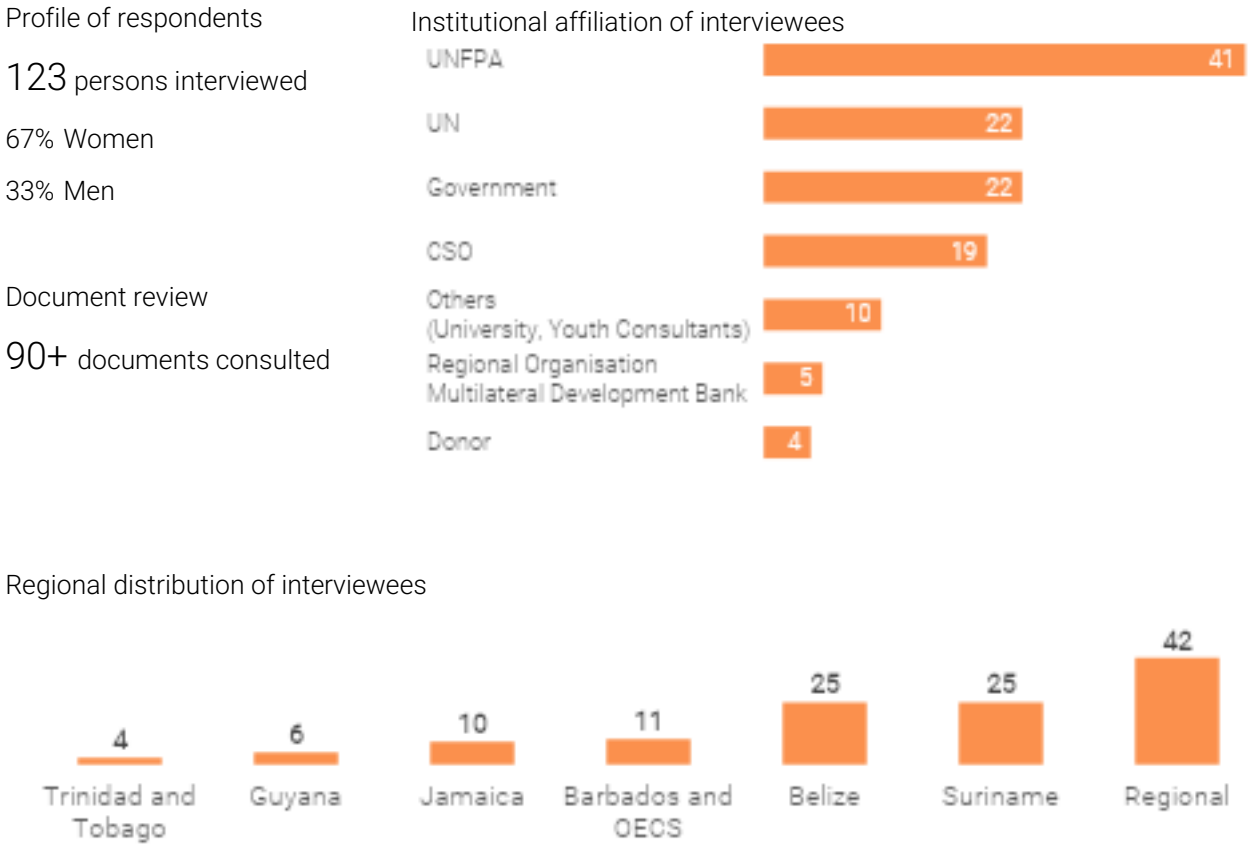
Table 3: Overview of programmes and thematic areas in SRP countries and territories

Country	# Programmes	Thematic Areas	Resources
Belize	5	GBV, including in emergencies; reduction of adolescent pregnancy; SRH, CSE; youth engagement, LNOB, Data and statistical capacity, including census	2,228,347
Suriname	5	Reduction of adolescent pregnancy; SRH; GBV, GEEW; Youth; LNOB; Data and statistical capacity, including census	1,378,371
Trinidad & Tobago	4	Sexual and reproductive health and rights, Reproductive Health Commodity Security, Social norms, GBV and Disabilities and LNOB; Data and statistical capacity	1,699,564
Barbados and OECS	2	SRH; youth and LNOB; Population and development, ICPD advocacy; Humanitarian support; Data and statistical capacity	3,352,746
Guyana	2	Sexual and reproductive health and rights & GBV	4,598,054

Source: Own elaboration based on information provided by the SROC. The number of projects includes the recently approved adolescent pregnancy prevention initiative in Suriname and Belize funded by Canada. The total resource amounts include core funds, but do not incorporate the most recent Canada-funded initiative, which the budget has not yet been broken down by country.

This choice was informed by the breadth of UNFPA-supported interventions in both countries, which allowed for a representative in-depth assessment of the SRP portfolio. In Belize, interventions included the Spotlight programme, the regional project on the Reduction of Adolescent Pregnancy, and the Korea International Cooperation Agency (KOICA)-funded initiative to strengthen the national statistical system. In Suriname, UNFPA contributed through Joint SDG Fund projects with particular attention to the hinterlands, which provides the evaluation with the possibility of gathering evidence on LNOB work and UN coordination and joint programming. UNFPA is also supporting the national census under an Inter-American Development Bank (IDB) loan, which may generate further insights on collaboration with LACRO. Figure 2 presents the data sources and the profile of interviewees; a total of 123 persons were interviewed.

Figure 2: Overview of data sources and stakeholder engagement



1.3.3 Limitations and mitigation measures

The evaluation was implemented with due attention to potential risks and limitations, and with mitigation measures built into the evaluation design and delivery. As summarised in Annex 10, the main anticipated risks related to stakeholder availability, data collection time, informant burden, field access, humanitarian disruptions, and the application of gender-responsive and human rights-based approaches. In practice, most of these risks did not materialise to a significant extent or were effectively mitigated through early planning, close coordination with the Subregional Office and liaison offices, adaptive data collection modalities, and systematic triangulation across sources. Some relevant constraints were encountered, notably those linked to ongoing institutional changes within UNFPA, and the limited direct participation of people left furthest behind; however, mitigation measures were applied as planned and informed the scope and framing of the evaluation's conclusions and recommendations. The annex also documents unanticipated risks encountered during implementation, including initial gaps in stakeholder mapping and inconsistencies in monitoring data, which were addressed through iterative validation, cross-checking, and transparent documentation of residual limitations.

2. THE CARIBBEAN CONTEXT

This chapter sets out the subregional context across areas central to the UNFPA programme. It outlines the main demographic, social and health challenges in population and development, SRHR, adolescents and youth, and GBV, while also analysing national responses and the subregion's progress towards internationally agreed goals, including the Sustainable Development Goals (SDGs) and the International Conference on Population and Development (ICPD) commitments. The chapter also examines trends in Official Development Assistance

(ODA), the role of external cooperation in supporting national priorities over time and identifies the main donors and providers active in the Caribbean.

2.1 Development challenges and responses

Populations in the Caribbean are concentrated in few larger states: Jamaica (2.8 million), Trinidad and Tobago (1.5 million), Guyana (826,000), Suriname (629,000), Belize (411,000), and the Bahamas (399,000), while most other countries have populations under 300,000.[9] The subregion combines the realities of island nations and mainland states all of which share the vulnerabilities of small size, geographic isolation, and exposure to natural disasters, including hurricanes, floods, and droughts.

Economically, the Caribbean is defined as a collection of upper-middle- and high-income countries, yet its development is constrained by structural vulnerabilities common to Small Island Developing States (SIDS). Small domestic markets, reliance on tourism and commodity exports, and limited fiscal space leave these economies sensitive to global shocks. The COVID-19 pandemic, disruptions in global supply chains, and recurring climate-related disasters have caused uneven growth across the subregion, with tourism-based economies rebounding more quickly than commodity-reliant ones. Debt burdens remain high, and many governments face competing priorities for scarce public resources. These pressures are compounded by persistent inequalities across gender, income, and geography. Marginalized groups marked by intersectional vulnerabilities often face additional barriers to healthcare, education, and economic opportunity[10].

The Caribbean is undergoing demographic shifts that could shape its development trajectory. Life expectancy across 16 Caribbean states now exceeds the global average. Slowing fertility rates and rising proportions of elderly populations are altering population structures[11]. Fertility is already below replacement level in nearly every state, with only Guyana and Suriname remaining above that threshold. Ageing populations are most pronounced in Barbados, the Bahamas, and British Overseas Territories and larger states such as Jamaica and Trinidad and Tobago are experiencing an acceleration in their 65+ populations.[12]

Caribbean countries continue to struggle with intersecting challenges in population and development that directly affect SRHR, adolescents and youth, and gender equality and women's empowerment. The subregion continues to record some of the highest adolescent fertility rates in Latin America and the Caribbean, with an estimated 60 births per 1,000 girls aged 15–19 in Guyana and 51 per 1,000 in Suriname, compared to the regional average of 48 per 1,000. Access to family planning, including long-acting reversible contraceptives, is uneven, with contraceptive prevalence as low as 36 per cent in Suriname and 42 per cent in Guyana, limited by supply chain weaknesses, funding shortfalls, and service delivery gaps. Efforts to introduce comprehensive sexuality education face resistance from some faith-based and conservative groups, further constraining progress.[13]

Gender-based violence also remains widespread, with nearly one in three women in countries such as Trinidad and Tobago and Guyana, reporting experiences of intimate partner violence. Prevention and response services are disproportionate and underfunded, leaving survivors with limited access to care. Marginalized groups

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[9] United Nations Population Fund. (2025). Annual Report 2024 – World at a Crossroads. Retrieved [August 18, 2025], from https://www.unfpa.org/annual-report; UNFPA (2024). World Population Dashboard. Retrieved from https://www.unfpa.org/data/world-population-dashboard

[10] OECD/IDB (2024), Caribbean Development Dynamics 2025, OECD Publishing, Paris, https://doi.org/10.1787/a8e79405-en.; Hill, S., & Khadan, J. (2024). Fiscal challenges in small states: Weathering storms, rebuilding resilience (Policy Research Working Paper No. 10913). Development Economics, World Bank. https://documents1.worldbank.org/curated/en/099434409172423992/pdf/IDU-b75b641e-7953-41a9-98c3-f2c39b25d6f3.pdf

[11] UNFPA Sub-regional Office for the English and Dutch-speaking Caribbean Caribbean. (2024, December 9). Annual Report 2023 – Moving towards the Three Zeros. UNFPA Caribbean. Retrieved from https://caribbean.unfpa.org/en/publications/annual-report-2023-moving-towards-three-zeros

[12] United Nations Population Fund. (2025). Annual Report 2024 – World at a Crossroads. Retrieved [August 18, 2025], from https://www.unfpa.org/annual-report; UNFPA (2024). Gender-based violence. Retrieved from https://caribbean.unfpa.org/en/topics/gender-based-violence-16

[13] UNFPA Sub-regional Office for the English and Dutch-speaking Caribbean Caribbean. (2024, December 9). Annual Report 2023 – Moving towards the Three Zeros. UNFPA Caribbean. Retrieved from https://caribbean.unfpa.org/en/publications/annual-report-2023-moving-towards-three-zeros

marked by intersectional vulnerabilities face multiple intersecting barriers in accessing health and protection services[14].

Persistently high rates of youth unemployment continue to undermine social cohesion and inclusive growth across the subregion. In Jamaica, youth constitute approximately 15 per cent of the labour force but account for nearly 45 per cent of the unemployed population. Similarly, in Belize and Saint Lucia, youth represent a disproportionate share of the unemployed, comprising 23 and 14 per cent of their respective labour forces yet representing 46 and 24 per cent of the unemployed.[15] The Caribbean Development Bank (CDB) Youth Study (2015) attributes high youth unemployment to mismatches between qualifications and available jobs, weak labour market intermediation, and low employer confidence in young workers.

Gender and geographic inequalities compound these disparities. In Suriname, for instance, young women in Paramaribo and Wanica make up just 9 per cent of the working-age population but represent 32 per cent of unemployed females. Collectively, these dynamics restrict opportunities for young people, heighten their exposure to migration pressures, and indirectly increase vulnerability to exploitation and trafficking.[16]

Caribbean states have made uneven progress towards achieving UNFPA's Three Transformative Results. Under Transformative Result 1 ending the unmet need for family planning—adolescent birth rates remain above the regional target in several states, with Guyana, Belize, Suriname, Jamaica, and Trinidad and Tobago accounting for the largest absolute numbers of adolescent pregnancies[17]. While progress has been observed in reducing adolescent fertility in some countries, unmet need for modern contraceptives persists above 20 per cent in a number of states, and no country is currently on track to achieve the 2025 target of reducing unmet need to 5 per cent.

With respect to Transformative Result 2-ending preventable maternal deaths—most countries have already met the UNFPA 2025 target of fewer than 124 maternal deaths per 100,000 live births, with Jamaica as the only exception, recording a ratio of 130 for 2023. Maternal mortality ratios in the Bahamas, Guyana, Saint Kitts and Nevis, and Suriname remain above the 2030 SDG threshold of 70. Some countries have showed signs of regression over the past two decades, with maternal mortality ratios either stagnating or increasing.[18] Persistent inequities in access to skilled health personnel, antenatal care, and health facilities are evident, particularly in rural and indigenous communities[19].

For Transformative Result 3-ending GBV and harmful practices data indicate that child marriage and early unions remain prevalent in countries including Belize, Guyana, Suriname, Saint Lucia, and Barbados.

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[14] Joseph DD, Jones AD. Understanding Violence Against Women in the Caribbean Through an Exploration of Men's Perspectives. Violence Against Women. 2023 Apr;29(5):1005-1023. doi: 10.1177/10778012221104845. Epub 2022 Aug 9. PMID: 35942694; PMCID: PMC9950591.

[15] Caribbean Development Bank. (2025). Labour Market Differentials in the Caribbean: Gender, Age, Indigeneity. Retrieved from: https://www.caribank.org/sites/default/files/publication-resources/Labour%20Market%20Study%20Final%202025.pdf

[16] Caribbean Development Bank. (2015). Youth are our future: The imperative of youth employment for sustainable development in the Caribbean. Bridgetown, Barbados: Caribbean Development Bank. Retrieved from: https://www.caribank.org/publications-and-resources/resource-library/thematic-papers/study-youth-are-future-imperative-youth-employment-sustainable-development-caribbean

[17] United Nations Population Fund (UNFPA) Sub-Regional Office for the Caribbean, & Caribbean Observatory on Sexual and Reproductive Health and Rights. (2023). Sexual and reproductive health landscape in the Caribbean: Situational monitoring report (November 2023). United Nations Population Fund. https://caribbean.unfpa.org/sites/default/files/pub-pdf/report_2023_srh_landscape_in_the_caribbean_situational_monitoring.pdf

[18] World Health Organisation, United Nations Children's Fund, United Nations Population Fund, World Bank Group, & United Nations Department of Economic and Social Affairs, Population Division. (2025). Trends in maternal mortality 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organisation. https://www.unfpa.org/publications/trends-maternal-mortality-2000-2023

[19] Sanhueza A, Costa JC, Mújica OJ, Carvajal-Velez L, Caffe S, Victora C, Barros AJD. Trends and inequities in adolescent childbearing in Latin American and Caribbean countries across generations and over time: a population-based study. Lancet Child Adolesc Health. 2023 Jun;7(6):392-404. doi: 10.1016/S2352-4642(23)00077-9. PMID: 37208093; PMCID: PMC10191863.

Additionally, recent surveys reveal that between 7 and 10 per cent of women experience intimate partner violence annually, with lifetime prevalence rates exceeding 30 per cent in several states.[20]

Adolescent pregnancy has also been the focus of targeted interventions across countries. Barbados has invested in adolescent health programmes that integrate SRHR into primary care. Jamaica and Guyana are the two Caribbean countries with explicit policy on the reintegration of pregnant learners into the school system. Trinidad and Tobago has strengthened its legislative framework on GBV, while Guyana has expanded partnerships with civil society to deliver services to vulnerable populations[21]. At the regional level, the Caribbean Community (CARICOM) has promoted the Every Caribbean Girl, Every Caribbean Woman initiative, which seeks to reduce adolescent pregnancies. Achievements include expanded awareness, stronger legal frameworks, and improved service delivery in targeted areas. However, limitations remain in terms of resource allocation, sustainability, and ensuring equity of access-particularly for marginalized populations.[22]

Humanitarian and emergency concerns continue to shape the development landscape. The Caribbean's high vulnerability to climate-related disasters, as seen most recently with Hurricane Beryl in 2024, reinforces the need to integrate SRHR into emergency preparedness and response. Migration and displacement, including the arrival of Venezuelan migrants in some territories, further complicate humanitarian and development planning.[23]

Migration continues to shape the Caribbean's demographic and development landscape, with sustained outward flows eroding human capital and weakening health and social systems. Recent data show that Jamaica's emigrant population accounts for nearly 27 per cent of its total population**,** Guyana 36 percent**,** and Antigua Barbuda's stands at roughly 40 per cent while St Kitts and the Nevis is almost 50 percent, reflecting some of the highest emigration rates globally (IOM, 2023). The region's net migration rates remain negative, with Jamaica losing about 7.7 persons per 1,000 in 2022 and Guyana experiencing a net outflow of more than 6,000 people that same year.[24] These trends are driven by economic stagnation, limited employment opportunities, and the global demand for skilled Caribbean professionals.[25] For UNFPA programming, this persistent out-migration of skilled health personnel constrains the delivery of essential SRH services and threatens continuity in family planning, maternal health, and GBV response systems. Additionally, youth migration narrows the domestic base for education and comprehensive sexuality education interventions, while ageing and shrinking populations increase the burden on remaining healthcare and social-protection systems.[26]

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[20] UNFPA. 2024. Progress towards achieving UNFPA's three transformative results in the Caribbean sub-region: Draft report to supplement the 2024 midterm review of the 2022–2026 work programme. United Nations Population Fund.

[21] UNFPA Sub-Regional Office for the Caribbean. (2023, November). Strengthening the legislative framework governing sexual and reproductive health and rights in the English and Dutch-speaking Caribbean [Policy brief]. United Nations Population Fund. https://caribbean.unfpa.org/sites/default/files/pub-pdf/policy_brief_november_2023_strengthening_the_legislative_framework_governing_srhr_in_the.caribbean.pdf

[22] UNFPA Sub-Regional Office for the Caribbean. (2023). Empowering young people: Eliminating legal barriers that limit access to sexual and reproductive health information and services for young people [Policy brief]. United Nations Population Fund. https://caribbean.unfpa.org/sites/default/files/pub-pdf/policy_brief_2023_empowering_young_people_eliminating_legal_bariers_that_limit_access.pdf

[23] United Nations Population Fund (UNFPA) Sub-Regional Office for the Caribbean, & Caribbean Observatory on Sexual and Reproductive Health and Rights. (2023). Sexual and reproductive health landscape in the Caribbean: Situational monitoring report (November 2023). United Nations Population Fund. https://caribbean.unfpa.org/sites/default/files/pub-pdf/report_2023_srh_landscape_in_the_caribbean_situational_monitoring.pdf

[24]Central Intelligence Agency. (2022). The World Factbook: Jamaica, Guyana, Trinidad and Tobago – Net migration rate. Retrieved from https://www.cia.gov/the-world-factbook/about/archives/2021/field/net-migration-rate/; Macrotrends. (2023). Guyana net migration 1960–2023. Retrieved from https://www.macrotrends.net/global-metrics/countries/guy/guyana/net-migration

[25] International Organisation for Migration (IOM). (2023). Data report: Trends in Caribbean migration and mobility. Regional Office for Central America, North America and the Caribbean. Retrieved from https://lac.iom.int/sites/g/files/tmzbdl1446/files/documents/2023-07/data-report-trends-in-caribbean-migration-and-mobility.pdf

[26] Aranco, N., Bosch, M., Stampini, M., Azuara Herrera, O., Goyeneche, L., Ibarrarán, P., Oliveira, D., Reyes Retana Torre, M., Savedoff, W. D., & Torres Ramirez, E. (2022). Aging in Latin America and the Caribbean: social protection and quality of life of older persons. https://doi.org/10.18235/0004287

The Caribbean's conservative legal and social environment continues to undermine progress toward achieving UNFPA's transformative results. In many countries, restrictive laws to young people's access to SRHR, especially minors' access to SRH services without parental consent; restrictive laws on abortion; criminalization of same-sex relationships; and punitive approaches to sex work create barriers to access SRHR. Conservative cultural and religious norms reinforce these legal constraints, shaping policies that limit young people's access to contraception, sexuality education, and confidential SRH services. Resistance from faith-based groups and political actors has also stalled the integration of comprehensive sexuality education in schools, curbing efforts to promote gender equality and reproductive autonomy. This conservatism fosters stigma around sexual health, reduces service uptake, and restricts open dialogue about gender, sexuality, and reproductive rights. For UNFPA, these constraints make it difficult to advance inclusive programming, strengthen health systems, or address unmet needs for family planning and GBV prevention. The result is a fragmented policy environment in which progress is often fragile and uneven, heavily dependent on advocacy, partnerships, and the willingness of governments to challenge entrenched moral and cultural norms.

International commitments and external support

Official development assistance remains an essential lifeline for Caribbean countries, even as many are classified as upper-middle- and high-income states. Despite their income status, these countries continue to face structural vulnerabilities such as SIDS, including fragile economies, exposure to natural disasters, and fiscal limitations. Over the years, ODA flows have fluctuated, with a general trend of decline as countries "graduate" out of eligibility for certain streams of assistance.[27]

In 2023, overall, ODA remained high but declined in real terms, with Latin America and the Caribbean (LAC) experiencing the steepest reduction. ODA to the region fell by USD 2.3 billion (−14.5 per cent) to USD 14 billion. Country programmable aid—which is subject to multi-year planning and can be programmed at the partner country level—declined even more sharply (−26 per cent). Grants accounted for two-thirds of total ODA to developing countries, with a general trend of grants increasing and loans declining. In LAC, however, the contraction in loans was particularly acute (−33 per cent, to USD 5.1 billion), while the increase in grants (+5 per cent, to USD 8.4 billion) was insufficient to offset this drop. The result was a significant overall decline in ODA flows to the region in 2023. [28]

Nevertheless, the Caribbean continues to receive support. ODA flows to the Caribbean fluctuated between 2020 and 2023, declining from USD 2.64 billion in 2020 to a low of USD 1.75 billion in 2022, before rebounding to USD 2.35 billion in 2023. According to OECD/DAC data, between 2020 and 2023 the main bilateral donors to the Caribbean included the European Union, Canada, the United States, and Japan, together with multilateral financial institutions such as the World Bank, the Inter-American Development Bank, the Caribbean Development Bank, and the Central American Bank for Economic Integration. The largest sectoral allocations were directed to health, with a notable focus on SRH and on sexually transmitted diseases and HIV, as well as to government and civil society, agriculture, and economic infrastructure.[29]

3. UNITED NATIONS AND UNFPA STRATEGIC RESPONSE

This section situates the country programme within the broader UN System framework and UNFPA's corporate strategic and normative framework. It details UNFPA's response through the SRP. It describes the programme's evolution over time, highlighting key findings and changes emerging from the Mid-Term Review

[27] UNCTAD. (2025, April 9). Aid at the crossroads: Trends in official development assistance. https://unctad.org/publication/aid-crossroads-trends-official-development-assistance

[28] UNCTAD. (2025, April 9). Aid at the crossroads: Trends in official development assistance. https://unctad.org/publication/aid-crossroads-trends-official-development-assistance

[29] Evaluation team analysis based on OECD data explorer platform (http://data-explorer.oecd.org/)

and the corporate audit process, as well as planning exercises since 2022. Finally, it presents the financial structure of the SRP and its execution.

3.1 United Nations and UNFPA strategic response

The UNFPA Strategic Plan 2022–2025, reaffirmed UNFPA's strategic direction and called to accelerate progress toward the three transformative results. It outlined a results framework built around six outputs that strengthen policy and accountability, quality of care, gender and social norms transformation, data and population analysis, humanitarian action, and youth empowerment. The plan also introduced key strategic shifts—integrating climate, digital, and demographic megatrends; expanding humanitarian capacity; prioritizing those furthest behind; and shifting from funding to financing the ICPD agenda. Guided by human rights and gender-transformative approaches, innovation, data, and partnerships, the plan positioned UNFPA to help countries recover from pandemic setbacks and build forward better toward the 2030 Agenda.[30] While retaining the core elements of the 2022–2025 plan, the main novelty of UNFPA Strategic Plan 2026–2029 lies in the introduction of a fourth outcome focused on adaptation to demographic change and the strengthened resilience of societies, as well as a dedicated output on leveraging sustainable financing and investments.[31]

The United Nations Multi-Country Sustainable Development Cooperation Framework 2022–2026 is the overarching strategy that guides UN support for sustainable development in the Caribbean. Developed through consultations, it is the central instrument for coordinating UN action and strengthening partnerships across the subregion. The Framework is firmly aligned with global commitments, including Agenda 2030, the SIDS Accelerated Modalities of Action (SAMOA Pathway), the Addis Ababa Action Agenda, and the Paris Agreement on Climate Change, thereby situating Caribbean priorities within the broader international development agenda.

The United Nations Multi-Country Sustainable Development Cooperation Framework is built around four interlinked outcomes: (i) fostering climate resilience and environmental sustainability; (ii) advancing economic resilience and shared prosperity, with an emphasis on inclusive growth, digital transformation, and equitable access to opportunities; (iii) strengthening governance, security, and justice systems to ensure rights-based, accountable, and participatory institutions; and (iv) enhancing human and social development, with a focus on health, education, gender equality, and the protection of vulnerable groups.[32] These outcomes are reinforced by cross-cutting priorities: gender equality, human rights, resilience, data and digital transformation, and stronger partnerships.

It is within this wider strategic framework that the UNFPA strategic response aim at tackling the intersecting vulnerabilities that constrain progress in the Caribbean. These include persistently high adolescent fertility rates, wide disparities in maternal health outcomes, entrenched GBV, and fragile statistical systems. To address these pressures, the programme adopted an integrated approach that advances SRHR, maternal health, GBV, and population data in tandem.

Geographically, the programme spans 22 English and Dutch-speaking Caribbean countries and territories, with differentiated levels of support tailored to national capacities and priorities. Six countries - Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago - were prioritized.

Over time, the SRP has evolved from a strong emphasis on policy dialogue and normative leadership (2017–2021 cycle) to a greater focus on implementation and systems strengthening (2022–2026 cycle). This evolution has been accelerated by the pandemic and recurrent natural disasters, which have reinforced the need for a stronger humanitarian–development nexus, including the integration of the Minimum Initial Service

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[30] United Nations Population Fund. (2021). UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8). https://www.unfpa.org/sites/default/files/board-documents/main-document/DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21_-_Corrected_19Jul21.pdf

[31] United Nations Population Fund. (2025). UNFPA strategic plan, 2026-2029 (DP/FPA/2025/9). https://www.unfpa.org/unfpa-strategic-plan-2026-2029-dpfpa20259

[32] United Nations Sustainable Development Group. (2022). Multi-country sustainable development framework for the English and Dutch-speaking Caribbean 2022. United Nations. https://unsdg.un.org/resources/multicountry-sustainable-development-framework-english-and-dutch-speaking-caribbean-2022

Package (MISP) for SRH into national disaster preparedness and response. The SRP positions UNFPA as both a normative leader and operational partner in advancing SRHR and gender equality. Its added value lies in coupling advocacy for legal and policy reforms with technical support for service delivery and data systems.

3.2 UNFPA response through the Sub-regional Programme

UNFPA previous programme cycle, goals and achievements

The sixth programme cycle of the UNFPA in the Caribbean (2017 - 2021) focused on four thematic areas: SRH, gender equality and ending GBV, youth and adolescents, and population dynamics. The total indicative assistance proposed for the five-year period was $16.8 million. The programme directed the largest share of resources to SRH, followed by adolescents and youth, gender equality, and population data.

Under SRH, investments focused on expanding access to quality, rights-based SRH services for underserved populations and integrating the MISP into national preparedness frameworks. In adolescents and youth, efforts centred on strengthening institutional capacity and policy frameworks to deliver comprehensive sexuality education and improve adolescent SRH, particularly for marginalized groups. The gender equality and women's empowerment component aimed to reinforce legal and protection systems to prevent gender-based violence, including through engaging men and boys. Finally, under population dynamics, resources supported national and regional capacities to generate, analyse, and use demographic data for policy and planning, reinforcing the integration of population and development linkages into development agendas.

Evaluation of the programme [33]

Sexual and reproductive health and family planning: UNFPA introduced the SALMI logistics management information system in Trinidad and Tobago, provided critical third-party procurement during emergencies, and supported the approval of SRH policies in Guyana, Trinidad and Tobago, and Suriname. Evidence generated by UNFPA enabled the introduction of contraceptive implants in Trinidad and Tobago. SRH services were maintained during COVID-19 through remote delivery innovations, though procurement delays and late surge deployments hindered hurricane responses.

Gender equality and ending GBV: UNFPA supported referral pathways in 13 countries and trained frontline workers. During emergencies, it expanded hotlines and safe spaces for survivors, including in rural areas. The Spotlight Initiative showed potential but limited evidence of measurable impact during the evaluation period, as key indicators were not yet available.

Youth and adolescents: UNFPA maintained strong engagement with youth through targeted support for teen parents, LGBTQI youth, and rural adolescents. It developed the Youth Connect App in Trinidad and Tobago and conducted needs assessments informing youth-friendly policies. Despite prioritizing comprehensive sexuality education, its implementation remained constrained by conservative resistance and restrictive laws.

Population dynamics and data systems: UNFPA strengthened national statistical offices' capacities for the 2020 census round through equipment procurement and training on international standards. Support was constrained by limited financial and human resources relative to regional needs.

Humanitarian action: UNFPA enhanced its humanitarian response capacity, particularly during COVID-19, ensuring continuity of SRH and GBV services and integrating MISP into emergency plans. Response quality varied across countries due to uneven preparedness and resource limitations.

Partnerships, coordination and sustainability: Inadequate personnel levels and persistently low visibility limited UNFPA's ability to secure stakeholder buy-in and recognition for its work. Heavy dependence on implementing

[33] UNFPA SROC, 2021. Evaluation of the 6th Sub-regional programme of the UNFPA Sub-regional Office for the Caribbean: Sub-regional Programme Evaluation 2017-2021. Final Report

partners, coupled with limited control over field delivery, created a gap between planned and actual results. The M&E framework was also insufficient, lacking disaggregation by gender identity and sexual orientation and failing to capture legal and cultural barriers influencing outcomes. Those challenges constrained UNFPA's capacity to fully achieve its mandate despite strong technical expertise and coordination efforts.

Recommendations: The evaluation of the sixth programme cycle issued recommendations to strengthen programme planning, systems, partnerships and technical areas. It called for a tighter link between needs assessments, intervention design, resource allocation and target setting, alongside more systematic use of risk analysis—including natural hazards and public health risks—and, where necessary, the revision of results and targets in contexts where legislative or social constraints may delay progress. It recommended reviewing and streamlining financial procedures, administrative requirements and operational workflows to reduce bottlenecks, as well as addressing human resource aspects related to deployment, availability of technical expertise and alignment of capacities with country needs. The evaluation also emphasised strengthening support to population data systems by enhancing UNFPA's capacity to assist national statistical offices. Further recommendations focused on revisiting partnership and communication strategies through capacity-informed partner selection, targeted capacity-building, strengthened advocacy and visibility, and closer coordination between communications and M&E; using a combination of approaches to safeguard the leaving no one behind principle, including partnering with actors best placed to reach the most marginalised; enhancing SRHR programming with greater attention to modern family planning, youth and men; and increasing investments in emergency preparedness.

The current UNFPA Subregional Programme and an analysis of its theory of change

The development of the 7th Sub-Regional Programme is framed within the UNFPA 2022-2026 strategic plan, as well as the 2030 Agenda and the Sustainable Development Goals and was shaped by broad consultative processes at both national and regional levels. Governments, civil society organisations, adolescents and youth, academia, private sector, and development partners were engaged through joint consultations often organized with other UN agencies (e.g., UNDP, UNICEF, WFP, UN Women, FAO). Alignment with parallel UN processes—such as the Common Country Analysis, the Country Programme Evaluations, and the preparation of the UN Multi-Country Sustainable Development Cooperation Framework—was ensured. Dedicated stakeholder workshops, validation meetings, and thematic dialogues were carried out in countries including Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Regional bodies such as CARICOM, Organisation of Eastern Caribbean States (OECS) and the Spouses of CARICOM Leaders Action Network were involved, alongside national entities like ministries of health, gender machineries, and national statistical offices.

The programme is also grounded in intergovernmental agreements such as the Montevideo Consensus on Population and Development, which serves as a normative roadmap for integrating population dynamics including adolescent health, ageing, and gender equity into rights-based sustainable development policy across Latin America and the Caribbean.[34] National governments in the region have reaffirmed their commitments, calling for dedicated resource allocation and institutional mechanisms to operationalize its priority measures.[35]

The SRP is operationalized through modes of engagement including advocacy and policy dialogue, capacity development, technical assistance, innovation, and evidence generation, with accelerators such as LNOB, innovation, multi-country cooperation, South-South exchanges, and mainstreaming disaster preparedness and resilience.

[34] https://www.unfpa.org/sites/default/files/resource-pdf/Montevideo%20Consensus-15Aug2013.pdf

[35] ECLAC. 2023. Countries Call for Redoubling Efforts to Achieve Full Implementation of the Montevideo Consensus on Population and Development. Online: https://crpd.cepal.org/5/en/news/countries-call-redoubling-efforts-achieve-full-implementation-montevideo-consensus-population#:~:text=The%20countries%20of%20Latin%20America,Regional%20Conference%20on%20Population%20and

At the time of programme design, adolescent fertility rates remained among the highest in the world, driving cycles of school dropout, limited economic opportunity, and intergenerational poverty. Preventable maternal mortality persisted, with stark inequities between wealthier and marginalized populations. Gender-based violence remained widespread, rooted in patriarchal norms, legal loopholes, and weak survivor-centred services. At the same time, national statistical systems were under-resourced and struggled to generate timely, disaggregated data, making it difficult for governments to identify disparities or design effective policies. In addition, the Caribbean was coping with simultaneous humanitarian crises: the annual hurricane season, other recurrent natural disasters such as floodings and landslides, or the volcanic eruption in St. Vincent and the Grenadines-2021 and the aftermath of the COVID-19 pandemic. Finally, some countries, such as Trinidad and Tobago and Guyana, experienced an increase in the number of Venezuelans.

The Theory of Change of the Subregional Programme is built on human rights-based and gender-transformative approaches, and seeks to strengthen both rights holders and duty bearers, focusing on adolescents, women, and vulnerable groups, with a strong LNOB orientation. Two long-term objectives guide the programme to 2030: (i) that all women and adolescents can make free and informed choices about SRHR and live free of violence (linking directly to the three transformative results and UN-MSDCF priorities on Equality and Well-being and Safety and Security); (ii) that population data and demographic intelligence drive inclusive, resilient, and rights-based development, positioning data systems as an enabler across all four UN-MSDCF priority areas.

At its core, the SRP ToC assumes that tackling adolescent pregnancy as the leverage problem —through integrated SRH and GBV interventions—will generate ripple effects in lowering unmet need for family planning, maternal deaths, and GBV. It further assumes that strengthening data systems will enable societies to adapt to demographic transitions and climate vulnerabilities, while ensuring no one is left behind and those furthest behind are reached. The programme was underpinned by a principle of integration across supply, demand, and enabling environment. The main rationale was that expanding commodities and services (supply) is insufficient unless women and adolescents are empowered with knowledge, agency, and support to use them (demand), and unless policies and social norms create conditions that enable equitable access (enabling environment). Interventions therefore were meant to address all three dimensions simultaneously.

The SRP is grounded in the assumption that by strategically combining advocacy, technical assistance, capacity strengthening, and multi-stakeholder partnerships; governments, civil society, and regional institutions in the Caribbean will be able to accelerate progress towards the achievement of the three transformative results. The SRP builds on lessons from previous programming and assumed that by introducing the following accelerator strategies it would increase the pace and scale of results while ensuring no one is left behind: (a) human rights-based, gender-transformative interventions; (b) innovation through ideation, piloting, and scaling to enhance programme efficiency; (c) multi-country, intraregional and South-South cooperation to advance research, innovation, norms, and standards; and (d) mainstreamed emergency preparedness to strengthen the resilience of systems and communities.

The programme rationale was grounded on the assumption that if it strengthened policy and institutional frameworks by integrating SRHR into national laws and plans (Output 1); if it reinforced supply chains and demand generation for contraceptives and other SRH commodities (Output 2); if it expanded the capacity of governments and regional institutions to generate and use disaggregated data for equity-sensitive policies (Output 3); if it improved the quality of maternal health services through surveillance systems, provider training, and midwifery leadership (Output 4); if it addressed discriminatory norms and harmful practices by empowering civil society, advancing CSE, and promoting legal reforms (Output 5); and if it enhanced survivor-centred GBV services and coordination mechanisms at national and regional levels (Output 6); then together these six outputs would form a coherent pathway through which the programme contributed to the accelerated reduction of adolescent fertility, unmet need for family planning, maternal mortality, and GBV, while at the same time strengthening data systems to help societies adapt to demographic transitions and climate vulnerabilities.

Table 4: UNFPA 7th sub-regional programme outputs

MSDCF OUTCOME. National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.
UNFPA SP OUTCOME: By 2025, the reduction in the unmet need for family planning has accelerated
SRP Output 1: Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies, and plans Integrating essential SRH service packages and commodity security into policy frameworks; promoting legislative and policy reform and accountability; strengthening capacities to implement standards for high-quality adolescent health services; and ensuring that the MISP for SRH in emergencies was incorporated into national health-sector emergency plans.
SRP Output 2: Ministries of health are better able to effectively forecast, procure, distribute, and track sexual and reproductive health commodities and collaborate with civil society organisations to create demand and deliver sexual and reproductive health information and services strengthening supply-chain management; developing and implementing comprehensive condom programming to accelerate HIV prevention; supporting community-based organisations and youth groups to design and implement resilience programmes; and strengthening the capacity of stakeholders to sustain family planning, HIV, and STI services in emergencies.
SRP Output 3: National Governments and regional institutions have increased capacity to collect, analyse, and utilize data and information to address structural inequalities and ensure the advancement of those at risk of being left furthest behind. foster a culture of population data appreciation; support human rights-based population policies; strengthen National Statistical Offices to produce disaggregated data, conduct the 2020 census round and produce subnational datasets
UNFPA SP OUTCOME: By 2025, the reduction of preventable maternal deaths has accelerated
SRP Output 4: Health facilities and service providers can provide high-quality maternal health services better. supporting Guyana, Jamaica, and Suriname on maternal death surveillance and response systems; strengthening provider capacity in emergency obstetric and newborn care, including postpartum family planning and COVID-19 response; conducting Emergency Obstetric and Newborn Care assessments in Guyana and Suriname; training health providers, in respectful maternity care; updating post-abortion care guidance; supporting midwifery associations; and strengthening data collection to inform SRH workforce planning.
MSDCF OUTCOME. Regional and national laws, policies, systems and institutions improve access to justice and promote peace, social cohesion and security.
UNFPA SP OUTCOME: By 2025, the reduction in gender-based violence and harmful practices has accelerated
SRP Output 5: Government entities and CSOs have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive health and rights.

strengthening partnerships to shift social norms; building the capacity of civil society and parliamentarians to engage in evidence-based advocacy for legislative and policy reform and advancing in-school and out-of-school CSE to strengthen adolescent agency and bodily autonomy.

SRP Output 6: Regional entities, national Governments, and civil society organisations have improved capacities to deliver comprehensive and integrated GBV services.

national authorities in rolling out the essential services package (ESP); CARICOM and national gender machineries in operationalizing the Caribbean community of practice on the ESP; and enhance UNFPA's global leadership in GBV coordination in humanitarian contexts.

The theory of change rests on the following assumptions: that the political environment will remain stable, that community uptake of reforms progresses, that financing is adequate, and that governments use disaggregated data for policy and programme decision-making. Key risks include reductions in donor or national funding, political or cultural resistance to CSE and sexual orientation and gender identity rights, continued outmigration of skilled health workers, and climate or humanitarian shocks that disrupt service delivery. Mitigation measures include promoting national ownership through cost-sharing, developing evidence-based investment cases, engaging community and faith-based organisations to build demand and legitimacy, and anchoring commitments in regional and global frameworks such as the Montevideo Consensus and ICPD+25.

In 2024, two review exercises were undertaken to assess progress, identify challenges, and recalibrate the Sub-Regional Programme. The internal audit and the Mid-Term Review provided critical insights that informed adjustments to programme priorities and operational arrangements. The Mid-Term Review also led to revisions of the Integrated Results and Resources Framework (IRRF) and monitoring targets, ensuring closer alignment with contextual and institutional realities.

The 2024 audit of the UNFPA SROC rated overall performance *as* partially satisfactory with some improvement needed. Governance and risk management were adequate, but significant gaps were identified in programme and operations management. Key issues included weak results planning and reporting, late and unsupported revisions of workplans, low implementation of a joint project, inadequate management of implementing partners (IPs) including PSEA compliance and cash transfer procedures, weak inventory controls and unsuitable warehouse conditions, delayed donor reporting, non-compliance with procurement procedures, and unclaimed VAT. While staffing structures and inter-agency coordination were found satisfactory, procurement and IP management required major improvement. Nine recommendations were issued, including a high-priority one on strengthening procurement compliance through staff training and supervisory controls.[36]

The Mid-Term Review of the SRP showed progress alongside persistent challenges. The programme strengthened SRH policies through training, partnerships and advocacy, and integrated GBV services within health and humanitarian responses. At the same time, legal barriers to adolescent access, shortages of skilled professionals, and service gaps in rural and underserved areas constrained equitable provision, underscoring the importance of LNOB. Demographic shifts created both risks and opportunities, calling for more forward-looking and context-specific approaches. Data-driven programming advanced, but national capacities, political sensitivities and uneven data literacy remained bottlenecks. Environmental vulnerabilities further compounded pressures. [37]

The Mid-Term Review recommended a sharper strategic focus, calling on UNFPA to recalibrate its engagement in the Caribbean by balancing normative and service delivery roles, strengthening high-level advocacy and policy dialogue, and prioritizing countries with the greatest burden across the three transformative results. It advised bolder partnerships and resource mobilization strategies, moving from funding to financing, with

[36] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22.

[37] UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

stronger engagement of IFIs, the private sector, and regional institutions such as CARICOM and the Caribbean Development Bank. Programmatic recommendations emphasized prioritisation and consolidation of efforts with realistic targets, streamlined indicators, and greater integration of climate resilience and humanitarian preparedness. Finally, operational improvements were urged through clearer roles and responsibilities, centralized Standard Operating Procedures (SOPs), and better alignment of human and financial resources to ensure efficiency and the ability to balance regular programming with emergency response.

Revised Integrated Results and Resources Framework (IRRF): The revisions made to the IRRF reflect a recalibration of ambition towards more realistic and politically feasible targets, shifting from attribution to contribution, consolidating gains where progress is tangible, and broadening scope where opportunities exist, thereby aligning the SRP's monitoring framework more closely with context and capacities. Across the six outputs, adjustments were introduced to ensure indicators reflect achievable results and UNFPA's specific contribution. Under Output 1, one indicator was revised to emphasize UNFPA's role in supporting policy drafting, one was eliminated (on parent consent) given political sensitivities, and another narrowed the scope from integration of MISP into emergency plans to the existence of MISP Action Plans. Output 2 reduced the target for costed Reproductive Health Commodity Security (RHCS) strategies (from 9 to 5) and replaced the maturity score indicator with a broader focus on method mix and availability of LARCs. Output 3 saw reductions in the number of targeted countries for census disaggregation and population projections, and reframing of the "population data appreciation index" into an "assessment". Output 4 modified the maternal death surveillance indicator to focus on protocols and guidelines, while midwifery profiles targets were reduced. Output 5 broadened the social norms change indicator beyond the Caribbean Model and the target was adjusted upward, while targets for advocacy materials and CSE in curricula were adjusted downward. Finally, Output 6 lowered targets for implementation of the gender-based violence ESP.

The strategic prioritisation exercise was a structured process led jointly by LACRO and SROC between June and July 2023 to sharpen the implementation focus of the SRP. It consisted of country-level dialogues, where Liaison Officers presented context analyses, progress, gaps and bottlenecks, linking national priorities to the SRP outputs and the regional theories of change. The main takeaways were a clearer articulation of programme priorities for each country and the subregion—reaffirming the importance of reducing maternal mortality, preventing adolescent pregnancy, and addressing GBV—supported by strategies to strengthen legislative frameworks, expand access to SRH services and commodities, and improve data systems. Cross-cutting accelerators such as LNOB, data and evidence, resilience, human rights and partnerships were identified as key to advance the three transformative results. The exercise produced multi-year planning directions to guide implementation.[38]

Organisational set-up. Under the seventh Subregional Programme, the UNFPA SROC transitioned for the first time from a previously centralized management structure in Jamaica to a decentralized one, with the Director based in Jamaica and the Deputy Director in Barbados, Liaison Offices in Suriname, Guyana, Belize, Barbados, and Trinidad and Tobago, the SRH Adviser (P5) based in Guyana, and the introduction of project staff in Saint Lucia and Saint Vincent and the Grenadines. Liaison Offices are responsible for managing relations with strategic partners, providing technical assistance, engaging in high-level political dialogue, building capacities, advocating for policy change, and monitoring programme implementation. The senior leadership team, besides the Director-level positions, includes an International Operations Manager and a Sexual and Reproductive Health Advisor. The wider team consists of national officers and general service staff, complemented by personnel on service contracts and United Nations Volunteers.

The Mid-Term Review and the Audit of the SROC underline that, despite strengths in the profile of human resources, the Sub-regional Office continues to face insufficient human and financial capacity to cover the multi-country scope and respond effectively to pressing issues under UNFPA's mandate. Implementation of

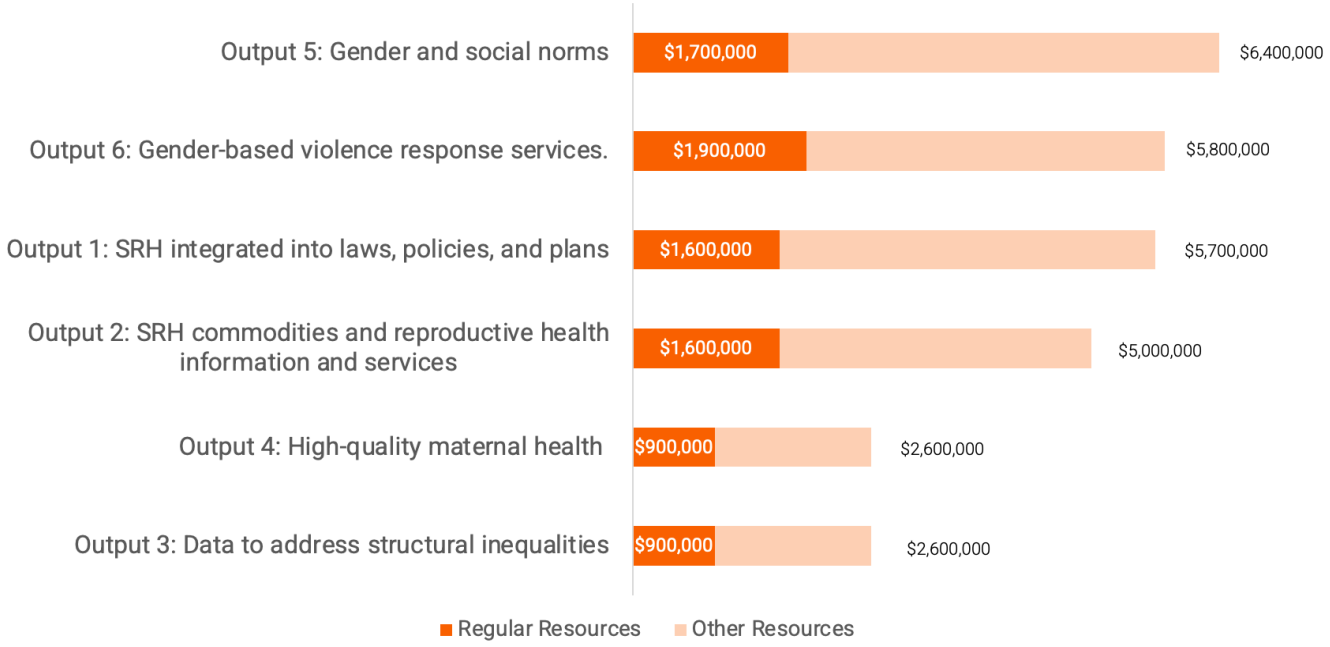
[38] UNFPA SROC, 2023. Report of the Strategic Prioritisation Exercise UNFPA Sub-regional Office for the English and Dutch-speaking Caribbean Caribbean. July 2023

the SRP up to 2024 was hindered by staffing shortages, including the absence of a senior Gender specialist, a dedicated Population and Development specialist, and a Monitoring and Evaluation officer. High staff turnover, compounded by limited induction processes, further exacerbated these constraints. In 2025, additional challenges emerged with leadership changes at the director level and the vacancy in this position. Both assessments indicate that the ambitious scope of programming, combined with logistical constraints across 22 countries and territories, often led to bottlenecks, revealing a misalignment between operational capacities and programmatic expectations. The dual pressures of responding to humanitarian crises while sustaining regular programming further intensify these strains, underscoring the need for nexus-based strategies.

The financial structure of the UNFPA Sub-regional Programme

The total approved budget for the entire period amounted to US$28,000,000, of which 31 per cent was drawn from regular resources and 69 per cent from other sources. As illustrated in Figure 3 below, Outputs 1 and 5 accounted for the largest share of resources, although these were primarily expected to be financed through non-core contributions. In contrast, Outputs 5 and 6 received the highest allocation of regular resources in the design phase.

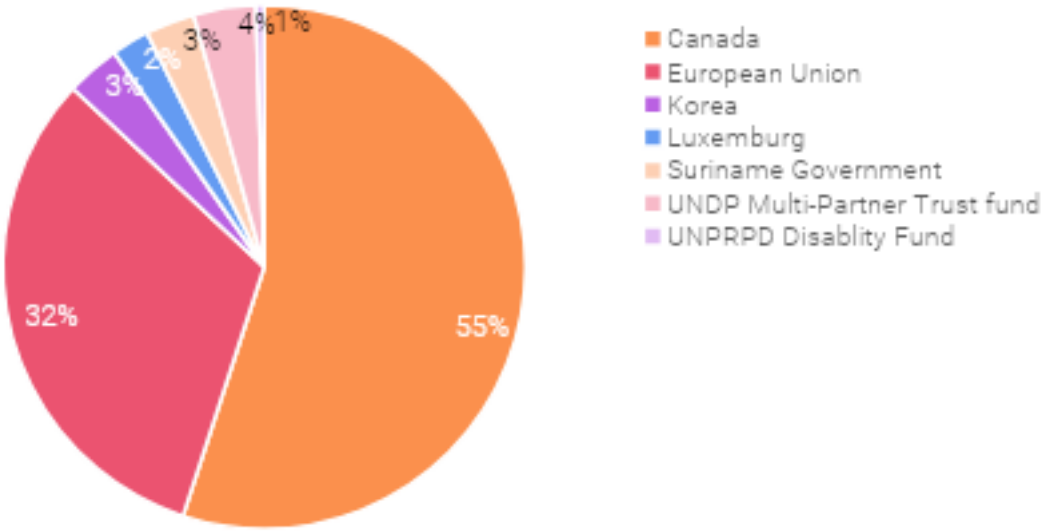
Figure 3: SRP budget allocation by output and funding source (in USD)



Source: UNFPA. 2022. Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

Overall, the SROC has mobilized US$ 25,354,314 equivalent to 132 per cent of the other resources projected in the SRP, of which 54 per cent has already been executed. The European Union, through the Spotlight Programme, together with Canada, Korea, and Luxembourg, have been key partners of the UNFPA Subregional Programme in the Caribbean. The SROC has also leveraged inter-agency funding in Suriname and Trinidad and Tobago through UN SDG Joint Funds, as well as national funding in Suriname, under an Inter-American Development Bank loan to support the national census.

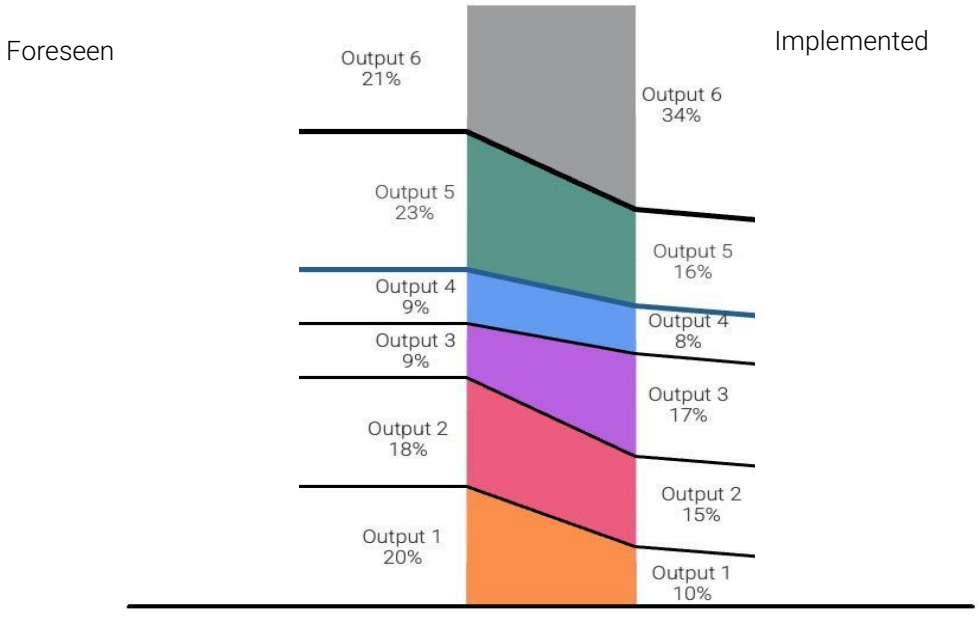
Figure 4: Distribution of mobilized resources by donor 2022–2025 (in USD)



Source: UNFPA 2025. Internal financial data provided by the SROC to the evaluation team.

Between 2022 and 2025, combining both core and non-core resources, a total of US$ 30,414,662 has been implemented (86 per cent of the initial indicative resources). Compared with the allocations foreseen in the SRP, Outputs 1 (SRH laws and policies) and 5 (social norms) represented a smaller share of expenditures than originally planned (10 and 7 per cent, respectively). Expenditures for outputs 2 (SRH commodities) and 4 (maternal health) remained close to the original plan, at 3 and 1 per cent less than expected, respectively. In contrast, Outputs 3 (data and inequalities) and 6 (GBV response) absorbed more resources, with Output 6 alone accounting for 34 per cent of total expenditures, 13 per cent more than originally anticipated. This increase reflects the substantial funding channelled through the Spotlight Initiative in Jamaica, Trinidad and Tobago, Guyana, Belize, and the regional component.

Figure 5: Initial foreseen distribution of resources by output x expenditures 2022-2024



Source: UNFPA. 2022. Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026) and UNFPA 2025. Internal financial data provided by the SROC to the evaluation team.

Table 5 presents an overview of the financial performance of key projects. It reflects the resources mobilized and the corresponding implementation rates as of the reporting period.

Table 5: Other resources implementation rate

	Projects	Mobilized resources	Implementation Rate
Finalized	Belize Spotlight Programme	888,725.00	100%
	Caribbean Spotlight Regional	1,945,491.00	100%
	Guyana Spotlight Programme	1,748,030.00	98%
	Jamaica Spotlight Programme	2,244,654.00	99%
	Trinidad and Tobago Spotlight	1,257,673.00	100%
	Support to Human Trafficking Survivors	100,000.00	100%
	Joint SDG Project - Suriname	139,100.00	99%
	Population Data and Policy Solutions to Accelerate SDGs	523,751.00	100%
	Joint SDG Project - Suriname	113,571.00	95%
	Joint SDG Project - Suriname	100,000.00	99%
Ongoing	Empowering Persons with Disabilities	129,898.00	100%
	Build Back Equal	2,796,114.00	50%
	Leave no One Behind - Belize	591,167.00	45%
	Equal SRH	3,241,161.00	74%
	Belize Statistical System	845,254.00	20%
	Technical Support to Suriname Census	772,968.00	37%
	Adolescent Pregnancy Prevention (APP)	7,916,757.00	3%
	TOTAL	25,354,314.00	55%

Source: Internal financial data provided by the SROC to the evaluation team. October 2025.

4. FINDINGS

Strength of evidence supporting findings is clearly noted for each finding using the following colour code:

1	Good quality of evidence from an adequate number of reliable sources plus source and/or method triangulation.	2	A mix of good quality evidence and weaker evidence or evidence gaps.	3	Evidence and/or major evidence gaps making triangulation impossible.

Supporting evidence for the findings section can be found in Annex 5: Evidence table, under related assumptions.

4.1 Evaluation Question 1: Relevance. To what extent has the SRP been relevant to regional and national priorities, and responsive to the diverse and evolving contexts of the Caribbean, including both development and humanitarian settings, and how prepared is it to remain so in the future?

Summary of the response to the evaluation question

The SRP was found relevant to regional and national priorities, addressing persistent SRHR and GBV gaps across diverse contexts. It demonstrated responsiveness and adaptability through context-specific interventions and timely crisis response. The Theory of Change provided a coherent framework linking demand, supply, and enabling environment, but implementation has revealed gaps in assumptions. It also proved overly ambitious given the Caribbean context and institutional constraints. Overall, the SRP remains strategically relevant, however UNFPA is expected to more fully leverage its population and development mandate to address demographic and climate challenges, linking rights-based population policies with planning agendas in the Caribbean.

1

Finding 1. The current programmatic focus is and remains relevant and aligned with regional and national priorities; however, UNFPA is expected to more strongly leverage its population and development mandate to address demographic trends and the Caribbean's emerging challenges through a rights-based approach that promotes inclusive adaptation and resilience. Links to assumption 1.1

The programme is relevant to the regional context, as it directly responds to pre-existing deficits in reproductive health systems, health inequities, and policy gaps that undermine the rights and wellbeing of women and adolescents across the region. Prior to programme inception, supply chain management and logistics management Information systems for reproductive health commodities were among the weakest elements in national health systems. This fragmentation in inventory and distribution systems had widespread consequences, leading to unreliable access to essential contraceptives and maternal health supplies, particularly in remote and underserved areas. The programme's focus on strengthening commodity security, system integration, and last-mile delivery aligns closely with these needs.[39] According to the Atlas of Contraception Policies in Latin America and the Caribbean, which analyses the policy environment, access, and public funding for contraceptives, the countries under the UNFPA SROC rank among the weakest performers in the region. While the average classification index across other LAC countries is 73 points, the average among the fifteen English and Dutch-speaking Caribbean countries stands at only 37 points, ranging from 68 in Guyana to 18 in Saint Vincent and the Grenadines. [40]

[39] United Nations Population Fund, Sub-regional Office for the Caribbean (SROC), and the Caribbean Observatory on Sexual and Reproductive Health and Rights. 2023. Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring.

[40] European Parliamentary Forum for Sexual and Reproductive Rights, Fòs Feminista, Global Parliamentary Alliance for Health, Rights and Development, International Planned Parenthood Federation. 2025. Atlas de Políticas de Anticoncepción en América Latina y el Caribe 2025.

Maternal mortality figures prior to the programme's launch (2021-2022) further underscore its relevance. Ten of 22 countries and territories did not meet the regional target of 30 maternal deaths per 100,000 live births by 2030, and three—Suriname (288/100,000), Sint Maarten (237/100,000), and St. Kitts and Nevis (200/100,000)—had rates equalling or surpassing 200 per 100,000, indicating acute failures in emergency obstetric care and systemic health inequities.[41] These figures called for an urgent and targeted intervention to improve access to quality maternal health services, strengthen referral systems, and ensure availability of life-saving commodities. In parallel, the region faced persistently high adolescent fertility rates, the second highest globally, with glaring intra-country disparities. In Jamaica, adolescent girls from the lowest wealth quintile were giving birth at 14 times the rate of their wealthiest peers, while in Guyana and Suriname, adolescent birth rates among girls with the least education were 97 times higher than those with more schooling.[42] These inequities were compounded by restrictive legal frameworks, social stigma, and inadequate access to youth-friendly SRH services, factors the programme explicitly aimed to address through policy advocacy, community-based interventions, and improved access to contraception and comprehensive sexuality education.[43]

Compounding these challenges was the absence of an enabling policy and governance environment. Before programme implementation, only five countries had adopted national SRHR plans, and most lacked active national action plans on GBV. The result was fragmented, under-resourced, and poorly coordinated responses to GBV, despite its widespread prevalence and profound impact on women's health and agency.[44] These governance gaps reinforced the need for a multisectoral programme aligned with the ESP and regional commitments to gender equality. Considering these baseline conditions, structural weaknesses in health systems, extreme health inequities, and fragmented policy environments, the programme was not only timely but necessary. Its design directly addressed the most pressing and persistent barriers to SRHR in the region. Therefore, the programme demonstrates a high degree of relevance, rooted in a clear and evidence-based understanding of regional priorities and country-specific needs.

The SRP was closely aligned with globally and regionally frameworks, including SDG, particularly goals 3 and 5; [45] the ICPD Programme of Action, which prioritises reproductive health and women's empowerment;[46] the Montevideo Consensus;[47] regional strategies such as the CARICOM Gender and Youth Strategies[48]; the SIDS Accelerated Modalities of Action (SAMOA) Pathway which articulates priorities for health, education, and gender equality, with specific attention to the challenges of delivering services in small, often fragmented island states;[49] and the UN MSDCF.[50] In particular, the programme's contributions to policy development in Dominica, Grenada, Saint Lucia, and St. Vincent & the Grenadines, through the Build Back Equal (BBE) project, responded to policy gaps aligned with the Montevideo Consensus' emphasis on legal and institutional strengthening.

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[41] Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring.

[42] Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring.

[43] Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring.

[44] Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring.

[45] Transforming our world: the 2030 Agenda for Sustainable Development. https://sdgs.un.org/2030agenda. (Target health, well-being, and gender equality)

[46] Report of the International Conference on Population and Development. A/CONF.171/13 18 October 1994. https://undocs.org/Home/Mobile?FinalSymbol=A%2FCONF.171%2F13&Language=E&DeviceType=Desktop.

[47] Montevideo Consensus on Population and Development. https://repositorio.cepal.org/handle/11362/21860.

[48] CARICOM Gender Equality Strategy, "Stepping It Up: A Strategy to Achieve Gender Equality in the Caribbean Community. https://caricom.org/caricom-gender-equality-strategy-aims-to-fulfil-vision-of-protection-and-economic-empowerment-of-women-equitable-access-to-education-and-healthcare-for-all/

CARICOM Youth Development Action Plan. https://caricom.org/tag/caricom-youth-development-action-plan/

[49] United Nations. (2014). SIDS Accelerated Modalities of Action (SAMOA) Pathway (A/RES/69/15). Retrieved from the United Nations Digital Library: https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F69%2F15&Language=E&DeviceType=Desktop

[50] United Nations Multi-Country Sustainable Development Cooperation Framework 2022 to 2026. https://caribbean.un.org/sites/default/files/2023-06/UN%20MSCDF%202022-2026-%2015%20June%20%2723_0.pdf

Similarly, the SRP's integration of the MISP protocols into emergency preparedness plans reflected commitments under the SAMOA Pathway and ICPD principles regarding SRHR in humanitarian settings.

The SRP's relevance to SDG 3 was demonstrated through its explicit focus on reducing maternal mortality, expanding access to adolescent and maternal health services, and strengthening national health systems. The SRP is aligned with national maternal health priorities across several countries, including Suriname, where maternal mortality remained a critical issue.[51] The programme supported improvements in midwifery education, service delivery in underserved areas, and emergency preparedness planning via the MISP. These activities directly contributed to SDG 3.1 by addressing preventable maternal deaths and supporting reproductive health care during crises in vulnerable SIDS contexts. The evaluation further notes that the SRP supported data systems and institutional capacity-building, which are essential for monitoring the maternal mortality ratio and other health indicators and planning for future interventions.

The SRP had strong alignment with SDG 5, particularly in addressing GBV, expanding comprehensive sexuality education (CSE), and improving access to SRHR services. The programme's contributions to policy development, such as the National Strategic Action Plan on Gender-Based Violence and sexual violence (2023–2027) in Trinidad and Tobago, and service delivery for survivors of violence[52] illustrated concrete action toward SDG 5.6. In Suriname, the SRP supported integrated GBV and SRHR programming and included vulnerable populations such as adolescent girls, Indigenous and Maroon communities, further reinforcing the principle of equity in access.[53,] Moreover, the SRP's support for localised CSE materials and economic empowerment models (e.g., the ASTA Pineapple Project) addressed not only knowledge and service gaps but also the broader gendered social determinants of health.[54]

The SRP also demonstrated strong responsiveness to nationally identified development priorities across the Caribbean and relevance to the UN MSDCF by aligning its interventions with key regional outcomes, particularly those focused on governance, equitable access to services, resilience, and inclusion (Outcomes 3, 4, 5, & 8).[55] In Suriname, where adolescent pregnancy accounts for 14% of births and costs 1.5% of GDP, and where GBV was described by stakeholders as an "epidemic,"[56] the SRP's focus on adolescent SRHR, maternal mortality, and data systems was clearly aligned with national development priorities.[57] In Trinidad and Tobago, the SRP supported the Programme of Action for SRMNAH and advanced SDG and Montevideo Consensus commitments by mobilising actors around national policy implementation and regional reporting, including through voluntary national reports and follow-up platforms.[58] In Guyana, the SRP's outreach to Indigenous and hinterland communities helped meet urgent needs around adolescent pregnancy and maternal health.[59] In Barbados and Montserrat, the SRP contributed to resilience and data governance through the Joint Programme

[51] Interviews with CSOs, Government, Officials and UN Partners.

[52] Trinidad and Tobago Spotlight Narrative Report. https://mptf.undp.org/sites/default/files/documents/2024-07/spotlight_initiative_trinidad_and_tobago_programme_final_report_redacted.pdf

[53] Interviews with CSOs, and within UNFPA.

[54] Interviews with CSOs, Consultants, and within UNFPA

[55] United Nations Multi-Country Sustainable Development Cooperation Framework 2022 to 2026. https://caribbean.un.org/sites/default/files/2023-06/UN%20MSCDF%202022-2026-%2015%20June%20%2723_0.pdf

United Nations Population Fund Subregional programme document for the English and Dutch-speaking Caribbean (2022-2026). https://www.unfpa.org/sites/default/files/portal-document/ENG%20-%20DP.FPA_.CPD_.CAR_.7%20-%20Caribbean%20SRO%20-%202022%20FRS%20-%20FINAL%20-%201Dec21.pdf

[56] Interviews with CSO, Consultant, & Government Partners.

[57] United Nations Population Fund Subregional programme document for the English and Dutch-speaking Caribbean (2022-2026).

[58] UNFPA Sub-regional Office of the Caribbean Annual Report 2023. https://caribbean.unfpa.org/sites/default/files/pub-pdf/2024-12/Annual%20Report-2024-v2-interactive.pdf

[59] Interview with CSO and within UNFPA.

on SIDS, advancing rights-based population policies and national data systems.[60] UNFPA's leadership in regional demographic dialogue and support for a Caribbean population commission positioned it as a central actor for longer-term MSDCF outcomes on equity, sustainability, and governance.[61]

In Guyana, the SRP was particularly responsive to vulnerable and hard to reach populations tailoring delivery models and intervention modalities to national realities. The SRP focused on indigenous and hinterland communities where access to SRH and GBV services is typically limited due to geographic and infrastructural barriers.[62] In Suriname, the SRP differentiated its approaches for Indigenous and Maroon populations using local languages, community leaders, and tailored CSE materials. For example, CSE content was customized for specific audiences, ensuring both cultural acceptability and improved knowledge retention. Furthermore, the ASTA pineapple Project combined SRH goals with economic empowerment, addressing underlying drivers of adolescent pregnancy, such as poverty and lack of opportunity. This project integrated SRH education into a vocational training initiative for young women, reflecting a deep understanding of the intersection between livelihoods and reproductive autonomy.[63]

While the SRP demonstrated strong responsiveness to the primary needs articulated by the national government within its core mandate, its responsiveness to certain groups was less consistent, particularly in terms of engaging men and boys and incorporating community-specific entry points.[64] The evidence highlights missed opportunities for more inclusive engagement particularly with men. Stakeholders emphasized the importance of deeper engagement with men in SRH/GBV programming noting men's involvement is essential to promote women's participation. Similarly, stakeholders in Belize and Suriname urged for greater inclusion of youth perspectives and localized solutions beyond urban centres.[65]

The SRP demonstrated moderate but meaningful adaptiveness showing that it could pivot operationally in response to crises and emerging issues. Throughout the Caribbean, the programme addressed both sudden disasters and slower structural changes, including demographic transitions, new patterns of gender-based vulnerability, and post-pandemic realities. This demonstrated an ability to learn from the context and adapt quickly in the short term. At the sub-regional level, the SRP incorporated adaptive management tools such as Mid-Term Review and a Prioritisation exercise which were conducted in consultation with national counterparts to reassess programme focus and alignment.[66] These processes reflected an intention to periodically recalibrate the programme to emerging needs and to build national ownership. However, the results of the prioritisation exercise have yet to translate into observable programmatic shifts, signalling that adaptive intent was present but not fully institutionalized.

The SRP's most visible examples of operational flexibility emerged in its humanitarian and crisis response efforts, particularly following hurricane Beryl in 2024. The programme rapidly adjusted its activities to support partners by advancing the integration of the MISP for reproductive health in emergency response planning. UNFPA made sure that SRH supplies were delivered to keep care available for women and adolescents throughout the crisis. This adaptation illustrated both agility and technical competence. The intervention also strengthened institutional preparedness in affected SIDS, helping embed reproductive health standards within natural disaster response systems and reinforcing UNFPA's comparative advantage in humanitarian SRH. [67]

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[60] Joint Programme 'Building Resilience & Ending Vulnerabilities in Small Island Developing States. Annual Progress Report 2023. https://mptf.undp.org/sites/default/files/documents/2024-06/barbados_and_montserrat_sids.pdf

[61] Interview with Multilateral Partner.

[62] Interviews with CSOs and Government Partners.

[63] Interviews with Consultants, UNFPA and other UN entities.

[64] Interviews donors, UNFPA, CSOs and UN entities

[65] Interviews with Country Level Stakeholders.

[66] Mid-term Review of the 7Th Subregional Programme 2022-2026.

[67] UNFPA Sub-regional Office of the Caribbean Annual Report 2023

Suriname provides an example of programmatic adaptation in response to global and technological shifts. During the COVID-19 pandemic and post/pandemic period, the SRP successfully transitioned training activities and stakeholder engagement to online platforms allowing programme continuity despite public health restrictions. More significantly, the programme expanded its thematic scope by integrating emerging issues such as online sexual harassment into policy dialogues reflecting an ability to identify and respond to new manifestation of GBV in the digitized space. This adaptation not only demonstrated responsiveness to context but also the programme's capacity to modernize its gender and rights agenda to remain relevant to evolving social realities. Stakeholders further highlighted that UNFPA was forward-looking, identifying demographic change male engagement and innovative financing as future priorities.

Finally, while the SRP has addressed important gaps in SRHR and GBV, there is an unmet expectation for the organisation to more fully leverage its population and development mandate to address emerging demographic and environmental transitions shaping the Caribbean. Informants—particularly UN entities and regional organisations— emphasised that the subregion faces accelerating challenges such as population ageing, migration, and climate-related displacement, which intersect with inequality and health and gender vulnerabilities. According to several stakeholders, UNFPA's long-standing comparative advantage in demographic intelligence and its technical work with CARICOM, ECLAC, and national statistical offices position it uniquely to help governments anticipate and plan for these shifts. Strengthening this dimension would allow UNFPA to connect rights-based population policies with resilience, social protection, and economic planning agendas, ensuring that future development pathways are inclusive and evidence-driven.

1

Finding 2. The Theory of Change has provided a sound basis for advancing UNFPA's mandate, with implementation addressing demand, supply, and the enabling environment. However, implementation has revealed learnings about gaps — between information and demand, policy adoption and financing, and technical readiness and actual supply.

Links to assumption 1.2

Across the region, stakeholders endorsed the TOC's rationale, which addresses the demand, supply, and enabling environment dimensions of SRHR. Notwithstanding, while the TOC provided a robust framework at the strategic level, implementation revealed inconsistencies in how these dimensions were tackled across countries.[68] The evidence indicates that programming across countries varied, with some emphasizing supply or demand, while the enabling policy environment and norm change proved more challenging and ended up being deprioritized.

Examples of integrated programming could be observed, for instance, in Trinidad and Tobago, Suriname, and Jamaica. In Trinidad and Tobago, UNFPA leveraged cross-sectoral platforms to strengthen SRH commodity systems, expand youth access to CSE, and support policy reform under the National Strategic Action Plan on GBV/SV. The integration of SRHR and GBV under the Spotlight project demonstrated how coordinated action across ministries, civil society, and development partners could yield synergistic gains.[69] Similarly, in Suriname, the ASTA project combined economic empowerment, norms change, and youth engagement with SRH service delivery, while SRHR-GBV linkages were institutionalised through joint training and referral systems.[70] In Jamaica, policy frameworks such as the National Gender Equality Policy supported integrated SRHR programming, linking CSE, HIV/SRH services, and GBV prevention across sectors.[71]

[68] UNFPA Sub-regional Office of the Caribbean Annual Report 2023; Trinidad and Tobago Spotlight Narrative Report; Draft UNFPA SROC Annual Report 2024; Build Back Equal Annual Report. March 2025.

[69] UNFPA Sub-regional Office of the Caribbean Annual Report 2023; Trinidad and Tobago Spotlight Narrative Report; Draft UNFPA SROC Annual Report 2024.

[70] Interviews with Consultant, within UNFPA, UN Agencies, CSOs.

[71] UNFPA Sub-regional Office of the Caribbean Annual Report 2023; Draft UNFPA SROC Annual Report 2024.

At regional level, on the enabling environment side, two products illustrate the pathway from evidence to policy space. First, the Sexual and Reproductive Health Legislative Framework Review (launched in 2023) covered all 22 countries and explicitly mapped legal gaps and reform options, creating a basis for national dialogue and action to align domestic legislation with international public health and human rights standards.[72] Second, the Caribbean Observatory on SRHR generated seven evidence-based advocacy products (five thematic policy briefs plus a report and an accompanying policy brief), launched in December 2023 alongside a capacity-strengthening workshop; these briefs were then used to spark high-level dialogue and to underpin early CSO advocacy strengthening on adolescent SRHR priorities including legal barriers to services, re-entry for pregnant learners, adolescent pregnancy reduction, CSE guarantees, and child marriage/early unions.[73] Overall, the SRP secured buy-in for SRHR policy reform through sustained policy dialogue, evidence generation and support for national standards aligned with rights-based, gender-sensitive approaches, signalling progress in creating institutional conditions for change.[74]

In Barbados and the OECS, the SRP contributed to strengthening supply-side capacity by improving service readiness and healthcare provider competencies, notably through the BBE project, which sought to institutionalise standards for adolescent-friendly SRH services and expand CSE training for educators and duty bearers. Notwithstanding, the evidence points to less consistent focus on generating demand for services among adolescents and marginalized populations. While targeted CSE interventions were implemented, there is little indication that these were complemented by scaled-up behaviour change communication, peer-led outreach, or youth-centred social norm programming that would drive contraceptive uptake or shift community attitudes.[75] Moreover, implementation in the OECS context often remained project-based and fragmented, with limited evidence of coordinated, cross-sectoral action to embed the three ToC dimensions in an unified strategy.[76]

Also, informants raised that, so far, there is no evidence of supply-side interventions translating into increased demand, particularly for adolescent girls and long-acting reversible contraceptives. Despite increased awareness levels, informants suggest that behavioural uptake lagged, reflecting a gap between information and use. Factors limiting uptake included limited male involvement, persistent cultural norms, and relationship dynamics in which women's contraceptive decisions are often mediated by male partners and family. Stakeholders emphasised that men and boys remained largely absent from SRHR and GBV programming, undermining its reach and effectiveness. As one implementing partner noted, "Women frequently pursue validation from their romantic partners. Men's involvement is essential to promote women's participation." Without interventions to shift gender norms and engage men as allies in SRHR, demand-side gains remained limited and fragile.[77] Additionally, the whole component on social norms and rollout of the Caribbean Model for Cultural and Behavioural Change has been slow, with the exception of Belize, where a social and behaviour change communication strategy developed by UNFPA to support implementation of the country's national gender policy and GBV plan of action, has been recognised as a promising approach.[78]

Finally, implementation challenges exposed a key limitation of the SRP's Theory of Change: its assumptions did not reflect the resource-constrained realities of SIDS and UNFPA SROC itself. Stakeholders noted that

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[72] https://caribbean.unfpa.org/sites/default/files/pub-pdf/policy_brief_november_2023_strengthening_the_legislative_framework_governing_srhr_in_the.caribbean.pdf

[73] UNFPA annual reports, UNFPA SROC interviews

[74] UN. 2025. Barbados and the Eastern Caribbean 2024 Annual Results Report.

[75] UN. 2025. Barbados and the Eastern Caribbean 2024 Annual Results Report.

[76] UN. 2025. Barbados and the Eastern Caribbean 2024 Annual Results Report.

[77] Interviews with CSO and Government Partner.

[78] Interviews with Government Partner and UNFPA

interagency coordination and institutional capacity were overestimated, making the ToC strategically sound but unrealistic as a practical tool for guiding programming and decision-making.

4.2 Evaluation Question 2: Coherence. To what extent does the SRP align with, add value to, fill a gap in, and contribute to broader development and humanitarian efforts in the English and Dutch-speaking Caribbean?

Summary of the response to the evaluation question

The SRP added clear value through UNFPA's recognised leadership in SRHR, GBV, and population and development. Joint programmes were central to its delivery model and enhanced UN coherence in principle, but coordination quality and depth of collaboration varied significantly. The programme balanced subregional coherence with national-level flexibility and localisation. However, uneven coordination and limited capacities reduced the effectiveness of collaboration and the uptake of some regional initiatives.

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Finding 3. Joint Programmes have served as important delivery mechanisms for SRP implementation. However, quality and depth of coordination vary across countries and between UN entities. Links to assumption 2.1

The SRP's design and implementation demonstrated extensive engagement in joint programming across multiple platforms, underscoring UNFPA's strategic positioning within the broader UN system. [79] Out of the 17 projects funded with other resources, only three are not delivered with other UN entities and almost 70 per cent of the other-resources portfolio consists of Joint Programmes. UNFPA participated in high-profile multi-agency initiatives such as the Spotlight Initiative (Belize, Jamaica, Trinidad and Tobago, Grenada, Guyana), the BBE (Dominica, Grenada, Saint Lucia, St. Vincent and the Grenadines), and five SDG Fund joint projects. These programmes enabled UNFPA to address policy and service delivery gaps in areas where it has clear comparative advantage, such as SRHR policy reform, GBV service coordination, CSE delivery, and midwifery capacity building.

Across country contexts, UNFPA was consistently recognised for its specialised expertise in SRHR, GBV and population and development. This technical leadership translated into significant value addition, particularly in areas where other UN agencies lacked comparable specific experience and comparative advantage. For example, UNFPA's role in leading SRHR commodity security efforts were seen as filling a critical gap in the region, especially in contexts where national procurement systems were challenged.[80] Similarly, in Suriname and Trinidad and Tobago, UNFPA partnered with agencies such as the Pan American Health Organisation (PAHO) to strengthen contraceptive procurement systems, improve youth-friendly services, and deliver provider training, thereby reinforcing the national health infrastructure.[81]

Regional collaboration was also evident through UNFPA's engagement with ECLAC demographic data systems. This partnership enhanced the visibility of population issues in policymaking and improved national capacities for SDG monitoring.[82] The agency's technical input in these areas was consistently cited by stakeholders as a clear value addition.[83]

Despite these strengths, challenges limited the SRP's operational coherence, particularly at the country level. A recurring theme across stakeholder interviews was the unevenness of coordination among UN agencies, with implications to delivering as one and coordination with national partners. While the SRP's design emphasised integration and complementarity, the implementation of joint programmes often suffered from siloed

[79] Interviews with UN Agencies in the Region; CARICOM, CDB, Individual Consultants; Country Level Stakeholders.

[80] Interviews with CSO, Government Partners and UN Agencies.

[81] Interviews within UNFPA, Government Partner and UN Agencies

[82] United Nations Multi-Country Sustainable Development Cooperation Framework 2022 to 2026.

[83] Interview with Multilateral Development Partner.

execution and parallel operations. The BBE programme, for example, was implemented with separate coordinators from each agency, which undermined joint planning and reduced coordination efficiency.[84] This fragmented approach was particularly noted in Barbados and the OECS, where stakeholders described poor communication between IPs and government actors. Meetings were often procedural rather than strategic, and substantive programming discussions were lacking.[85] In Jamaica and Belize, stakeholders pointed to overlapping mandates and ambiguous roles between agencies such as UNFPA, UN Women, and UNICEF. Duplication in GBV programming, particularly in the development of referral pathways, was a common concern, with several respondents noting that resources were not used efficiently.[86] Even where agencies were co-located, coordination did not always translate into coherent programming.

Underlying factors that contribute to this unevenness are the Resident Coordinator system in the region, where some countries might not have a full-fledged office, the scattered presence of the UN entities across the region, especially in the case of UN-Women, which doesn't have the same footprint than UNFPA and individual profiles, of UNFPA and other entities staff. In Belize, for instance, while UNFPA demonstrated technical leadership, particularly in emergency contexts such as the United Nations Emergency Technical Team, broader coherence across UN efforts was lacking. Stakeholders noted that meetings often focused more on administrative procedures than on programmatic strategy, limiting the potential for integrated planning.[87] In Guyana, although partnerships with CSOs were commended, the sustainability of joint efforts was undermined by reliance on personal relationships rather than formal coordination mechanisms. This informal approach created inconsistencies in complementarity and increased the risk of duplication.[88] Government and civil society stakeholders across multiple countries emphasised the need for more effective coordination frameworks and shared results-tracking systems.[89]

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Finding 4. The SRP enabled context-specific, differentiated approaches that maintained relevance across diverse country settings. Meanwhile, regional models showed how shared technical resources can achieve scale while leveraging UNFPA's limited capacities more effectively. Links to assumption 2.2

The SRP adopted a hybrid approach, balancing regional approaches and technical resources with tailored national programming. This was evident in the customization of regional tools, such as the Caribbean CSE model, the RHCS strategy, and SRH legal reviews, to fit distinct demographic, cultural, and governance contexts.[90] The flexibility to adapt these instruments helped countries respond to unique national priorities while leveraging economies of scale at the regional level.

In Suriname, the SRP exemplified effective localisation. National strategies were tailored for Maroon, Indigenous, and rural/urban youth populations, with adaptations that included the use of local languages and the application of Free, Prior and Informed Consent (FPIC) protocols in Indigenous and Tribal Peoples (ITP) programming. The Caribbean CSE model and social and behaviour change (SBC) strategies were customised for the Surinamese context. Moreover, stakeholders described a clear localisation pathway where Suriname participated in the Spotlight Initiative's regional GBV train the trainer programme, then brought that learning home and adapted the content for national rollout, adjusting delivery to local language, context, and

[84] Build Back Equal Report.

[85] Interviews with UN Agencies.

[86] Interviews with UN Agencies, Government and CSOs.

[87] Interviews with UN Agencies and CSOs.

[88] Interviews with CSO & UNICEF

[89] Consultants Suriname, CSOs.

[90] UNFPA Sub-regional Office of the Caribbean Annual Report 2023.

implementation realities. Stakeholders emphasised that these adaptations ensured the initiatives' relevance and resonance with local realities.[91]

In Guyana, programming demonstrated adaptive relevance to underserved communities, particularly Indigenous and hinterland populations. UNFPA and its IPs adjusted outreach formats to ensure cultural sensitivity and confidentiality. They used external teams for service delivery in remote areas, addressed community resistance to contraception, and modified materials accordingly.[92] Stakeholders emphasised the need for locally grounded SBC specialists and longer, immersive training (4-day formats), reinforcing the importance of tailored implementation strategies.[93]

In Trinidad and Tobago, the SRP demonstrated how joint programming with other UN agencies (such as PAHO, UNDP, and UN Women) could be aligned with national priorities. For example, the integration of GBV and SRHR within the EQUAL SRH Project supported policy reform, addressed youth-specific gaps, and allowed Trinidad and Tobago to share technical expertise on midwifery and SRH logistics with other countries, including Jamaica and Barbados.[94] In Dominica, UNFPA and UN Women, under the BBE project, launched the Caribbean's first SRH curriculum in Braille.

Initiatives such as the RHCS strategy, the SRH legal reviews, the Caribbean midwifery standards, and the Common Operational Datasets allowed countries to benefit from shared technical resources while adapting implementation to national needs. The CSE toolkit developed under the BBE project was designed to be flexible and was adapted to different education systems.[95] These regional approaches reduced transaction costs for liaison offices and served as scalable models to maintain relevance across diverse SIDS contexts without overextending the teams. However, they also reveal potential coordination and planning pitfalls, as illustrated by the Caribbean Data Appreciation model, which, in addition to experiencing implementation delays due to operational challenges, faced limited local capacities and insufficient engagement from UNFPA Liaison Offices. These factors hindered its effective roll-out, and its scope was subsequently scaled down in the Mid-Term Review.[96]

Moreover, UNFPA's private sector engagement strategy in the Caribbean hospitality sector demonstrated how a subregional approach can be leveraged strategically. This involved partnerships with regional tourism bodies and consumer research with U.S. women travellers to support safer, gender-responsive work environments illustrating how regionally developed interventions can target context-specific issues such as GBV in tourism employment.[97] Taken together, these examples underscore how the SRP managed to maintain a context-sensitive approach while capitalising on subregional models to achieve scale, cost-efficiency, and greater coherence across the region.

4.3 Evaluation Question 3: Effectiveness. To what extent has the SRP achieved its intended outputs and contributed to outcomes, in both development and humanitarian contexts, and how well positioned is it to accelerate results in the future?

Summary of the response to the evaluation question

The SRP was effective in advancing SRHR and gender-based violence policy and standards— including adolescent health-care standards and MISP readiness—yet uptake and implementation remain uneven, with

[91] Interviews with CSO, UN Agencies, & Government Partners.

[92] Interviews with CSO and UNICEF.

[93] Interviews with CSO and UNICEF.

[94] UNFPA Sub-regional Office of the Caribbean Annual Report 2023.

[95] UNFPA Sub-regional Office of the Caribbean Annual Report 2023.

[96] Interviews at regional level and UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

[97] UNFPA Private Sector Profile. https://sites.google.com/unfpa.org/private-sector-portal

constraints in institutional capacity and policy financing, and persistent barriers such as parental consent. UNFPA support strengthened RHC supply chains, but results were mixed, with limited investment, uneven LARC provision, and challenges in sustaining training outcomes. UNFPA's engagement in population and development positioned it as a key technical partner in demographic and data initiatives, yet support remained fragmented and constrained by limited national capacities and resources. UNFPA's support to maternal health linked policy, workforce, and service delivery, aiming at expanding access and quality of care while targeting populations left furthest behind. CSE progress was stronger out of school than in formal curricula; gender-based violence response systems and emergency preparedness improved, though institutionalization and coordination remain incomplete.

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Finding 5. Significant contributions were made to SRHR policy and normative frameworks, including standards for quality adolescent health care and the MISP in emergencies. However, uptake and implementation remain uneven, and beyond policy adoption, challenges relate to institutional capacities and nationally owned implementation, including policy financing. Parental consent requirements persist as a key barrier to advancing adolescent SRHR. Links to assumption 3.1

UNFPA has supported substantial progress in policy development and SRHR normative integration across the Caribbean. At regional level, UNFPA launched in 2023 the Sexual Reproductive Health Legislative Framework Review covering all 22 countries.[98] The report examined gaps and proposed recommendations for the amendment or enactment of appropriate legislation crucial to the fulfilment of SRHR of key groups. It has established a common foundation and paved the way for dialogue and action in Caribbean countries and territories and for governments to move closer to aligning national legislation with international standards.

SRH integration into policy frameworks: UNFPA contributed to the development, revision, and capacity strengthening for implementation of comprehensive national SRHR policies in nine countries. Newly developed SRHR policies in Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines, Montserrat and the ongoing process of policy updates in Belize, represent important advances.[99] Beyond standalone SRHR policies, UNFPA also promoted the integration of SRHR within broader multisectoral policy frameworks. In Belize, SRHR considerations were incorporated into the National Youth Development Policy.[100] In Trinidad and Tobago, facilitated by the Spotlight Programme, the National Strategic Action Plan for GBV/SV (2023–2027) and the Programme of Action for Sexual, Reproductive, Maternal, Neonatal, Adolescent and Child Health were developed. Still in Trinidad and Tobago, the formal endorsement in August 2022 of the National Clinical and Policy Guidelines on Intimate Partner and Sexual Violence, represented the first comprehensive health-sector standards for integrating SRH and GBV response. Over 418 health workers were trained, including 151 master trainers who are expected to cascade training.[101] In Suriname, UNFPA provided technical and financial support for the development and revision of key policies, including the Gender Policy (2021–2035), the National Adolescent Health Strategy, the addendum on Gender and Climate Change, and the Essential Services Package for GBV survivors. UNFPA also supported the Domestic Violence Act and the integration of SRH into HIV and women's health strategies. Capacities were strengthened for government and civil society organisations to implement these policies, though sustained implementation and monitoring remain a challenge. [102] In Jamaica, UNFPA supported the development of the National Trans Health Strategy (2023), and the integration of a

[98] UNFPA 2023. Strengthening the Legislative Framework governing Sexual and Reproductive Health and Rights in the English and Dutch-speaking Caribbean

[99] UNFPA and Government and CSOs. UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024. UNFPA, 2025. Annual report 2024; UNFPA, 2024. Annual report 2023.

[100] Interview UNFPA and UNFPA. 2025. Annual report 2024

[101] Interview at country level. UNFPA. 2024. Final Spotlight Narrative Report – Trinidad and Tobago and UNFPA SROC. 2025. Annual report 2024

[102] Interviews government, CSO, UN and others. UNFPA SROC. 2025. Annual report 2024

comprehensive package of SRHR services into the National Integrated Strategic Plan for Sexual and Reproductive Health and HIV 2020–2025.[103]

Institutional capacities to coordinate and implement SRHR policies were enhanced through formal mechanisms and targeted technical support. Saint Lucia established a dedicated SRHR committee, while four OECS countries integrated SRHR coordination into existing structures.[104] Partnership with the University of the West Indies in Trinidad and Tobago, have embedded SRHR and GBV content in medical and social science curricula, contributing to long-term capacity development.[105]

The LNOB principle was embedded in UNFPA support. Specific provisions for youth and adolescents were included in the supported SRHR policies. For example, the National Trans Health Strategy (2023), supported by UNFPA in Jamaica, provided technical guidance to integrate gender-diverse adolescents into health service delivery.

Despite these achievements, the translation of policy commitments into effective implementation remains uneven. Policy approval and rollout are constrained by competing national priorities, limited human resources, and variable functionality of coordination mechanisms.[106] While the integration of SRHR into other policies has increased policy coherence, sustaining implementation and monitoring requires continued ownership and institutionalization.[107] Nonetheless, the SRP's integrated programmatic approach has laid a solid foundation for coherent and inclusive SRHR governance frameworks across the Caribbean. Still, according to the 2025 Contraceptive Atlas for Latin America and the Caribbean none of the 13 English and Dutch-speaking Caribbean countries included in the assessment recognise the right to choose number, timing and spacing of children and half of them have not made commitments related to contraception to EWEC, Nairobi Summit or FP2030.[108]

Standards for quality adolescent health care: UNFPA has supported the development and implementation of standards for quality adolescent health care aligned with WHO standards. This stream of work reflects the operationalization of the LNOB principle, as the standards and materials developed with UNFPA support were designed to be inclusive and responsive to the diverse needs of adolescents, including those with disabilities, LGBTQI individuals, Indigenous youth, and those living in remote areas. Despite this progress, interviewees at the country level highlighted gaps between the development and approval of the standards and the capacity for implementation, which has been reported as uneven within countries.

In Dominica, Grenada, and Saint Lucia, the adolescent health care standards were approved and launched by the respective governments in 2024. In Saint Vincent and the Grenadines, the standards have been submitted to the government, pending final clearance. In Guyana, UNFPA supported the Ministry of Human Services and Social Security through technical and financial support for the establishment of ten additional Adolescent and Youth Friendly Spaces across six administrative regions. In Belize, UNFPA has supported initiatives to strengthen youth-friendly services, including training-of-trainers on youth-friendly health care for the Ministry of Health, which has since begun replicating these trainings nationally, indicating progress toward institutionalization.[109] However, implementation faces challenges, as high staff turnover and competing

[103] Interviews government and CSO. UNFPA SROC. 2024. Annual Report 2023; UNFPA (2025) Draft Annual Report 2024 – SRHR Component; National Trans Health Strategy (2023)

[104] UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024

[105] Interview at country level. UNFPA. 2024. Final Spotlight Narrative Report – Trinidad and Tobago and UNFPA SROC. 2025. Annual report 2024

[106] Interviews UNFPA, Government and CSOs.

[107] Interviews UNFPA, Government and CSOs.

[108] European Parliamentary Forum for Sexual and Reproductive Rights, Fòs Feminista, Global Parliamentary Alliance for Health, Rights and Development, International Planned Parenthood Federation. 2025. Atlas de Políticas de Anticoncepción en América Latina y el Caribe 2025.

[109] Interviews government and UN Belize

responsibilities limit trainers' ability to cascade knowledge effectively. Stakeholders also noted that the delivery of youth-friendly services remains discretionary, often depending on individual front-line providers. [110]

Across countries, interviewees consistently identified parental consent requirements as a major barrier to adolescents' independent access to services. The SRP initially included an indicator under Output 1 on the number of countries with legislative or policy frameworks enabling adolescents to access SRH services without parental consent. However, this indicator was dropped at midterm review under the justification that, within the remaining timeframe of the programme, advancing such legislative changes would require advocacy efforts beyond what could be achieved, especially given the political environment and the pushback on gender equality and rights.[111]

Adolescent pregnancy:[112] Data from UNDESA (2024) compiled by UNFPA show a steady downward trend in adolescent fertility across the Caribbean, with an overall decline of approximately 27 per cent between 2013 and 2023. Among UNFPA focus countries, the most significant reductions were observed in Jamaica (–27 per cent), Belize (–23 per cent) and Suriname (–22 per cent), while Guyana (–13 per cent) and Trinidad and Tobago (–9 per cent) recorded more gradual declines. Despite this progress, Guyana (69.9) and Belize (55.2) continue to register the highest adolescent fertility rates in 2023, remaining well above the Caribbean average of approximately 33 births per 1,000 girls aged 15–19, as well as above the LAC and world averages of 52 and 39, respectively.[113] During the same period, unmet need for family planning decreased only marginally by 3 per cent, which suggests a weak association between reductions in adolescent fertility and changes in unmet need for family planning and implying that other factors are contributing to declines in adolescent pregnancy. For instance, in Jamaica and Trinidad and Tobago, the relationship is inverted.[114]

Assessing UNFPA contribution to the reduction of adolescent pregnancy faces strong methodological limitations, as available evidence is largely anecdotal and based on inference. Moreover, assessing programme impact falls beyond the scope of a country programme evaluation. Nonetheless, given the centrality of adolescent pregnancy within the SRP, the evaluation could not refrain from providing a minimal analytical reflection on observed trends. Informants in Suriname, Jamaica, Belize, and Trinidad and Tobago acknowledged UNFPA contributions under the SRP to the downward trends in adolescent pregnancy rates. Examples cited include out-of-school CSE initiatives in Trinidad and Tobago and Suriname, the development and implementation of youth-friendly SRH standards and services in Trinidad and Tobago and Jamaica, and improvements in contraceptive access in Trinidad and Tobago, Suriname, and Belize. Additional contributions include the promotion of school re-entry policies for adolescent mothers in Trinidad and Tobago, strengthening of the Health and Family Life Education (HFLE) programme in Jamaica and the Milena study on the socio-economic impact of adolescent pregnancy, launched in Suriname in 2022. Considering UNFPA's focus on reaching those furthest behind, including adolescent girls experiencing intersecting vulnerabilities, it is plausible that its interventions have overlapped with populations where adolescent pregnancy rates are highest. However, data for triangulation are not available to determine whether reductions in adolescent fertility have occurred among the specific populations engaged by UNFPA interventions. In Belize, interventions such as

[110] Interviews civil society and government Belize

[111] UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

[112] This indicator was originally under assumption 3.4 in the evaluation matrix presented in the inception report but was moved to this assumption aligned with the indicators in the SRP.

[113] World bank 2025, Addressing Teenage Pregnancy in Latin America and the Caribbean, available at https://www.worldbank.org/en/news/infographic/2025/03/26/addressing-teenage-pregnancy-in-latin-america-and-the-caribbean

[114] However, this should be interpreted with caution. Evidence from countries where data on contraceptive use at sexual initiation are available, such as Chile and Mexico, indicates that the use of modern contraception at first intercourse is strongly associated with a reduction in adolescent motherhood. Two key patterns emerge: first, initiating sexual activity with modern contraceptive protection is significantly linked to lower rates of adolescent motherhood; and second, higher prevalence of subdermal implant use—an effective and adolescent-friendly method offering long-term protection and ease of use—appears to play a critical role in sustaining this reduction. ECLAC. DEMOGRAPHIC OBSERVATORY Latin America and the Caribbean, 2025. Low fertility in Latin America and the Caribbean Emerging trends and dynamics

postpartum contraception to prevent second pregnancies—supported mainly by the Mesoamerica Initiative (PAHO and IDB) —were noted as particularly effective.

On the other hand, it is worth noting that initial SRP efforts were largely absorbed by the implementation of the Spotlight Initiative in Guyana, Belize, Jamaica and Grenada, resulting in a marked programmatic shift toward gender-based violence prevention. This shift, driven by the scale of resources and breadth of activities under Spotlight, created an imbalance in the programme portfolio, with the volume of work on GBV far exceeding that of adolescent SRH.[115] In Guyana, for instance, the office sought to bridge both agendas through integrated approaches, such as supporting a Child Advocacy Centre under the Spotlight Initiative, linking adolescent pregnancy prevention with broader gender-based violence response. However, previous efforts, such as the Milena study published in 2021 stalled. Following Spotlight's completion, efforts were made to restore balance through new partnerships, including the Equal SRHR project funded by the Government of Canada, which integrates gender-based violence prevention within a strengthened adolescent SRH framework.

MISP: UNFPA has supported countries across the Caribbean with activities to prepare for the integration of the MISP for SRH into national preparedness and response mechanisms. Since the beginning of the programme, at least 11 countries and territories have benefited from this support, although uptake remains uneven across the subregion. Readiness assessments were conducted in Belize, Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines. The four OECS countries—Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines—were supported under the BBE initiative to integrate MISP into their national SRHR policies.[116] The MISP has been incorporated into the Tobago Emergency Management Agency disaster plan, while in Guyana, the MISP action plan is awaiting formal approval.[117] In Belize and Jamaica, a practical step-by-step guide was developed to support the integration of MISP into national health sector plans.[118]

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Finding 6. UNFPA contributed to data-driven procurement strategies and supported reproductive health commodity security through assessments, strategies development, and training and initiatives to build capacities across supply chain and service delivery levels. However, achievements remain uneven across the region, with persistent structural challenges that hinder the uptake of strategies, investment in reproductive health commodity security and long-acting reversible contraceptives, and the sustainability of training outcomes. Links to assumption 3.2

UNFPA supported RHCS across the Caribbean through a combination of strategic, operational, and capacity-building interventions. Efforts included the development of regional and national RHCS strategies, modernization of logistics and procurement systems, third-party procurement support, and targeted training for supply chain and healthcare personnel. These interventions aimed to strengthen the availability, quality, and sustainability of contraceptive supply systems and to expand access to a broader method mix, including LARCs. However, high unmet need for family planning persists across the Caribbean, coupled with limited government funding and structurally constrained procurement and distribution environments that limit progress regardless of UNFPA support.

Strategies: At regional level, UNFPA launched the Caribbean Model for RHCS in 2023, developed based on a 2020 assessment of 16 Caribbean countries. In 4 countries - Grenada, Saint Lucia, Saint Vincent and the Grenadines, and Dominica, draft RHCS strategies were developed by adapting the regional model and are

[115] Interviews UNFPA

[116] Ministry of Health, Wellness and Social Services St. Vincent And the Grenadines, 2024. National Sexual and Reproductive Health Policy 2024; Ministry of Health, Wellness and Social Services Saint Lucia, 2024. Sexual and Reproductive Health Policy 2024-2029; Grenada, National Sexual and Reproductive Health and Rights Policy 2024; Ministry of Health, Wellness and Social Services the Commonwealth of Dominica, 2024. Sexual and Reproductive Health Policy 2024

[117] Interview with government Trinidad and Tobago. Minimum Initial Service Package (MISP) Action plan to strengthen preparedness and response for Guyana. 2024.

[118] UNFPA SROC, 2025, 2024 Annual Report - SRHR component.

pending government feedback. The strategies include guidance for RHCS management during humanitarian situations.[119]

Strengthening supply chain systems and enhancing operational efficiencies: Although advances in developing costed RHCS strategies were only observed in four Eastern Caribbean countries, UNFPA also supported supply chain management through the implementation of systems in Trinidad and Tobago and OECS states, and through training in Guyana and Belize. In Trinidad and Tobago, UNFPA supported the Ministry of Health in modernizing the SRH commodity logistics management system to ensure regular forecasting, procurement, and tracking of contraceptives and essential maternal health supplies through the Sexual and Reproductive Health Logistics Management Information System (SALMI). The system enables real-time stock monitoring at national and regional levels and has been implemented in 30 of the 36 pharmacies across the country. In 2024, SROC supported the transition of the system to the government to ensure ownership. Government staff were trained on key elements of the system, and improved inventory tracking in pharmacies utilizing SALMI has been reported.[120] Additionally, through collaboration with the ForoLAC's Reproductive Health Supplies Coalition, the OECS Pooled Procurement Unit adopted the SEPREMI model, a business intelligence tool that supports evidence-based decision-making for procurement planning. SEPREMI has also demonstrated cost-effectiveness of procurement through UNFPA.

Enhanced supply chain management capacities: In Belize and Jamaica, health officers were trained in supply chain management of SRH commodities.[121] In Guyana, UNFPA supported the Ministry of Health with the development of estimates and projections for strategic planning, specifically projections of contraceptive usage and procurement that consider the needs and preferences of the population.[122] Under the Equal SRH project in Guyana, a more comprehensive supply chain strengthening initiative was planned, including a Supply Chain Operation Diagnostic Assessment, forecasting and tracking systems, and logistician training. However, the Ministry of Health declined to engage in these activities, resulting in their complete removal from the workplan and the elimination of related indicators. The unspent budget of around USD 750,000 under this line was reallocated toward rape kit procurement to complement the Clinical Management of Rape training investment. While LARCs were procured as part of the method mix, dedicated LARC training for healthcare providers remains pending completion, and no facilities currently meet targets for effectively providing LARCs despite commodity availability. [123]

Third party procurement: UNFPA provided third-party procurement support to governments in Belize and Guyana, procuring contraceptive commodities with government funds and ensuring competitive prices and assured quality. This enabled the Ministry of Health in Guyana to acquire around USD 77,000 worth of SRH commodities, including 8,000 IUDs, 23,000 contraceptive injections, 8,820 oral contraceptives, and 1,800 Mirena devices. In Belize, UNFPA has maintained a long-standing collaboration with the Ministry of Health in the procurement of contraceptives, recognised as one of UNFPA's main contributions, enabling the Ministry of Health to reach more women with an appropriate method mix, including LARCs. However, as noted by UNFPA informants, since the process is directly managed by the Supply Chain Management Unit (SCMU), there is no

[119] Interview SRO, UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024. Equal SRH report. Annual reports

[120] Interviews government and CSO. UNFPA SROC Annual Report 2023; Draft UNFPA SROC Annual Report 2024 (2); UNFPA, 2025. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2024 Annual Report.

[121] UNFPA SRO, 2025. Draft Annual report 2024.

[122] Interview; UNFPA SRO, 2025. Draft Annual report 2024. UNFPA SROC Annual Report 2023; UNFPA SRO, 2025 Draft SRHR Report 2024; UNFPA, 2025. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2024 Annual Report.

[123] Interview government and CSO; Interviews government and CSO. UNFPA SROC Annual Report 2023; Draft SRHR Report 2024; PIOJ-NPSDP Programme Report (2024)

access at country level to monitoring information regarding government procurement, limiting UNFPA's ability to assess availability or respond to potential stockouts.[124]

Enhanced capacities for a suitable family-planning method mix, including LARCs: In Suriname, the development and rollout of a family planning decision-making tool across clinics was identified as a key achievement.[125] Regarding LARCs administration, UNFPA trained healthcare providers in 6 countries - Belize, Suriname and, under the BBE project, in Grenada, Saint Lucia, Saint Vincent and the Grenadines, and Dominica. In the BBE countries, UNFPA pursued a combined approach, coupling provider training with the provision of LARC commodities to ensure service readiness. However, delays in receiving supplies from UNFPA – caused by internal bureaucracy and logistical challenges - prevented trained providers from applying their skills for over a year, limiting the effectiveness of this strategy.[126] Stakeholders in these countries also expressed concerns about long-term sustainability, emphasizing that continued procurement depends on securing sustained public investment and noting a limited understanding among decision-makers of the long-term cost-effectiveness of LARCs compared to other methods. [127]

Informants suggested that the future strategy to advance RHCS should focus on strengthening government commitment to family planning investment through renewed advocacy and communication efforts that reinforce the economic case for family planning while maintaining a rights-based approach. The sustainability of training initiatives was also consistently raised by both internal and external stakeholders, who noted that in many cases those trainings are not being replicated without UNFPA support.[128] Although SROC typically adopts a training-of-trainers model, informants stressed that true sustainability requires strong counterpart commitment and, ideally, the institutionalization of cascade training within official curricula.

Despite UNFPA efforts, countries continue to show significant gaps in contraception access and record the highest unmet need for family planning in the LAC region. According to the 2025 Contraceptive Atlas for Latin America and the Caribbean, SROC countries score an average of 36.9 per cent on the index— almost 20 points below the regional average. Out of the 13 countries covered by the index five countries have an unmet need for family planning above 15.1 per cent, and the unmet need in the remaining 8 countries is above 10.2 per cent. LARCs are not available in two countries and limited to implants in five. In terms of funding, only Belize and Guyana allocate government funds on public sector contraceptive procurement. Less than half of the 13 countries covered by the index have contraception included in National Health Insurance[129], and only Trinidad and Tobago have a national commodity supply committee. [130]

1

Finding 7. UNFPA provided extensive support across a broad spectrum of population and data initiatives in the Caribbean—from high-level ICPD and Montevideo Consensus policy processes to census operations, administrative data, and data for humanitarian response. However, this support has been scattered and results are mixed. Links to assumption 3.3 and 3.7

UNFPA's support to population and development and population data in the Caribbean has combined normative, policy, and operational interventions. Through this comprehensive approach, UNFPA has positioned itself as a key technical partner in addressing demographic transitions and strengthening data systems.

[124] Interview with government, UNFPA SRO, 2025. Draft Annual report 2024.

[125] Interviews government, CSOs and youth

[126] Interviews government and CSOs. UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024.

[127] Interviews government and CSOs. UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024.

[128] Interviews government and CSOs.

[129] Belize; Grenada; Guyana; Jamaica; Saint Kitts and Nevis; Trinidad and Tobago

[130] European Parliamentary Forum for Sexual and Reproductive Rights, Fòs Feminista, Global Parliamentary Alliance for Health, Rights and Development, International Planned Parenthood Federation. 2025. Atlas de Políticas de Anticoncepción en América Latina y el Caribe 2025.

However, progress has been uneven across the subregion, with notable achievements in policy formulation and regional coordination contrasted by persistent operational constraints, limited technical capacity, and resource challenges that have affected implementation. These challenges are compounded by the systemic fragility of national statistical offices in SIDS, including small and overstretched workforce, fiscal constraints, and dependence on external financing.

Population and development: UNFPA demonstrated its normative leadership through the 2023 Caribbean Forum on Population and Development held in Antigua and Barbuda, co-organized with ECLAC and hosted by the Ministry of Health, Wellness, Social Transformation and the Environment. The forum reviewed the implementation of the Montevideo Consensus on Population and Development in the Caribbean from 2018 to 2023 and renewed political commitment to accelerate its implementation.[131] It also supported the identification of emerging demographic trends in the subregion.[132] UNFPA provided technical assistance for the preparation of voluntary national reports on the implementation of the Montevideo Consensus in Belize, Jamaica, Suriname, Trinidad and Tobago, Guyana, and Antigua and Barbuda.[133] In addition, UNFPA is supporting CARICOM in advancing the establishment of a Regional Population Commission to guide policy responses to demographic shifts in the Caribbean, which stakeholders view as an important milestone toward more coordinated action across the subregion.[134]

UNFPA supported the development of Population Situation Analyses in Barbados, Grenada, Guyana, and Montserrat, as well as the formulation of Population Policies, with policies approved in Barbados and drafts in Trinidad and Tobago, Montserrat, Grenada, and Dominica pending approval. In Jamaica, UNFPA supported the revision of the National Population and Sustainable Development Policy.[135] In Barbados, through the Joint SDG fund programme "Integrated Population Data and Policy Solutions to Accelerate SDGs Achievement in Barbados and Montserrat," UNFPA supported data system strengthening, including a baseline study to address fragmented data sources and improve evidence for policy formulation. Its support was considered responsive to national needs and flexible to adapt to evolving priorities. Continued collaboration has been key to advancing the implementation of the population policy and establishing an intersectoral implementation team.[136]

This policy-level engagement was complemented by capacity-building initiatives such as the Population Dynamics and Policy e-learning course, which benefitted Barbados, Montserrat, Jamaica, and Trinidad & Tobago and training on National Transfer Accounts, which helped integrate population issues into development planning in Barbados and Jamaica.[137]

Improved availability and use of disaggregated data: One of the major areas of UNFPA support under this stream has been the support to the 2020 round of census, an area where UNFPA closely collaborates with CARICOM, OECS and ECLAC, contributing to regional coordination, technical dialogue and capacity building initiatives. At country level, UNFPA support ranged from equipment and systems procurement (tablets to Antigua and Barbuda; computers to St. Lucia; ArcGIS Licenses to Belize, St. Lucia, Antigua and Barbuda, Trinidad and Tobago) and technical support to post-enumeration in Belize and Jamaica (however, Jamaica terminated it as the country did not have sufficient enumeration districts to pull into the sample).[138] UNFPA

[131] Interviews UNFPA, UN and regional institutions.

[132] Interviews UNFPA, UN and regional institutions. UNDCO Barbados, 2024. Building Resilience & Ending Vulnerabilities in SIDS Joint Programme 2023 Annual Progress Report

[133] UNFPA SRO, 2024. Annual Report 2023.

[134] Interviews at regional level.

[135] Interview government. UNFPA SRO, 2024 Annual Report 2023; Draft SRHR Report 2024; Caribbean Population Data Appreciation Assessment (2023); PIOJ-NPSDP Programme Report (2024)

[136] Interview at country level.

[137] Interviews at country level, UNFPA and governments.

[138] Interviews at regional level. UNFPA, Regional organisations and consultants. UNFPA SRO, 2024 Annual Report 2023

also supported technical training on population projections involving representatives from 14 Caribbean countries in 2025.[139]

Despite these contributions, stakeholders acknowledged that, combined with the low prioritisation of census exercises in the Caribbean during this round, UNFPA's capacity fell short of what was needed to achieve more robust results. They noted insufficient in-house technical expertise to sustain census support in the subregion, as well as a gap in coordination following the early departure of a senior technical advisor recruited in 2020 to provide dedicated assistance. These constraints limited UNFPA's capacity to sustain consistent technical engagement at national level. [140]

An exception is the ongoing census support in Suriname, where UNFPA is playing a central role under a Memorandum of Understanding with the Government of Suriname, financed through an IDB loan of up to USD 772,968. The agreement aims to strengthen the national statistical system and support the implementation of the upcoming Population and Housing Census. Under this framework, UNFPA provides technical, procurement, and administrative assistance, including long-term advisory support for census planning and execution, data processing, and capacity strengthening of the General Bureau of Statistics and the wider National Statistical System, to enhance the production of quality socio-demographic data and improve the flow of statistics to end users.

The 2020 census round in the Caribbean faced substantial challenges, being profoundly affected by the COVID-19 pandemic, which in several cases disrupted operations and compromised the implementation of census activities. Some countries were unable to conduct their census at all, while others experienced challenges that affected the quality and reliability of results. Competing national priorities in responding to the pandemic, combined with limited political buy-in and resource mobilization, further constrained the preparedness of national statistical offices. The introduction of digital technologies added new layers of complexity related to the procurement of equipment, data quality assurance, and enumerator training. These were compounded by structural limitations in institutional and technical capacities within National Statistical Offices. Ensuring adequate coverage in remote or dispersed island territories also proved challenging.[141]

Acknowledging the importance of addressing these challenges in preparation for the 2030 census round, UNFPA is collaborating with CARICOM and ECLAC on a study of the 2020 census experiences to inform the regional 2030 census strategy. With support from LACRO, the SROC has brokered a South-South cooperation project with India, valued at USD 150,000, to strengthen census capacities in Barbados, Belize, St. Kitts and Nevis, Suriname, and Trinidad and Tobago. UNFPA is also supporting small area estimations to address census gaps in Barbados, Dominica and Jamaica. In addition, LACRO established a P3 data position in Panama to serve as a liaison with the SROC and reinforce its technical capacities on population data. Together, these initiatives reflect a forward-looking effort to ensure coherence and sustainability of UNFPA support in the 2030 census round.

Beyond census support, UNFPA strengthened national data systems for SRHR and gender policy design, focusing on capacity development and the modernization of data collection methods to enable comprehensive disaggregation. Efforts centred on improving the availability and use of reliable data disaggregated by age, sex, geographic location, and disability, with emphasis on adolescent pregnancy, maternal mortality, and GBV. In Suriname, UNFPA supported the introduction of digital data collection and reporting systems for key indicators on gender-based violence, maternal health, and adolescent SRH, which improved data reliability and informed

[139] Antigua and Barbuda; The Bahamas; Barbados; Belize; Curaçao; Dominica; Grenada; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Suriname; Trinidad and Tobago; Turks and Caicos Islands. Source: https://celade-proyecciones.gitlab.io/workshop-caribbean-pep-2025/

[140] Interviews at regional level. UNFPA, Regional organisations and consultants. UNFPA SRO, 2024 Annual Report 2023

[141] Interviews at regional level. UNFPA, Regional organisations and consultants. Harrrison (2020). Population and housing census in the Caribbean Community – Key challenges https://journals.sagepub.com/doi/10.3233/SJI-190589

new adolescent health strategies, contraceptive access, and risk mapping in vulnerable districts.[142] In Trinidad and Tobago, clinic-based reporting and surveillance tools strengthened SRH data collection, enabling linkages across health, education, and social protection datasets to inform HIV prevention, adolescent health, and GBV service coordination.[143] In Jamaica, UNFPA's technical assistance on demographic methods and the use of survey data for planning improved the use of disaggregated data for programme design and monitoring, contributing to a reduction in adolescent pregnancy.[144] Despite those efforts, in some countries, stakeholders reported limited support from UNFPA in this area.

Strengthened national statistical capacities. UNFPA has also promoted broader initiatives aimed at strengthening national statistical capacities. Following requests from the CARICOM Standing Committee of Caribbean Statisticians, UNFPA supported a regional workshop on population projections and demographic analysis. In Montserrat, UNFPA provided technical assistance for the strategic development of the Civil Registration and Vital Statistics system, while in Montserrat and Barbados, Geographic Information Systems and Health Facilities Accessibility Modelling webinars were conducted reaching more than 200 government officials. In Belize, under the KOICA-funded "Enabling the Belize Statistical System" project, in partnership with UNDP, UNFPA's contributions include conducting a national capacity assessment, developing training strategies, and leading the development of a quality assurance framework to ensure that official statistics meet international standards. Despite these advances, stakeholders emphasized that institutional and technical progress can only be sustained within an enabling legislative environment and that modernizing statistical legislation is a critical next step to ensure the autonomy of national statistical offices, facilitate data sharing across institutions, and consolidate governance mechanisms that underpin the production of reliable and independent official statistics.

The Caribbean Population Data Appreciation Assessment. As a key regional initiative launched under this SRP to promote a culture of data appreciation, the assessment aimed to evaluate the current state of data demand, supply, and the enabling environment. The analysis was expected to inform a plan of action identifying common regional challenges and country-specific recommendations to enhance data use. By late 2025, data had been collected from five of the six target countries (the scope was reduced from eight to six countries). The project faced persistent administrative and operational constraints, resulting in delays in implementation.[145]

Development of Common Operational Datasets and subnational population projections. UNFPA supported the development of Common Operational Datasets (COD) for the 22 countries.[146] A key challenge identified is raising awareness of their utility and promoting their use as a tool for operational preparedness.[147] In Trinidad and Tobago, with UNFPA's support, the Ministry of Health and the Ministry of Planning are collaborating with CARICOM's Regional Statistical Programme to establish CODs and pilot subnational population projections. These datasets are being used to enhance resource allocation across health authorities and to inform evidence-based decision-making in SRHR, particularly for underserved rural populations.[148]

Gaps and limitations in current strategies require adaptation to enhance the pace and scale of results. Looking ahead, informants systematically noted that UNFPA's potential to leverage its population and development and

[142] Consultant, CSO, Government Partners, Multilateral Partner, UNFPA

[143] Interview government. UNFPA SRO, 2024 Annual Report 2023, UNFPA, n/d. Draft UNFPA SROC Annual Report 2024 (2), UNFPA, 2023, Caribbean Population Data Appreciation Assessment, Final Spotlight Narrative Report – TTO (2024).

[144] Interview government. UNFPA SROC Annual Report 2023; Draft SRHR Report 2024; Caribbean Population Data Appreciation Assessment (2023); PIOJ-NPSDP Programme Report (2024)

[145] Interview. Documentation data appreciation model.

[146] Interview UNFPA and UN. UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024.

[147] Interview UN

[148] Interview Government. UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024, UNFPA UWI, 2023. Caribbean Population Data Appreciation Assessment (UNFPA, 2023); Final Spotlight Narrative Report – TTO (2024).

data work remains largely untapped. While UNFPA is recognised as the lead UN agency with the technical expertise to address data gaps, this comparative advantage has yet to be fully harnessed, including in relation to the broader climate resilience agenda. Strengthened national data systems are critical to ensure preparedness and responsiveness to increasingly frequent climate-related emergencies, underscoring the need for UNFPA to position its data and population mandate as a key entry point for resilience-building and sustainable development planning in the Caribbean.

2

Finding 8. The programme demonstrated broad regional reach with a comprehensive, multi-level approach to maternal health—from policy and workforce planning to service delivery and quality assurance. It operationalized a twin-track LNOB approach, expanding access while targeting populations left furthest behind, particularly in countries with the highest maternal mortality ratios. Links to assumption 3.4

UNFPA's support to maternal health in the Caribbean adopted an integrated and multi-pronged approach, linking policy development, workforce strengthening, and service delivery with a focus on quality and inclusion. The programme advanced institutional capacities to operationalize Maternal Death Surveillance and Response (MDSR) systems, integrate GBV prevention within maternal health services, and strengthen the skills and distribution of the SRH workforce. The approach also reflected UNFPA's commitment to the LNOB principle, with targeted efforts to include women in remote areas, as well as refugees and migrants, in access to quality maternal and reproductive health care.

Enhanced capacities to implement maternal death surveillance and response protocols and guidelines: UNFPA's work on MDSR demonstrates clear policy and service-level contributions across the region. In Trinidad and Tobago, key achievements include the operationalization of MDSR systems in major hospitals and regional health authorities, incorporating updated guidelines and training on maternal near-miss reviews into national quality-improvement plans. UNFPA also supported the reactivation of the Maternal and Perinatal Review Committee under the Ministry of Health to strengthen institutional accountability and promote the systematic use of maternal health data to prevent avoidable deaths. Through the Spotlight Initiative, National Clinical and Policy Guidelines on Intimate Partner and Sexual Violence were developed, integrating GBV screening and referral protocols into obstetric and emergency care. Under the Global Affairs Canada–funded EQUAL SRHR project, antenatal and postnatal care for vulnerable women and girls, including refugees and migrants, was expanded through mobile clinics and programmes led by the Trinidad and Tobago Association of Midwives (TTAM), which also conducts community outreach to raise gender-based violence awareness among its clientele.[149]

Similarly, in Suriname, UNFPA collaborated with PAHO to reactivate maternal death surveillance and supported staff training across 58 remote clinics, covering more than 85 per cent of the country's territory, to ensure access to essential maternal health services and adolescent-friendly care models. Community-level initiatives also promoted male involvement in maternal health, raising awareness about pregnancy danger signs and encouraging family and community participation in care.[150] In Guyana, 67 per cent of public health facilities across four target regions now provide quality-assured, integrated maternal health services, and eleven mobile outreaches delivered comprehensive antenatal and postnatal care to over 1,500 women.[151] In Jamaica, data collection for the MPDSR assessment remains pending Ministry of Health approval, although related training aligned with WHO/PAHO guidelines has been completed.[152]

[149] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024. Spotlight Initiative Reports (Caribbean & TTO, 2024)

[150] Interview CSOs, Consultant, UN Agency, UNFPA

[151] UNFPA SRO, 2025. Draft Annual report 2024. UNFPA SROC Annual Report 2023; UNFPA SRO, 2025 Draft SRHR Report 2024.

[152] Interviews government and CSO. UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024, UNFPA SRO, Draft Annual Report 2024 – SRHR Component.

Midwifery workforce. UNFPA also contributed to planning and capacity development for the SRH workforce. Through support to the Caribbean Regional Midwives Association (CRMA), UNFPA facilitated a regional midwifery workforce assessment covering eight countries—Jamaica, Antigua and Barbuda, Saint Kitts and Nevis, Dominica, Trinidad and Tobago, Guyana, Saint Lucia, and Suriname. Irregular data collection and limited submissions from some countries constrained the comprehensiveness of the assessment. The resulting country profiles provided information on midwife distribution, qualifications, and years of service, although there is limited evidence of systematic uptake.[153] A positive example is Trinidad and Tobago, where the national midwifery workforce profile is being used by the Ministry of Health to plan for the equitable distribution of skilled birth attendants and guide professional training.[154]

Regionally, the CRMA updated the gap analysis of midwifery curricula and collaborated with the Regional Nursing Body to develop a standardized regional curriculum. The Regional Educators Directory was also updated to enhance collaboration and knowledge-sharing across midwifery programmes. Professional development opportunities were expanded through webinars, which attracted an average of 425 participants from 16 Caribbean countries. In Saint Kitts and Nevis, the midwifery curriculum—unchanged since 1997—was revised to incorporate modern competency-based approaches, ensuring midwives are better prepared to meet current healthcare needs. In Trinidad and Tobago, UNFPA's partnership with the University of the West Indies, St. Augustine Campus, led to the integration of SRHR and maternal care content within nursing and midwifery curricula, strengthening preservice education. [155]

2

Finding 9. UNFPA invested significantly in out-of-school CSE delivery with active youth engagement. Progress was less evident, however, in integrating CSE into in-school HFLE curricula and in advancing sustainable social behaviour change models. Links to assumption 3.5 and 3.7

UNFPA's work to address discriminatory gender and social norms and advance comprehensive sexuality education in the Caribbean has unfolded within a complex socio-political environment shaped by strong cultural, religious, and ideological sensitivities. In response, the SROC adopted a multi-pronged approach that combines direct support for out-of-school CSE delivery and youth engagement with policy advocacy for institutionalization within formal education systems, alongside strategies to promote positive social norms and foster an enabling environment for gender equality and adolescent SRHR.

Out-of-school CSE has been mainstreamed across different UNFPA initiatives, including the Spotlight Initiative, the BBE, the Equal SRH, and the Luxembourg-funded LNOB projects, as well as the SDG Joint Project in Suriname focused on Indigenous and Tribal Peoples. Through these initiatives, the SROC reached nine countries—Belize, Guyana, Jamaica, Suriname, Grenada, Saint Lucia, Dominica, Saint Vincent and the Grenadines, and Trinidad and Tobago. UNFPA's engagement has primarily focused on strengthening the capacities of youth-led organisations, civil society partners, and international NGOs to deliver CSE, while also working, in specific contexts, with government institutions such as the Division of Health and Wellness and the House of Assembly in Trinidad and Tobago, and the Department of Youth in Suriname. UNFPA has also initiated strategic dialogue with faith-based organisations to promote sensitization and identify areas of shared understanding. In Belize, for example, the office has partnered with a faith-based organisation to advocate with the Ministry of Education for the integration of CSE within the Teacher Learning Institute curriculum. Although

[153] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024,

[154] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024, UNFPA SRO, Draft Annual Report 2024 – SRHR Component. Spotlight Initiative Reports (Caribbean & TTO, 2024)

[155] UNFPA SRO, Draft Annual Report 2024 – SRHR Component.

data on total reach is not consistently available, compiled figures from project reports indicate that at least 400 trainers and approximately 1,950 young people were directly reached through UNFPA-supported initiatives.[156]

While the out-of-school approach has been considered a pragmatic entry point in light of the complex political and socio-cultural context surrounding in-school CSE, it faces notable challenges. A key concern raised by informants relates to the absence of sustained follow-up mechanisms to ensure that trained facilitators effectively cascade knowledge beyond project timelines.[157] Civil society partners underscored that the continuity of their activities depends heavily on external funding, which is becoming increasingly scarce, particularly for CSOs. Looking ahead, stakeholders emphasized the need for more targeted work with men and boys, and for broader community engagement, particularly by involving parents and community leaders. Community health workers were also identified as an important but underutilised entry point, because of their work in health education and strong community engagement.

Youth engagement has been a key feature of UNFPA's work in the Caribbean. At regional level, UNFPA, in partnership with CARICOM and other UN agencies, convened the first Caribbean Youth Summit in November 2023 in Jamaica, gathering 80 young participants from 16 countries. In Belize, UNFPA supported a National Youth Advisory Group and five satellite groups that strengthened youth leadership and peer-to-peer approaches to advance SRHR. Participants valued the experience for building their advocacy and communication skills and recommended expanding training to address broader population and development issues. In Suriname, the Youth Advisory Group has been an effective platform for peer education and advocacy. Its engagement in the International Youth Day dialogue with Indigenous and Tribal Peoples contributed to the formulation of the National Strategy on Adolescent Health, demonstrating youth influence in national policy processes.

UNFPA-supported products used for legislative and policy reform advocacy. As part of the SRP, UNFPA invested in evidence-based advocacy through the development of knowledge products by the Caribbean Observatory on SRHR. The policy briefs addressed the removal of legal barriers to young people's access to SRH information and services, the ensuring pregnant learners the guarantee of their re-entry into education, the adoption of comprehensive approaches to reduce adolescent pregnancy, the enactment of policies to ensure access to comprehensive sexuality education in and out of school, and the elimination of child marriage by raising the legal age of consent to marry. The launch of these briefs was accompanied by initiatives to strengthen the advocacy capacities of civil society and youth organisations and to engage decision-makers in policy dialogue.[158] At the end of 2024, UNFPA also launched an assessment of CSE within the HFLE curriculum in the Caribbean.[159] However, as advocacy processes require time to generate results, it is too early to assess the impact of these products. In November 2024, Belize passed legislation to end child marriage by raising the legal age of marriage to 18 years, with no exceptions—a significant milestone aligned with international standards. While UN support to this reform can be traced to earlier collaboration between UNFPA and UNICEF under the Global Programme to Accelerate Action to End Child Marriage, this effort preceded the SRP. Sustaining a dynamic and functional SRHR Observatory has also proved challenging due to limited institutional capacity among IPs.

HFLE curricula integrated into national health and family life education: Despite these recent regional advocacy efforts, progress in integrating CSE within HFLE curricula remains limited. In Belize, the HFLE curriculum was

[156] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024 UNFPA, 2025. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2024 Annual Report. UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024.

[157] Interviews CSO in Belize and ECS. UNFPA, 2025. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2024 Annual Report.

[158] Activities conducted: training during the UNFPA/IPPF/Observatory Joint Launch & High-Level Meeting, at the Regional Conference on Population and Development (July 3–4, 2024, Cartagena), 'Transforming Stories into Policies' webinar

[159] UNFPA SROC, 2024. A formative assessment of comprehensive sexuality education within the Health and Family Life Education curriculum in the Caribbean. Available at: https://caribbean.unfpa.org/en/publications/formative-assessment-comprehensive-sexuality-education-within-health-and-family-life

revised in 2023.[160] In Trinidad and Tobago, UNFPA supported the inclusion of gender-based violence prevention and family violence content in the revised HFLE curriculum; however, national approval has been delayed due to resistance from conservative groups, prompting UNFPA to shift toward advocacy, including through sensitization with faith-based and education leaders.[161] In Jamaica, the HFLE programme is fully institutionalized from grades 1 to 11, and UNFPA support has focused on strengthening teacher training by assessing gaps in pre-service education and advocating for HFLE as a formal specialization at the tertiary level.[162]

Across countries, persistent challenges were reported, including resistance from religious and cultural gatekeepers, parental opposition, and an increasingly conservative environment in some contexts. These factors continue to hinder the integration of CSE and constrain broader progress on advancing SRHR for adolescents and youth.

Social norms change interventions: Against this backdrop, social norms interventions play a critical role in fostering a more enabling environment for advancing SRHR and gender equality. In response, the SROC invested in strengthening the capacities of government and CSOs to design and implement evidence-based social norms change interventions aimed at addressing gender-based violence and harmful practices. At regional level, UNFPA developed the Caribbean Model for Cultural and Behaviour Change, in collaboration with the University of the West Indies in 2023, aiming at providing a framework for governments and CSOs to design and implement evidence-based interventions addressing gender-based violence and harmful practices. However, its rollout has been limited. Capacity development efforts included online training sessions for 31 CSOs' representatives and 8 local government authorities from Guyana and Trinidad and Tobago. At country level, Belize implemented a Social and Behaviour Change Communication Campaign—endorsed at Cabinet level to accompany the national gender policy and gender-based violence action plan—reaching over 9,000 people directly and 27,000 through multilingual social media content.

1

Finding 10. UNFPA made notable progress in strengthening gender-based violence response frameworks across the Caribbean, supporting the operationalization of national referral pathways, the roll-out of the Essential Services Package, the development and training in clinical management of rape protocols across the subregion. Links to assumption 3.6 and 3.7

Across the Caribbean, UNFPA's contribution to strengthening gender-based violence response systems aimed at strengthening institutionalized models of care. Progress achieved under the Spotlight Initiative and subsequent regional and national interventions demonstrates UNFPA's catalytic role in advancing multisectoral, survivor-centred approaches. While direct implementation have enhanced the quality and reach of services, limited institutionalization within government systems, and persistent dependence on external resources underscore the fragility of these gains and the challenges to sustaining impact beyond programme cycles.

Availability, accessibility and quality of comprehensive and integrated gender-based violence services. Significant progress has been made in gender-based violence response across the Caribbean. Much of this progress can be attributed to the Spotlight Initiative, implemented in Belize, Jamaica, Grenada, Guyana, and Trinidad and Tobago. Advances were observed in the approval of policies, the institutionalization of SOPs, and the strengthening of service delivery models. Stakeholders highlighted improvements in coordination and frontline response, with emerging evidence of enhanced access to quality care and support for survivors.

[160] Interview government and UNFPA. Belize Government, 2023. Teacher's Curriculum Guide for Primary Health Education. 2023 prepared by the Spouses of CARICOM Leaders Action Network (SCLAN) and the Ministry of Education, Culture Science & Technology.

[161] UNFPA SRO, 2025. Draft Annual report 2024. UNFPA SROC Annual Report 2023; UNFPA SRO, 2025 Draft SRHR Report 2024.

[162] UNFPA SROC Annual Report 2023, Draft SRHR Report 2024; Government and CSO interviews.

At regional level, UNFPA, in collaboration with CARICOM, developed the ESP Resource Package, including a practical guide and a sector-specific costing tool tailored to the Caribbean context. Together with the establishment of the Caribbean ESP Community of Practice in 2023, these initiatives capitalized on the experience acquired through the Spotlight Initiative, enabling CARICOM to provide support to National Gender Machineries and offering a regional framework to expand and scale up response systems across the region. In the same vein, the self-paced online course *Prevent and Respond to Violence Against Women in the Caribbean*, jointly developed by UNFPA and PAHO, was launched in 2023 with Spotlight support. The course aims to strengthen the institutional capacities of policymakers and practitioners to operationalize coordinated and multisectoral survivor-centred responses to violence against women and children across the Caribbean.[163]

At national level, advances were also observed in regulatory frameworks, SOPs, and referral mechanisms. UNFPA provided strategic support to the development and strengthening of legal and policy frameworks addressing gender-based violence across countries. In Trinidad and Tobago, it contributed to the formulation of the National Strategic Action Plan for GBV/SV (2023–2027) and supported a justice sector review assessing implementation of the Domestic Violence Act to identify legislative gaps and barriers to justice for survivors. In Jamaica, UNFPA supported the finalization of a multi-year implementation plan for the Sexual Assault Protocol and the advancement of the National Sexual Harassment Policy. In Suriname, UNFPA's engagement reinforced the implementation of the Domestic Violence Act, while in Guyana, it contributed to the Family Violence Act (2024) and ongoing consultations on a Draft Harassment Bill.

In Belize, Guyana, Suriname, and Trinidad and Tobago, UNFPA supported the development and piloting of gender-based violence referral pathways, alongside the adoption and rollout of the ESP in Suriname, Belize, and Trinidad and Tobago. In Suriname and Belize, stakeholders reported that both the ESP and referral pathways are effectively functioning, contributing to increased survivor trust and reporting. In Belize, both instruments have been institutionalized under the National Women's Commission and integrated into national training and routine operations. Moreover, the Families bill references these standards.[164] Finally, SOPs for emergency and clinical management of rape were standardized in public hospitals in Jamaica, Trinidad and Tobago, and Grenada.

UNFPA also supported the establishment of a gender-based violence service complaints mechanism in Belize, and in Suriname, a perpetrator guidance project. In Trinidad and Tobago, UNFPA contributed to the creation of a National Gender-Based Violence Coordination Committee to oversee the implementation of SOPs and referral pathways, involving the Police Service and the Gender Affairs Division. In Jamaica, coordination platforms were piloted at parish level, and the costing of a multi-year implementation plan for the Sexual Assault Protocol was finalized, and the National Sexual Harassment Policy was emphasized as an important outcome of UNFPA support.

Service delivery models were also strengthened. In Jamaica, gender-based violence one-stop centres were expanded and the network of Teen Hubs extended under the Spotlight Initiative. In Belize and Guyana, one-stop centre models are being developed, while mobile outreach models introduced during the Spotlight Initiative have enhanced access to services in remote and underserved areas.

Enhanced capacity of national governments and CSOs was another key achievement. Between 2021 and 2023, at least 3,400 service providers were trained in multisectoral, gender-responsive service delivery. Healthcare providers in Jamaica, Guyana, Belize, Saint Lucia, Grenada, Saint Vincent and the Grenadines, Dominica, and Barbados received training on clinical management of rape, improving the quality and consistency of care provided to survivors of sexual and gender-based violence across the subregion. Under the spotlight initiative civil society partners were trained and funded to deliver community-based counselling, advocacy, and survivor accompaniment, extending gender-based violence services to rural and marginalized populations.

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[163] https://campus.paho.org/en/course/violence-against-women

[164] National assembly of Belize, 2025. FAMILIES BILL, 2025. Available at http://nationalassembly.gov.bz/wp-content/uploads/2025/05/Families-Bill-2025.pdf

Innovation and engagement with the private sector. Another important stream of work contributing to GBV prevention has been SROC's engagement with the private sector. At regional level, building on the Spotlight Initiative, which developed a regional gender-based violence workplace policy, UNFPA supported a pilot initiative focused on the Caribbean hospitality and tourism sector—an industry accounting for an estimated 18.2 per cent of the region's GDP and nearly 15 per cent of employment. The initiative prioritized building trust, strengthening data, and fostering partnerships with the Caribbean Hotel and Tourism Association, the Caribbean Tourism Organisation, and networks such as Women in Tourism Caribbean. Through evidence generation on gender-based violence and gender equity, including their economic dimensions, the initiative aimed to inform UNFPA strategies and identify effective entry points for private sector engagement.[165]

On the other hand, UNFPA's work on gender-based violence in Barbados and the OECS countries not covered by the Spotlight Initiative remains at an early stage, primarily implemented through the Build Back Equal (BBE) project. Interventions have focused on strengthening gender-based violence response systems through service delivery assessments, development of clinical management protocols, provider training, and establishment of coordination mechanisms. Despite these advances, the portfolio remains fragmented, with notable overlap and coordination challenges vis-à-vis UN Women, which leads most GBV-related programming across these countries.

Despite these advances, persistent challenges constrain the sustainability, reach, and scaling up of gender-based violence -related results. While targeted outreach through mobile models and culturally responsive approaches has expanded access, inequities in service availability and quality remain. Evidence from Suriname and Belize indicates that coverage is still limited, and service quality continues to depend on individual staff capacities, biases, and knowledge gaps. Uptake by the different institutions has been uneven, and staff turnover has undermined continuity and institutional expertise, requiring ongoing technical support and refresher training. The trainer-of-trainers approach has not consistently resulted in cascading capacity-building, as limited financial resources have restricted implementation at scale. In Belize, for instance, UNFPA continued supporting the National Women Commission, to maintain the training and outreach to the service providers.

Coordination mechanisms for gender-based violence in emergencies (GBViE) were established in Aruba, Curaçao, Guyana, and Trinidad and Tobago under the R4V humanitarian response framework. Approximately 100 service providers were trained on GBViE standards and the MISP for SRH in crisis situations. [166] In Belize, a GBViE coordination mechanism was created as a sub-body of the National Women's Commission and UNFPA supported training at the service level. However, informants raised as challenge, the fact that, during disasters, personnel trained in gender-based violence response is often reassigned to general response duties, leaving critical gaps in survivor support.[167]

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Finding 11. UNFPA demonstrated operational capacity in emergency response and made tangible progress towards integrating SRH and gender-based violence into national preparedness systems, though institutionalization remains limited. Links to assumption 3.7

UNFPA's engagement in humanitarian preparedness and response in the Caribbean has evolved within a context of recurrent, climate-related emergencies that continue to test national and regional resilience. The region's acute vulnerability to climate shocks underscores the need of integrating SRH and gender-based violence into preparedness and response frameworks. Within this context, UNFPA has prioritized the integration of life-saving interventions for women and girls into national emergency systems, while strengthening operational readiness, coordination, and complementarity with humanitarian partners.

[165] Interview UNFPA and https://sites.google.com/unfpa.org/private-sector-portal

[166] UNFPA, 2024. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2023 Annual Report.

[167] Interviews UNFPA, Government and UN

Preparedness: As noted in Finding 5, UNFPA has supported the integration of the MISP for SRH into national preparedness and response frameworks across at least 11 countries, including through training of responders and support for simulation exercises. However, embedding MISP within national health emergency plans, with clear accountability and leadership defined within Ministries of Health, remains a challenge. Training efforts have enhanced readiness but are constrained by the absence of sustainability strategies to address staff turnover and to ensure national ownership. At regional level, UNFPA collaboration with the Caribbean Disaster Emergency Management Agency (CDEMA) and OCHA has been instrumental in advancing institutionalization, including through support for the standardization of MISP training materials to be integrated into CDEMA's annual training curriculum—an important step towards ensuring sustainability and coherence of regional capacities.[168] These institutionalization gaps are also shaped by wider national disaster risk governance constraints that limit coherence and accountability across preparedness systems.

As part of the wider UN humanitarian system, UNFPA has actively contributed to inter-agency preparedness and response coordination. It participates in UN emergency teams and provides technical oversight for contingency and response planning, as evidenced in Belize, Jamaica, Barbados, and the Eastern Caribbean.[169] In Belize, UNFPA serves as sector lead for Protection and represents the UN system in the National Emergency Operations Centre.[170]

Efforts have also been made to strengthen fast-response mechanisms through prepositioning of SRH supplies. In Belize, UNFPA has prepositioned dignity kits with the National Emergency Management Organisation, which proved effective during recent emergency responses. However, the lack of an accurate inventory system limits real-time monitoring and planning. Discussions with national counterparts are ongoing to improve inventory management to ensure accountability and timely information-sharing. At regional level, the SROC signed an agreement with WFP to secure warehouse access in Barbados for prepositioning supplies. Nonetheless, as underscored in Belize and in the 2023 audit findings, maintaining prepositioned materials requires dedicated human and financial resources to avoid operational and sustainability risks.

Response: In the aftermath of Hurricane Beryl in July 2024, UNFPA demonstrated rapid response capacity by deploying a GBViE Specialist and an SRH in Emergencies Specialist. The mission provided training for frontline service providers, updated MISP action plan, and delivered clinical management of rape and intimate partner violence training. UNFPA facilitated the deployment of healthcare workers to the southern Grenadine islands and distributed 100 dignity kits in Grenada, while prepositioned supplies were mobilized in Saint Vincent and the Grenadines. National counterparts and civil society commended the relevance and timeliness of UNFPA support, though delays in kit delivery and limited preventive preparedness training were noted. Stakeholders emphasized the need for systematic, continuous capacity building at national level to enhance readiness for future emergencies.[171] The experience reaffirmed that effective MISP implementation depends on sustained multisectoral engagement to keep plans practical and responsive to evolving disaster risk contexts.[172] At the same time, as noted by informants, reliance on international surge deployments is costly and insufficient to ensure sustained local capacity.[173] Shortly after Hurricane Melissa (October 2025), the Jamaica Bureau of Gender Affairs engaged UNFPA to discuss how best to support communities in their immediate recovery, ensuring that no one is left behind, showing that national partners view UNFPA as a trusted and responsive actor in crisis situations.[174]

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[168] Interview UN

[169] UNFPA and UN interviews.

[170] UNFPA and UN interviews

[171] Interview Civil Society

[172] UNFPA SRO, 2025 Draft SRHR Report 2024.

[173] UNFPA interview

[174] UNFPA Caribbean. Facebook post. facebook.com/share/v/19uWrYtgye/?mibextid=wwXIfr. Accessed on October 31st, 2025

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Finding 12. UNFPA demonstrates systematic LNOB integration across all thematic areas, with explicit targeting of different exclusion and vulnerability factors reflecting the diversity of the Caribbean context. The approach combines systems strengthening with targeted interventions to address specific barriers and is contextually grounded, culturally responsive, and anchored in rights-based approaches. Links to assumption 3.7

Human rights and gender equality were embedded throughout the SRP, from policy dialogue to service delivery. This was reflected in the development of adolescent health-care standards aligned with WHO and PAHO guidance, which integrate principles of non-discrimination and inclusion for adolescents with disabilities, LGBTQI youth, Indigenous communities, and those in remote areas. It was also evident in the implementation of ESP for gender-based violence response, which promotes standardized survivor-centred protocols across health, protection, and justice sectors. The SRP further emphasized the engagement and empowerment of youth as active partners in programme design and implementation, reinforcing their role as agents of change. Continuous engagement of civil society and rights-holder organisations in programme design, monitoring, and advocacy also operationalized participatory and inclusive approaches consistent with UNFPA's human rights-based approach and LNOB principles.

The SRP has consistently advanced the LNOB principle through both systemic and targeted actions. The approach combines strengthened disaggregated data, inclusive programming, and tailored strategies for populations experiencing intersectional exclusion. Evidence indicates that across outputs, the SRP operationalized the LNOB principle through inclusive policy design, promotion of equity-oriented standards, partnerships with representative organisations of furthest behind groups, and capacity development. Efforts to localize interventions included the translation of materials and the adaptation of strategies to the contexts of rural and hinterland areas, youth populations, Indigenous and Afro descendant communities, migrants and refugees, gender-diverse persons, and persons with disabilities.

In Suriname, where adolescent birth rates remain alarmingly high in hinterland districts—Brokopondo (129), Marowijne (140), and Sipaliwini (210) births per 1,000 compared to the national average of 60.2— the programme adopted a differentiated approach for Indigenous and Maroon communities in those districts. This included the use of local languages, translators, and community leaders, as well as the adaptation of CSE materials to ensure cultural acceptability. Free, Prior, and Informed Consent principles were applied across all programmatic areas. Indigenous and Tribal Peoples' youth actively contributed to shaping the National Strategy on Adolescent Health 2023–2030.[175] Similarly, in Belize, UNFPA advanced adolescent pregnancy prevention among Afro-descendant youth through culturally specific, out-of-school interventions with Garifuna and Creole communities and through the establishment of youth advisory groups, representing their diversity, across the country.[176]

In Saint Vincent and the Grenadines, a sexual health curriculum was translated into Braille.[177] In Barbados, partnerships with organisations of persons with disabilities were established to strengthen disability inclusion within SRH and GBV services.[178] A regional dialogue was also promoted through the consultation Breaking Barriers: Inclusion, Participation, and Freedom from Violence for Persons with Disabilities held across the Eastern Caribbean.[179]

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[175] Interviews CSOs, Consultant, UN Agency, UNFPA

[176] Interviews CSO, Youth, Government. UNFPA LACRO, 2025. REGIONAL PROJECT: Leave No One Behind: Reduction of

Adolescent Pregnancy in Afro-descendant, Creole, Garifuna and Miskita Communities in Selected Municipalities of the Central American Caribbean Coast. Annual Narrative Progress Report 2024

[177] Interviews CSO. UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024.

[178] UNCT Barbados/ Global disability fund: Situational Analysis on the Rights of Persons with Disabilities in Barbados Country Full Report 2025.

[179] UNDCO 2024. Spotlight Final Cumulative Narrative Programme Report

Programmes also advanced inclusion of LGBTQI+ persons. In Jamaica, interventions explicitly targeted LGBTQI+ communities. UNFPA supported the development of Jamaica's National Trans Health Strategy (2023).[180] In both Barbados and Jamaica, LGBTQI organisations were engaged in out-of-school CSE, gender-based violence prevention, and youth empowerment initiatives, ensuring participatory representation in programming. Community dialogues in Saint Lucia and Grenada addressed sexual diversity, gender identity, and rights to health and bodily autonomy,[181] while training supported under the Spotlight Initiative strengthened inclusive approaches among service providers responding to LGBTQI survivors of violence.[182]

On HIV prevention, the Implementation of the Unified Budget, Results and Accountability Framework (UBRAF) Country Envelope in Jamaica, in partnership with the Jamaica Community of Positive Women (JCW+) reached 211 women living with HIV by providing critical SRH information on maternal health, family planning aiming at contributing to the elimination of mother-to-child transmission of HIV and Syphilis. In Guyana, the UBRAF country envelope contributed to expanding access to HIV combination prevention services for key populations and youth. Interventions targeted 15 high-risk locations where key populations congregate. A total of 215 individuals has benefited from direct services, and more than 346 one-on-one counselling sessions have been conducted.[183]

Efforts to reach geographically remote populations were also expanded under the SRP. In Guyana, mobile outreach services were deployed to hinterland regions (1, 7, 8, and 9), integrating gender-based violence prevention and response with SRH services. In Jamaica, CSOs extended service delivery to rural and marginalized populations, while in Suriname, outreach to hinterland districts combined tailored interventions and community-based approaches to improve access to SRH and GBV services.[184] The SRP also targeted refugees and migrant populations through focused maternal health initiatives, including mobile clinics in Trinidad and Tobago providing maternal healthcare in Cedros and Icacos for refugee and host communities, and in Guyana through outreach initiatives to migrant populations along border areas.[185] Finally, UNFPA supported the systematic integration of disaggregated data such as age, sex, geographic location, disability, and ethnicity across national information systems and SDG dashboards. In Barbados and Montserrat, small-area estimation models were applied to strengthen territorial planning and address data gaps. [186]

4.4 Evaluation Question 4: Efficiency. To what extent was the SRP delivered in a timely and cost-effective manner?

Summary of response to the evaluation question

SRP has been delivered across all programme areas through a lean but technically strong structure that has enabled UNFPA to maintain a consistent quality footprint across the subregion. However, timeliness and cost-effectiveness have been constrained by systemic inefficiencies, fragmented processes, and human resource limitations.

Finding 13. The SROC has undertaken actions to strengthen its management and accountability systems; however, systemic gaps in results-based management, compliance,

[180] Interview government and CSO. UNFPA SROC Annual Report 2023; UNFPA SROC, 2025. Draft Annual Report 2024 – SRHR Component; TransWave, 2023. National Trans Health Strategy.

[181] UN Women, UNFPA, 2025. The Build Back Equal Project: Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines. Annual Report 2024.

[182] UNDCO 2024. Spotlight Final Cumulative Narrative Programme Report

[183] UNFPA SROC, 2025. Draft Annual Report 2024 – SRHR Component

[184] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024

[185] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024

[186] UNFPA SRO, 2024 Annual Report 2023; UNFPA SRO, n/d. Draft UNFPA SROC Annual Report 2024, UNDCO Barbados, 2024. Building Resilience & Ending Vulnerabilities in SIDS Joint Programme 2023 Annual Progress Report

1 **and knowledge management persist, and the effectiveness of these measures has yet to translate into tangible improvements in performance and efficiency.** Links to assumption 4.1

Previous assessments have identified persistent challenges within the SRO's management and accountability framework.[187] These shortcomings are interrelated— gaps in results-based management practices, in compliance and oversight, limited knowledge management systems, and fragmented operational arrangements collectively constrain the Office's capacity to maintain a cohesive, transparent, and results-oriented management. The actions undertaken in response demonstrate a clear commitment to strengthening internal systems; however, most corrective measures remain in progress and have yet to translate into tangible improvements.

Fit-for-purpose management systems and procedures for accountability and results-based management: The audit conducted in 2023 identified notable deficiencies in the quality and consistency of results planning, reporting, and compliance practices, pointing to structural and procedural gaps that undermine the full operationalization of a results-based management. Specifically, the audit found that quarterly milestones were missing for almost half of the sampled output indicators in the 2024 RRP, limiting the Office's ability to objectively measure progress across target countries. Moreover, a lack of alignment between staff Career and Performance Management goals and annual output indicators weakened individual accountability and understanding of contributions to organisational priorities.[188]

The audit identified accountability and compliance as an area of improvement. Capacity assessments with IPs were not systematically conducted prior to engagement. Compliance with Protection from Sexual Exploitation and Abuse (PSEA) requirements was also found to be insufficient, including delays in capacity-strengthening plans and incomplete justifications for engaging partners with limited PSEA compliance. In addition, breaches of cash transfer procedures and procurement policies were observed, with cash advances to high-risk IPs made without the required approvals, and procurement practices showing instances of non-competitive processes, ex post facto purchase orders, and weak bid management. Interviews further suggested that the fragmented structure and dispersed operations of the SROC may have contributed to instances where administrative decisions required subsequent regularization through waiver requests to ensure full compliance with UNFPA regulations.[189]

Knowledge management emerged as a critical structural weakness within the SRO. The audit and UNFPA staff highlighted that weak and inconsistent filing practices hamper efficiency and institutional memory. There is no centralized repository or standardized protocol for documenting processes, decisions, and lessons learned, resulting in fragmented information storage, limited backstopping capacity, and recurrent loss of key data when staff depart. High staff turnover further compounds this, with steep learning curves leading to repeated training investments.

Operational bottlenecks being identified and addressed: In response, management committed to corrective actions to address the identified gaps. These include establishing a Programme Coordination Team to enhance oversight and quality assurance, revising and developing a series of SOPs, developing an IP dashboard to monitor workplan progress, and strengthening inventory management through insured storage and pre-procurement distribution planning. The Office has also filled key vacancies and plans to work closely with partners to accelerate project implementation. As far as this evaluation could determine, these corrective measures remain in progress, and their completion and impact could not yet be fully verified. Inconsistencies persist in the application of the Programme and Operations Manual across staff and liaison offices.[190]

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[187] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22. UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

[188] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22. UNFPA. 2024. Final Report.

[189] Interviews UNFPA

[190] Interviews UNFPA

Regarding monitoring and evaluation capacities, the audit found inaccuracies in reporting, with some indicators overstated in the 2023 annual report. This gap was also noted by external stakeholders interviewed. As also noted in the limitations section of this evaluation, challenges in accessing consolidated data on SRP outputs and outcomes persisted, with inconsistencies between internal and external reports and the absence of aggregated figures on programme reach, including disaggregated data. To address this gap, the SROC recently recruited an analyst responsible for Population and Development and M&E to strengthen data quality and overall results monitoring.

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Finding 14. The SRP was implemented across all programme areas, reflecting the Office's capacity to deliver; however, implementation has been affected by inefficiencies that have constrained timeliness and overall effectiveness. Despite these challenges, resource allocation remains broadly aligned with strategic priorities, with stronger results observed in the areas receiving higher investment. Links to assumption 4.2

While the Office has demonstrated the capacity to deliver planned activities, structural inefficiencies continue to affect timeliness and overall effectiveness. The combination of procedural bottlenecks, fragmented operational arrangements, high staff turnover, and capacity limitations has resulted in recurrent implementation delays. These challenges are further compounded by the complexity of managing a multi-country operation under a centralized accountability framework, alongside the structural constraints of the Caribbean context—including high logistics costs, geographic dispersion, and the workload demands of operating across multiple countries—and by the transition to new corporate systems that have introduced additional approval layers and administrative burden. Despite these operational constraints, the analysis of resource allocation suggests a reasonable alignment between investments and the areas where the most significant results were achieved, indicating that, while delivery efficiency remains constrained, resources have been broadly directed towards the organisation's strategic priorities and areas of strongest performance.

Timely and efficient programme delivery: Despite systemic bottlenecks, most activities were ultimately delivered, albeit with substantive delays in several cases.[191] A critical factor enabling progress was the financial capacity and willingness of IPs to advance funds, which allowed continuity of operations despite disbursement lags. However, delays in liquidation and reimbursement, implementation gaps, reductions in project targets, and, in one case, the undermining of training investments due to late delivery of LARCs were consistently reported by stakeholders across countries as recurrent operational challenges affecting efficiency and timely delivery.[192] Across ongoing projects, implementation rates continue to lag behind time progress, indicating slower-than-planned execution (table 5, section 3.2.3). Equal SRH in Guyana remains the only project broadly on track, with 74 per cent of funds spent after roughly 75 per cent of its timeline. Build Back Equal in the four Eastern Caribbean project countries and Leave No One Behind in Belize have implemented only about half of their budgets after two-thirds or more of their duration, suggesting moderate delays in execution and disbursement. The Belize Statistical System project shows the widest gap, with just 20 per cent of resources spent after more than half of its timeframe. By contrast, projects that have reached completion show implementation rates close to 100 per cent, confirming UNFPA capacities for full disbursement at closure. [193]

An inherent challenge of the SROC lies in its multi-country office structure, which creates a structural mismatch between the corporate system treating the SROC as a single office, requiring centralized accountability mechanisms, and the operational requirements of implementing integrated programmes across eight locations. Each process involving multiple Liaison Offices must be replicated across six different countries,

[191] Interviews UNFPA, governments, CSOs, UN, others

[192] Interviews governments, CSOs, UN, others

[193] Two ongoing projects were not included in this analysis: the Technical Support to Suriname Census project, as its implementation schedule is largely determined by the government, and the Adolescent Pregnancy Prevention (APP) project in Suriname and Belize, funded by Canada, which has only recently started implementation.

each with its own approval, documentation, and compliance procedures.[194]. This configuration results in multilayered approval processes that have been widely cited by stakeholders across countries as major impediments to efficiency, causing delays even for minor expenditures and undermining timeliness.[195] UNFPA reported that measures have been introduced to streamline procedures—reducing approval steps from six to eight down to two or three—but these processes continue to cause notable delays.

These operational inefficiencies are further compounded by human resource constraints that severely affect continuity and delivery across the subregion. High staff turnover, coupled with reliance on temporary consultants and UN Volunteers to fill staffing gaps, has resulted in loss of institutional memory and interruptions in programme implementation.[196] Delays have also been directly linked to prolonged vacancies in key positions; for instance, the low implementation rate of 19.6 per cent in 2023 for the Barbados and OECS joint project was attributed to the extended vacancy in the Liaison Officer post, which led the Administrative Agent to withhold subsequent funding instalments.[197] The absence of a dedicated human resources function—currently only one HR focal person serves all six countries—further compounds the challenge, as programme staff are required to manage consultant contracts and recruitment processes, diverting time from technical work and slowing delivery.[198] Additionally, Liaison Officers and Programme Assistants face overwhelming workloads (finding 15). This configuration has led to competing priorities and widespread frustration among staff, who report exerting considerable effort to complete even routine administrative processes due to the structural limitations of the office model. [199]

The transition to Quantum has also been widely cited by IPs and UNFPA staff as a major stumbling block to efficiency. The system has added procedural complexity for partners and remains not fully functional, with frequent technical issues and slow processing times. Both staff and partners have reported recurrent payment delays linked to system glitches and the need to navigate multiple approval layers. IPs require ongoing training and retraining to adapt to the new platform, which has further strained capacities and diverted time from programme delivery.[200]

To add to this picture, late finalization of workplans has been identified as a critical factor undermining implementation timelines.[201] In 2023, 28 of 39 implementing partner workplans were signed between May and October—five to ten months into the year—compressing implementation windows and resulting in a heavy concentration of activities and expenditures in the final quarter, with 75 per cent of IPs' spending occurring in the last three months.[202] Late submission of requests from programme teams, often without sufficient lead time for operational processing, further compounds these delays and leaves little time for proper procurement procedures, frequently requiring waivers to justify deviations from standard policies. While the fast-paced nature of programme delivery is acknowledged, UNFPA staff highlighted persistent silos between programme and operations, alongside fragmented planning processes. IPs also noted frequent last-minute requests. Ultimately, staff reflected that both late planning and delayed implementation are core issues. Altogether, these inefficiencies have significant implications for both UNFPA and its partners. They damage the organisation's reputation and strain relationships with IPs and vendors.[203] The predictable year-end implementation rush

[194] Interviews UNFPA

[195] Interviews governments, CSOs, UN, others

[196] Interviews governments, CSOs, UN, others

[197] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22. UNFPA. 2024. Final Report.

[198] Interviews UNFPA

[199] Interviews UNFPA

[200] Interviews UNFPA and CSOs

[201] Interviews UNFPA and CSOs

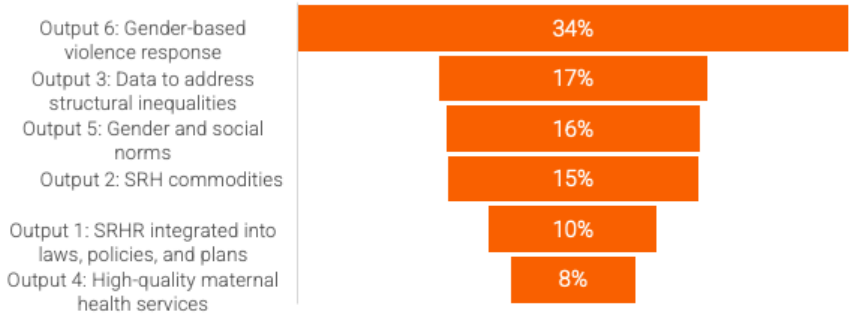
[202] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22.

[203] Interviews UNFPA, governments and CSO

further undermines efficiency, as resources and staff efforts become concentrated within compressed timeframes, with possible impacts to the quality and sustainability of results across the subregional portfolio.[204]

Extent to which resource allocation is consistent with the results achieved. Resource allocation under the SRP broadly aligns with the areas where the most significant results were achieved. As illustrated in Figure 6, the largest share of resources (34 per cent) was allocated to Output 6, focused on strengthening capacities for comprehensive and integrated GBV response services—an area where UNFPA delivered strong results, particularly in advancing referral pathways and the ESP. Less alignment is observed in Outputs 3 (data), 5 (gender and social norms, including CSE) and 2 (reproductive health commodities), where results have been more mixed. Although a full breakdown of expenditures under these outputs was not analysed, it can be assumed that they are more resource-intensive, covering census support—including equipment procurement and full support to the census process in Suriname—as well as commodities procurement and CSE delivery. The remaining outputs—1 on SRH (10 per cent) and 4 on maternal health (8 per cent)—focused largely on normative and capacity development work. Despite lower investment levels, the results achieved suggest a reasonable degree of consistency between resources allocated and outcomes attained.

Figure 6: Distribution of resources by SRP output (percentage of total expenditure)



Source: UNFPA 2025. Internal financial data provided by the SROC to the evaluation team.

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Finding 15. The SROC's lean configuration and technically strong team, supported by the instrumental role of Liaison Offices, have ensured a consistent quality footprint across the subregion. However, gaps in staffing strategies have undermined efficiency, continuity, and institutional capacity. Links to assumption 4.3

The SROC operates with a lean yet technically strong structure that has enabled consistent delivery and a solid technical reputation across the subregion. However, the adequacy of staffing levels and configurations remains a challenge, as human resource constraints have affected efficiency, continuity, and institutional capacity. While the overall skills mix is broadly aligned with the SRP's scope, persistent vacancies, overlapping roles, and limited specialist coverage have led to overstretched staff and uneven workload distribution. Structural limitations of the multi-country model—such as the absence of a dedicated human resources function, restricted mobility, and disparities across duty stations—further constrain agility and retention.

Adequacy of staffing levels and skill mix in relation to SRP scope. Currently, the SROC has 48 established positions, two of which are vacant. Of these, 31 positions are funded by regular resources,[205] twelve by other

[204] Interviews UNFPA, governments and CSO

[205] Five are covered by the institutional budget, including the Director position (currently vacant and covered by the Deputy Representative) and the SRH Advisor position financed through LACRO.

resources and five UN Volunteer positions.[206] There are 25 staff assigned to liaison offices, comprising eight operational and thirteen programme staff, plus the six liaison officers. This represents an increase compared to the approximately 40 staff recorded in 2021, when 26 positions were funded through regular resources.[207] In terms of programmatic coverage, there are currently five SRH-related positions, four in gender, one RHCS Specialist (UNV), and one Population and Development/M&E Analyst. Other programmatic areas, such as humanitarian action and LNOB, are covered through focal point arrangements rather than dedicated staff. Considering the programmatic scope of the SRP, the overall skills mix is broadly adequate; however, in the area of Population and Development, the SRP rollout demonstrated that the scope of work extends beyond what one staff member with additional responsibilities can effectively manage.

Staffing gaps have significantly affected SRP implementation.[208] These include the absence of an SRH Advisor during the early stages of the cycle, the prolonged vacancy in the Director position, gaps in the Liaison Officer positions in Trinidad and Tobago and in Barbados and the OECS, as well as overlapping functions between Population and Development and Liaison Officer roles until recently. UNFPA partially mitigated these gaps by temporarily assigning in-house staff and drawing on regional expertise, as well as refocusing the Population and Development post toward dedicated M&E functions, establishing an NOC Liaison Officer position in Jamaica, and integrating gender and GBV responsibilities into the Liaison Officer role in Trinidad and Tobago. Nevertheless, several instances were reported where staffing gaps hindered a more effective response. [209] The audit confirmed that prolonged vacancies and low implementation rates undermined programme delivery and posed reputational risks.[210] It is worth noting that, in some cases, recruitment processes faced external constraints, as the Regional Office may place vacant positions on hold, further delaying staffing and affecting continuity.[211]

Despite these challenges, partners consistently recognise UNFPA as a strong technical partner, commending the quality of its work while acknowledging the limitations imposed by staff workload. The presence of Liaison Offices at country level was repeatedly identified as a key added value.[212] The consistent quality footprint across the region has, however, depended on overstretched staff. In addition to workload pressures, challenges relate to workforce planning and functional role design. For instance, programme assistants in the Liaison Offices manage operational and human resources processes, with overlapping functions across the SRO. In some cases, focal point roles operate as de facto specialist functions without formal support or defined terms of reference, often implying a substantial additional workload. [213]

This is compounded by human resources management constraints inherent to the SROC model, including the absence of clear career progression pathways for staff in Liaison Offices, salary disparities across duty stations that hinder talent attraction and limit mobility, and a narrow pool of qualified candidates in some of the countries. In addition, corporate policies that limit flexibility in duty station arrangements reduces the SROC's agility to recruit and retain skilled personnel. To mitigate some of these challenges, the SROC has introduced growth opportunities, such as promoting detail assignments and deploying missions to enhance motivation. [214]

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[206] UNFPA SROC 2025, SROC organisational chart as at August 2025

[207] UNFPA, 2021. HUMAN RESOURCES PLAN. 7th Programme Cycle (2022-2026). UNFPA Sub-regional Office for the Caribbean

[208] Interviews UNFPA, CSOs, Government, UN

[209] Interviews UNFPA, CSOs, Government, UN

[210] UNFPA. 2024. Audit of the Sub-regional Office for the Caribbean. Final report. No IA/2024-22

[211] Interviews UNFPA

[212] Interviews UNFPA, governments, UN and CSO.

[213] Interviews UNFPA.

[214] Interviews UNFPA.

Against this backdrop, another frequently cited challenge is the high turnover rate within the SROC. Reliance on short-term consultants, compounded by the staffing constraints described above, contributes to limited retention and affects continuity, with the risk of losing institutional knowledge and partnerships. [215] This situation is further aggravated by the absence of structured onboarding plans for new staff, delaying their full integration and reducing overall efficiency. Responsibilities often shift informally in response to turnover, exacerbating role ambiguity and placing additional strain on existing human resources. High turnover also undermines team coherence, making it difficult to maintain a clear understanding of roles and responsibilities across the office. [216]

Another pending issue concerns the SROC's physical and managerial configuration. The rationale for the current decentralization of core programme functions—such as having the Deputy Director based in Barbados and the SRH Advisor in Guyana—is not entirely clear. The evaluation identified contrasting perspectives on this arrangement. Some internal stakeholders perceive the decentralization as hindering efficiencies and programmatic coherence. Others, including external partners, value the strengthened country presence and, in the case of Barbados, highlight the strategic importance of proximity to donors and regional institutions.

Reporting lines and accountabilities also merit attention. Initially, all Liaison Offices, which have limited autonomy despite their responsibilities, reported to the Deputy Director but now report directly to the Director to elevate their role and visibility. At the same time, the shift constrained the Deputy Director's ability to effectively fulfil the core managerial function of translating strategic direction into operational delivery. Although this is not an immediate concern, as the Director ad interim and Deputy Director functions are currently performed by the same person, it provides further evidence that the SROC managerial structure has not been fully optimized to ensure effectiveness and efficiency. [217]

Coordination with LACRO. Internally, there is recognition that the SROC would benefit from drawing more systematically on the technical expertise available within the Regional Office, given that maintaining a full range of senior technical positions solely within the SROC is not financially viable. In this regard, LACRO established a P3 liaison position dedicated to strengthening collaboration with the SRO, particularly to reinforce Population and Development capacities. Recently, the regional gender and youth team has established a focal point for the Caribbean. On the other hand, some differences in expectations regarding the timing and sequencing of regional support were noted. Moreover, although English is a common working language and translation is provided during regional meetings, there were instances where the SROC could not tap into regional technical resources.

4.5 Evaluation Question 5: Sustainability. To what extent has the SRP established sustainable foundations that are likely to ensure the continuation of results and benefits in the Caribbean beyond the programme cycle, and how prepared is it to sustain the benefits in the Caribbean in the future?

Summary of the response to the evaluation question

The SRP's effectiveness was driven by strong partnerships, which enhanced ownership and coherence, though uneven national buy-in and reliance on external funding limited institutionalisation and sustainability. While UNFPA mobilised significant resources and expanded collaboration, long-term financial sustainability remains fragile. The programme's broad scope and project-based model stretched operational capacities, diluting strategic focus and scalability. Despite these constraints, UNFPA's footprint across the Caribbean is a value added.

[215] Interviews UNFPA, governments, UN and CSO.

[216] Interviews UNFPA.

[217] Interviews UNFPA.

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Finding 16. SRP implementation leveraged partnerships with governments, UN entities, civil society, and regional organisations, which have clearly contributed to effectiveness and ownership. There is also scope to strengthen horizontal collaboration with partners. Links to assumption 5.1

The SRP implementation was grounded in diverse and strategic partnerships that not only expanded UNFPA outreach—enabling engagement across countries and with populations furthest behind—but also enhanced context responsiveness, effectiveness, and, in most cases, national ownership.

UNFPA interventions were anchored in the mandates and services of relevant national institutions, with the aim of embedding initiatives within national structures to foster ownership and ensure the continuation of benefits. This was reflected in normative work to ensure policy frameworks were in place, training-of-trainers initiatives across thematic areas aimed at embedding capacity development in national systems, and technical support designed to enhance protocols and SOPs to ensure service quality. The development of the midwifery workforce profile was intended to inform national planning for the equitable distribution of skilled birth attendants and guide professional training. Efforts were also pursued to strengthen supply chain management and promote national ownership of logistics systems. At country level, this approach was operationalized through initiatives such as SALMI in Trinidad and Tobago, GBV interventions in Belize anchored in the national gender policy and GBV action plan, and teacher training in Jamaica aimed at strengthening the delivery of gender-sensitive Health and Family Life Education within the education system.

However, there were also instances where limited national buy-in during the design phase, coupled with an overly optimistic assessment of the time and bureaucratic efforts required to secure necessary approvals, hindered meaningful implementation and results. This was evident in Trinidad and Tobago, where despite significant investment in updating and enhancing the Health and Family Life Education component, the revised curriculum was not approved by the Ministry of Education. Similarly, under the Spotlight Initiative, specific interventions were delayed or not implemented due to insufficient government endorsement.[218] In Guyana, under the Equal SRH project, the technical assistance component aimed at strengthening supply chain management was not endorsed by the government.[219] In these cases, UNFPA, in coordination with donors and national counterparts, adapted programming and pivoted towards other actions prioritized by the government within the framework of the respective initiatives. Finally, informants raised concerns that even when government buy-in is secured, interventions are not always planned in alignment with national timelines, and implementation is further constrained by the multiplicity of concurrent development initiatives requiring government engagement, which can overextend limited national capacities for follow-up and coordination. [220]

Collaboration with civil society also played an important role in sustaining community-level results. UNFPA partnerships with civil society have contributed to strengthening the capacities of organisations to sustain interventions at community level.[221] Nonetheless, many of these organisations remain heavily dependent on development cooperation to continue their activities. Informants also noted that there is scope to evolve from a traditional IP relationship towards more horizontal partnerships, emphasizing joint planning and alignment with civil society partners' own initiatives and advocacy efforts to maximize impact and sustainability. Importantly, following the audit that identified gaps in implementing partner management, corporate guidance has encouraged working with fewer partners to ease administrative burden and reduce compliance risks. While

[218] Final Spotlight Narrative Report – Trinidad and Tobago

[219] UNFPA, 2025. Enhancing Quality, Access and Logistics of Sexual and Reproductive Health and Rights (EQUAL SRHR) 2024 Annual Report.

[220] Interviews CSO and government.

[221] Interview CSO

this approach aims to enhance efficiency, it also carries the potential risk of weakening the national networks that underpin ownership and contribute to sustaining results over time.[222]

At the regional level, these collaborative approaches were further reinforced through strategic engagement with regional institutions, providing policy alignment across the Caribbean. Regional collaboration has acted as a central policy and technical backbone, enabling the harmonization of standards, the development of regional frameworks, and coordinated strategic planning across the Caribbean. This was seen in the coordination with ECLAC, which primarily centres on population, development, and data initiatives; with CARICOM, spanning SRHR policy, GBV response frameworks, youth engagement, and statistical capacity building; with the OECS, focusing on SRHR policy integration, commodity security, and emergency preparedness; and with CDEMA to strengthen national and regional emergency preparedness and response mechanisms.

UNFPA has also leveraged UN coordination to implement the SRP, drawing on the technical expertise and mandates of other agencies, as well as to leverage the use of resources and strengthen strategic relations. This was seen in joint projects, in coordination with ECLAC, in collaboration with PAHO at country level on maternal death surveillance and response and adolescent health-care standards, and at regional level through the GBV Prevention Course. Coordination also extended to humanitarian and emergency response, including with OCHA and with WFP to secure warehouse access in Barbados for the prepositioning of supplies.

Finally, UNFPA strategically engaged the private sector through the Spotlight Initiative. In Trinidad and Tobago, collaboration between the Employers' Consultative Association and the National Trade Union Centre led to model workplace policies addressing gender-based violence and family violence, complemented by awareness campaigns to address the economic and social impact of gender-based violence. In Guyana, thirteen companies endorsed the Women's Empowerment Principles, conducted gender gap analyses, and introduced family-friendly measures such as paternity leave, while private law firms provided free legal support to over 2,000 gender-based violence survivors through the Legal Pro Bono 500 Initiative. At regional level, the Caribbean Employers' Confederation and the Caribbean Congress of Labour jointly developed a regional workplace policy on gender-based violence, engaging employers and workers across 17 countries and leading to formal corporate commitments to safer, more equitable workplaces.[223]

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Finding 17. There are positive examples of institutionalizing SRP-supported interventions. However, sustainability is constrained by training fatigue, limited budget allocations, staff turnover, and the absence of change-management approaches. Many interventions remain project-based, ending without clear handover or continuity plans. Links to assumption 5.3

As seen in findings under the effectiveness criterion, there are positive examples of institutionalization of SRP-supported interventions, including gender-based violence referral pathways, the integration of SRH into policy frameworks, and the incorporation of the MISP into national emergency plans. Despite this progress, uneven implementation and limited integration into government budgets remain critical vulnerabilities (see Finding 18). Social norms interventions also face sustainability challenges, as funding constraints hinder their continuity, and visibility tends to fade without regular promotion. Stakeholders suggested greater use of social media to maintain public engagement and sustain behavioural change momentum over time. These challenges are amplified by the wider macro-level constraints, including small public administrations, high turnover, and persistent brain drain.

Another key dimension of sustainability concerns the continuity of the training approach, encompassing both direct training and the training-of-trainers model, which underpin most SRP interventions. In addition to the high turnover of public servants trained, the evaluation found that, in many cases, conditions for replication are not

[222] Interviews UNFPA and CSO and government

[223] Spotlight Initiative Guyana Final Report, Spotlight Initiative Trinidad & Tobago Final Report: UNFPA SROC Annual Report 2023

in place.[224] Overall, these trainings are not systematically supported by sustainability strategies such as change management frameworks, integration into institutional training curricula, or allocation of dedicated budget lines. Notable good practices include the collaboration with the CDEMA, where UNFPA supported the standardization of MISP training materials for integration into CDEMA's annual training curriculum; the Ministry of Health in Belize incorporating youth-friendly guidelines into national training; the integration of SRHR and maternal care content within nursing and midwifery curricula in Trinidad and Tobago; and plans in Jamaica to establish HFLE as a formal area of specialization at the tertiary level.

Moreover, there is limited evidence of exit strategies for SRP interventions or a clear rationale linking the different projects through which the SRP is implemented. This was evident under the Spotlight Initiative, where compressed implementation timelines combined with the impacts of the COVID-19 pandemic, left interventions insufficiently positioned for sustainability planning and resource mobilization. In most cases, sustainability strategies were developed only during the final year of implementation, creating uncertainty among stakeholders regarding ownership, resource commitments, and the feasibility of continuation. [225] Coordination challenges also persist in maintaining funding and inter-agency engagement beyond the lifespan of the Initiative.[226]

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Finding 18. UNFPA's strong technical expertise, established presence, and proactive engagement have enabled effective resource mobilization through traditional and innovative initiatives. However, long-term financial sustainability remains limited, as UNFPA-supported initiatives are not yet integrated into government budgets, and opportunities for strategic engagement with multilateral development banks and ministries of finance remain underexploited. Links to assumption 5.2 and 5.4

Through the 7th SRP, UNFPA mobilized US$25.35 million, equivalent to 132 per cent of the other resources projected in the programme. This represents a significant increase compared to the 6th SRP, which by the end of 2020 had mobilized approximately US$8.6 million, or 93 per cent of planned resources. Beyond the Spotlight Initiative, which accounted for 35 per cent of funds mobilized, Canada emerged as the main donor, contributing 55 per cent of total resources, including a recently approved CAD 8 million project aimed at reducing adolescent pregnancy in Belize and Suriname. On the other hand, none of the countries are currently included in Spotlight Initiative 2.0, although the UNCTs in Belize, Jamaica, Guyana and Grenada are listed, in Spotlight 2.0 report, as exploring feasibility and momentum for launching Spotlight Initiative 2.0.[227] UNFPA has also been successful in mobilizing resources through joint projects, including projects in non-traditional areas for UNFPA engagement. One example is the SDG Fund project on Sustainable Pineapple Value Chain Development, where UNFPA's contribution focused on mainstreaming gender-responsive and transformative strategies and ensuring a meaningful human-rights based approach.

Despite this successful and innovative resource mobilization, there is limited evidence of UNFPA-supported initiatives being integrated into government budgets. A positive example can be found in Trinidad and Tobago where the Ministry of Health has sustained funding for SRHR training, contraceptive distribution, and maternal health monitoring that originated under UNFPA's technical guidance and the National AIDS Coordinating Committee continues to utilize national budget allocations to maintain HIV prevention and SRHR integration programmes that UNFPA helped to institutionalize, reflecting increasing local ownership.[228] However, the development or approval of SRHR policies does not automatically translate into financial commitments, and

[224] Interviews government and CSOs. SDG Fund Joint Programme: Building Resilience & Ending Vulnerabilities in Small Island Developing States. Final report.

[225] United Nations System Wide Evaluation Office. 2024. Evaluation of the Spotlight Initiative (2017–2023).

[226] Interviews UNFPA, UN and donor at country level.

[227] Spotlight Initiative 2.0 Fund Annual Narrative Progress Report 2024

[228] Interviews government and civil society.

services such as adolescent health-care standards, referral pathways, and the Essential Services Package require sustained investment to ensure inclusive access and quality. For instance, in Belize, UNFPA continues to support the National Women's Commission in the roll-out of the ESP. A positive step in this regard has been the BBE project, where UNFPA is advocating for the approval of SRHR policies and for government commitment to implementation, including the establishment of dedicated budget lines. Importantly, the investment in out-of-school CSE, while can be transformative at individual level, is dependent on external funding. [229]

In light of future challenges such as declining ODA, potential shifts in donor priorities, and country graduation, informants emphasized the need for UNFPA to strengthen its capacity to engage in public financing discussions. [230] This includes strategic collaboration with Ministries of Finance and exploring opportunities to embed UNFPA's mandate and technical assistance within multilateral development bank financing instruments. This is in line with Output 3 of the Strategic Plan 2026–2029. Informants also underscored the importance of enhancing the use of economic evidence—such as the MILENA study—and reinforcing strategic communication with rights-based messaging that articulates the economic and social benefits of investing in SRHR.[231]

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Finding 19. UNFPA's footprint across the Caribbean is valued and interventions have demonstrated value as proof of concept across diverse contexts, their potential to inform scalable models, influence budget allocation, and build sustainable local civil society capacity has been only partially realized. Links to assumption 5.3 and 5.4

The current SRP has been assessed as overly ambitious and challenging to implement, seeking to maintain engagement across all 22 countries and territories while addressing all six outputs of the UNFPA Strategic Plan 2022–2025 simultaneously, which was compounded by persistent operational challenges, resulting in a misalignment between the SRO's operational capacities and the expectations for programmatic delivery. The Midterm Review recommended refining targets and focusing on realistic, achievable milestones rather than dispersing efforts across an overly broad portfolio. It also advised UNFPA to shift from a donor-driven, project-based model toward a more sustainable approach that leverages its technical expertise to influence long-term national and regional financial investments and policy change. In response, UNFPA has realigned and reduced targets and undertaken a prioritisation exercise in consultation with national governments. However, the effects of this exercise have not yet been fully realized.[232]

Regarding country presence, the evaluation found that UNFPA's footprint across countries remains essential and highly valued by national counterparts and the UN system alike. The presence of Liaison Offices enables contextual responsiveness, strategic engagement, and the ability to build trusted relationships with partners. This was also evident from a counterfactual perspective: in Barbados and OECS countries where UNFPA does not have an established presence, interviewees noted significant improvement when the BBE project facilitated the placement of a national coordinator, and conversely, recognised gaps when Liaison Officer positions were vacant. [233]

The evaluation further found that UNFPA's work has been effective across both normative and downstream areas. However, implementation deficits persist and behaviour change continues to require sustained, community-level engagement. Progress achieved in some areas remains fragile, with continued support

[229] Interviews government and civil society.

[230] Interviews UNFPA, UN and civil society.

[231] Interviews UNFPA, UN, donors and civil society.

[232] UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

[233] Interviews UNFPA, UN, donors and civil society

needed to ensure the sustainability of results. [234] A key direction identified was the need to transition from direct service delivery—except for demonstration models—towards a stronger focus on policy influence and leveraging national systems and partnerships. Financial sustainability also emerged as a priority. These insights align with the recommendations of the Midterm Review, which called for strengthened investment in UNFPA's convening role and upstream work on population data and demographic resilience, particularly in relation to climate justice. It also identified the importance of consolidating results and advancing policy and legislative reforms. [235]

The sustainability and scaling up of SRP contributions in the Caribbean are constrained by financial, environmental, and socio-political challenges. Fiscal pressures and competing national priorities often place UNFPA's mandate in competition with debt servicing and climate-related expenditures. High dependency on external aid makes SRHR and gender-based violence programmes particularly vulnerable to donor shifts and reductions ODA. Social and policy challenges also persist, including slow progress in transforming harmful gender norms and entrenched resistance to CSE. [236]

Climate change has become a central entry point for policy dialogue and financing, and the SROC is expected to strengthen its positioning by clearly articulating a value proposition that connects UNFPA's mandate to climate resilience and adaptation priorities in the Caribbean. This requires defining how demographic intelligence, SRHR, and gender-based approaches contribute to inclusive, climate-resilient development, rather than approaching the issue opportunistically.[237] Informants highlighted the opportunity for UNFPA to expand its engagement in digital transformation for health. There was broad consensus that gender-transformative programming, youth engagement, and multi-sectoral approaches should remain at the core of future strategic shifts. [238]

5. CONCLUSIONS

5.1 Strategic conclusions

Conclusion 1. Conceptualization	Criteria: Relevance, coherence, sustainability
The SRP's conceptual framework is sound and relevant, providing strategic coherence across mandate areas, but it did not sufficiently account for the impact of contextual constraints on implementation feasibility	Links to findings 1, 2, 4, 15, 16 and 19 Associated recommendations: 2 and 4

The SRP proved relevant to regional and national priorities and consistent with UNFPA mandate across its different areas of work. The Theory of Change offered a coherent framework that linked supply, demand and enabling environment dimensions through an integrated and rights-based approach. However, it underestimated the sociopolitical constraints that continue to hinder needed normative and policy progress in order to fully enable results in the SRHR and gender related services demand and supply side. The balance among dimensions was unevenly implemented across countries. While supply and policy environment components were generally prioritized, demand generation was only partially addressed through out-of-school comprehensive sexuality education, and efforts to address discriminatory social norms, though advancing, remain at an early stage. The SRP introduced innovative regional initiatives that sought to address shared Caribbean challenges while offering contextualized frameworks capable of producing at-scale results, but

[234] Interviews UNFPA, UN, donors and civil society

[235] Interviews UNFPA, UN, donors and civil society. UNFPA. 2024. Final Report. Mid-Term Review Seventh Sub-Regional Programme for the English and Dutch-speaking Caribbean (2022–2026)

[236] Interviews UNFPA, UN, donors and civil society

[237] Interviews UNFPA, UN, donors and civil society

[238] Interviews UNFPA, UN, donors and civil society

implementation and outcomes were uneven. Furthermore, the conceptual integration of the population and development dimension remains limited relative to SRHR and GBV. While there is a clear call for UNFPA to strengthen its engagement in this area, such an expansion adds to an already overstretched agenda.

Conclusion 2. Strategic scope and ambition	Criteria: Relevance, coherence, sustainability
The SRP's strategic ambition exceeded institutional capacities, leading to mid-cycle recalibration that aligned expectations with operational realities but reduced transformative scope. Further consolidation is needed to achieve clearer programmatic focus.	Links to findings 1, 2, 4, 15, 16 and 19 Associated recommendations: 1 and 6

The SRP proved overly ambitious in relation to the Sub-regional Office's technical, human and operational capacities. This was partially addressed mid-cycle through the Midterm Review and the subsequent prioritisation exercise. The Midterm Review adjusted targets and indicators to better align ambition with operational capacity and promoted a shift from an attribution to a contribution model to refine accountability. While these adjustments brought expectations closer to institutional realities, they also diluted the SRP's transformative intent. In some areas, alternative strategies or compensatory pathways were not introduced—such as in the case of parental consent—and in others, revisions led to a significantly narrower scope, compromising the original vision of the SRP. Similarly, the prioritisation exercise sought to consolidate efforts rather than disperse them across an overly broad portfolio; however, pre-existing commitments and the need to sustain a wide range of results achieved in previous years have limited the extent to which these adjustments have translated into clear programmatic shifts.

5.2 Programmatic conclusions

Conclusion 3. Programmatic effectiveness and contribution to outcomes	Criteria: Coherence, effectiveness, sustainability
The SRP delivered broad programmatic progress across all output areas, though challenges in translating strategic intent into programmatic focus, together with persistent contextual barriers, constrained outcome-level progress.	Links to findings 3, 5, 6, 7, 8, 9, 10, 11 and 19 Associated recommendations: 2, 3 and 4

The implementation of the SRP advanced results across all output areas, with the most prominent achievements relating to the consolidation of key gains from the previous programme cycle—such as the strengthening of GBV referral pathways, the integration of the MISP into national preparedness and response plans, and the reinforcement of SRHR policy and normative frameworks, including standards for adolescent health. Progress was also recorded in strengthening capacities to increase the availability of disaggregated data, supporting population and development policies, as well as improving maternal health care systems. RHCS and contraceptive access advanced unevenly across countries, and progress in newly introduced areas—such as social norm change— showed limited progress. Throughout the period, the SROC team's ability to maintain strategic focus and operational continuity was a key factor in sustaining implementation momentum and preventing slippage in core programme priorities. While these advances demonstrate the SRP's contribution to institutional and policy strengthening, the central assumptions of the Theory of Change were only partially validated. Persistent gaps between policy adoption, financing and implementation, between enhanced institutional capacities and improved service delivery, and between information provision and behavioural change continue to constrain progress at the outcome level. Results were overall aligned with the SRP's resource allocation, with stronger outcomes in areas where investment was highest; however, this distribution differed from the original planning, where social norm change and SRHR policy and legal reform were expected to absorb a larger share of financial resources than what was executed so far. Despite UNFPA's visible and effective efforts to promote integrated programming—linking SRHR and GBV prevention and response within coherent interventions—the strong programmatic focus on GBV created a degree of thematic

imbalance in the SRP portfolio during its initial years of implementation. This was partially recalibrated with the approval of new projects addressing adolescent pregnancy. While donor-funded initiatives enabled the SRP to demonstrate strong performance and visibility, they also risk reinforcing a projectized and externally driven model, potentially limiting coherence and sustainability across thematic areas. Joint programmes expanded the reach of the SRP and supported progress in core mandate areas, but variation in collaboration with UN agencies and instances of duplication, fragmented roles and procedural coordination weakened the potential for joint efforts to reinforce outcome-level progress.

Conclusion 4. Acceleration strategies and innovation	Criteria: Relevance, coherence, effectiveness
The SRP effectively integrated acceleration strategies to enhance scale and impact, although the integration of those accelerators varied in depth and breadth and was not equally programmatically explicit across areas of work.	Links to findings: 2, 4, 9, 10, 11 and 12 Associated recommendations: 3 and 4.

The SRP consistently integrated accelerator strategies to enhance the pace and scale of results. The integration of LNOB principles followed a twin-track approach that combined efforts to strengthen institutional capacity for inclusive service delivery with targeted interventions aimed at reaching furthest-behind populations. This approach is relevant, given the intersecting vulnerabilities affecting women and girls that underpin the challenges hindering progress toward the three transformative results. However, targeted interventions were largely project-based and concentrated in contexts where UNFPA had a direct implementation role. Exceptions include initiatives that enhanced the visibility of furthest-behind groups in data collection and policy processes, though such efforts were not consistently implemented across all countries. A more explicit gender-transformative approach was adopted, with increased attention to social norms and intersectionality, while male engagement remained an area requiring further development. The SRP advanced the implementation of subregional models and strategies aimed at promoting innovative approaches tailored to the Caribbean context. Although some lacked sustained investment, these models proved effective in achieving scale and efficiency across countries served by the SROC, fostering coherence, shared technical resources, and multi-country cooperation. The programme also demonstrated innovation through its engagement with the private sector, particularly by positioning GBV in the workplace as an entry point to potentially achieve results at scale. South-South cooperation, while not extensively explored, is being strategically leveraged to support census implementation. Important efforts were made to enhance emergencies preparedness and early and anticipatory action, mainly through integrating the MISP into national preparedness plans, developing demographic data for humanitarian planning, and, to a lesser extent, strengthening GBV in emergencies. However, resilience is not yet systematically mainstreamed across all areas of work.

Conclusion 5. Sustainability of Results	Criteria: Effectiveness, sustainability
The SRP laid important foundations for sustainability, yet key programmatic constraints limit sustainability	Links to findings: 5, 6, 7, 10, 11, 16, 17 and 18 Associated recommendations: 5 and 7

The SRP contributed to laying important foundations for sustainability by anchoring most interventions within national institutions, existing policies, and established service delivery structures, and by expanding institutional and civil society capacities through technical support and the use of training-of-trainers approaches. However, programmatic and financial sustainability remain fragile. Conditions for effective cascading of capacities are often not in place, and many interventions remained project-based, with exit strategies developed late or not at all, limiting the consolidation of gains and the longer-term uptake of proof-of-concept models. Public financing remains a central constraint, as domestic budgets have not secured the resources needed to sustain SRHR and GBV commitments beyond externally funded initiatives. Civil society—essential for advancing rights-based policy dialogue—continues to rely heavily on donor funding at a time when development assistance is contracting, and partnerships with these actors have in significant cases remained

focused on project implementation rather than fully leveraged for strategic influence. Strategic partnerships with regional and national institutions strengthened coherence and alignment and offer an enabling foundation for longer-term sustainability; however, partnerships alone cannot offset uneven institutional absorption and limited long-term domestic commitments.

5.3 Operational conclusions

Conclusion 6. Business Model Fit-for-Purpose	Criteria: Efficiency, sustainability
The SRP's business model enabled implementation but was not fully aligned with the programme's strategic intent.	Links to findings: 13, 14, 15, 16 and 19 Associated recommendations: 1 and 7

The SRP benefited from a strong technical foundation and a valued subregional footprint, yet the business model was not fully aligned to the strategic and operational demands of the programme. The balance between upstream engagement and downstream implementation remained fragile, as the demands associated with implementation and a largely project-based portfolio tended to limit UNFPA's ability to consistently exercise its comparative advantage in policy dialogue, evidence generation and strategic convening. The skills mix, while broadly aligned to core mandate areas, was stretched in relation to the breadth of the SRP, with gaps that were gradually addressed during implementation but not without affecting timely delivery and effectiveness. Regional technical resources were not systematically leveraged. The business model was primarily shaped around technical delivery, rather than fully anticipating core capacities to enable the expanded upstream functions envisaged in the 2022-2025 Strategic Plan. In addition, the structure did not fully enable the integration of evidence generation and knowledge functions, limiting strategic engagement. The geographical distribution of key functions presented both advantages and constraints, and its implications for coordination, oversight and programmatic focus underscore the need to further consider how structural arrangements can best support the strategic intent of the programme.

Conclusion 7. Efficiency	Criteria: Efficiency, sustainability
The SRP maintained delivery, yet operational limitations affected efficiency	Links to findings: 13, 14, 15, 16 and 19 Associated recommendations: 1, 6 and 7

The SRP was delivered across all programme areas, demonstrating strong commitment and technical capacity, yet overall efficiency was constrained by structural operational shortcomings that limited timely and cost-effective implementation. The breadth of the programme exceeded the operational capacities of the SROC and required sustained reductions in targets during the cycle to ensure feasibility, signalling a persistent misalignment between ambition and available capacities. Weaknesses in results-based planning, knowledge management and internal coordination, together with fragmented processes, siloed functions and the absence of clear streamlined procedures, contributed to recurrent delays and gaps in accountability and compliance processes. Efficiency was further affected by staffing challenges, including turnover, prolonged vacancies and the inherent difficulties of attracting and retaining specialized personnel in Caribbean small states under existing corporate rules, which reduced continuity and predictability and led to loss of institutional knowledge. The administrative demands associated with a highly projectized portfolio, in the context of multi-country implementation, increased transaction costs and absorbed significant staff time, affecting efficiency, quality assurance and oversight. The SRP maintained delivery despite these constraints; however, the operational processes were not sufficiently adapted to the complexity of a multi-country programme and did not enable efficient implementation. A positive development is that the SROC has since taken steps to strengthen staffing, internal systems and clarify processes, indicating a forward-looking commitment to improving efficiency for the next programme cycle.

6. RECOMMENDATIONS

6.1 Strategic recommendations

Recommendation 1. Prioritisation and modes of engagement. Recalibrate the SRP strategic scope towards prioritised upstream engagement	Links to conclusions: 2, 6 and 7 Priority: High Addressed to: SROC (Senior management and Programme team), with LACRO support

Rationale: A more focused SRP, with stronger prioritisation and greater emphasis on upstream normative work is essential to reduce overstretch and fragmentation. This direction aligns with UNFPA corporate guidance at global and regional levels and responds to the evolving international development landscape. Downstream interventions should focus on strategic proof-of-concept models that demonstrate approaches with potential for scale, supported by evidence generation, and advocacy. An exception applies to humanitarian response, where downstream modalities will continue to be required. This shift will require critical discussions on the long-term sustainability and possible phasing-out of UNFPA-supported interventions.

Suggested actions

- For the next SRP, define a set of priorities and translate them into a results framework with a limited number of outputs.
- Establish a proof-of-concept programming model for the next SRP, based on explicit selection criteria and clear pathways to scale and integration into national systems, supported by systematic evidence generation to develop investment cases and support advocacy and uptake.
- Use the final year of the current SRP to conduct an internal portfolio review and develop transition plans for consolidation, handover or phase-out, with defined responsibilities, financing requirements, capacity-transfer arrangements and timelines.

Recommendation 2. Partnerships and advocacy Strengthen partnerships and evidence-based advocacy to support upstream engagement and investment	Links to conclusions: 1 and 3 Priority: High Addressed to: SROC (Senior management, Communications and Programme team), with LACRO support

Rationale: Leveraging strategic partnerships will be central to enabling the shift to upstream engagement, as building on the comparative strengths of partners provides the foundation for strengthened policy dialogue and coordinated action. Communication will need to function as strategic enabler of upstream engagement, combining evidence-based policy advocacy with efforts to address social and gender norms.

Suggested actions

- Develop a partnership strategy for the next SRP aligned with corporate partnership rationale, which frames partnerships around resource mobilization, innovation, reach, and alliances. The strategy should clearly define priority partners, collaborative pathways and expected contributions to programming, while strengthening UN coordination, fostering more strategic collaboration with implementing partners, and expanding engagement with women-led, youth-led and organisations representing groups left behind.
- Develop and operationalise an advocacy and communication strategy to support upstream influence, with country-specific plans of action, grounded in systematic use of evidence to inform policy dialogue, and clearly linked to intended programmatic results, such as influencing national budget allocations or contributing to social norm change.

Recommendation 3. Demographic change and nexus programming	Links to conclusions: 1, 3 and 4
Strengthen adaptation to demographic change and nexus-oriented programming as cross-cutting strategic lenses to reinforce the relevance and sustainability of SRHR and GBV outcomes	Priority: Medium Addressed to: SROC (Senior management and programme team), with LACRO support

Rationale: The Caribbean's evolving demographic trends intersect with climate-related vulnerabilities and shape SRHR and GBV risks and service needs. Strengthening adaptation to demographic change and integrating nexus-oriented approaches would enable the next SRP to better anticipate, justify and address the structural factors affecting demand, access, and continuity of services in a region prone to recurrent shocks. Integrating these lenses will reinforce upstream engagement and enhance the contextual relevance of UNFPA interventions across the subregion, as well as aligning the SRP with the 4th outcome of the UNFPA next Strategic Plan 2026-2029.

Suggested actions

- Develop a concept note translating UNFPA's corporate strategic approach to adaptation to demographic change and nexus-oriented programming to the Caribbean context, clarifying strategic priorities, positioning UNFPA as a convenor within a whole-of-government and partner ecosystem, and linking strengthened statistical systems to clear data utilisation pathways.
- Operationalise this framework in the next SRP by integrating demographic and nexus lenses into programme design and results frameworks at regional level, with contextualised implementation plans for each priority country, identifying priority interventions and partnerships.

6.2 Programmatic recommendations

Recommendation 4. Sustainability	Links to conclusions: 3 and 5
Embed programmatic and financial sustainability strategies into interventions from the outset	Priority: High Addressed to: SROC (Senior management and programme team)

Rationale: Embedding sustainability considerations from the outset strengthens long-term value of UNFPA-supported interventions. Approaching sustainability early—rather than at the end of an intervention—allows programmatic choices, capacity development, financing arrangements, and partnership strategies to be shaped in ways that build lasting national ownership. This also enables UNFPA and national counterparts to make informed decisions about what can realistically be sustained and under which conditions, guiding both programme design and future prioritisation.

Suggested actions

- Ensure early agreements with national counterparts on sustainability pathways, including commitments to policy adoption, budget allocation and institutional embedding. This includes identifying and mapping country-specific budget cycles, political entry points, and decision-making processes to inform targeted and realistic engagement strategies.
- Introduce exit strategies early in intervention planning by defining anticipated pathways for the transfer of responsibilities and systematically embed strategies to ensure that capacity development models are institutionalised.
- Develop and integrate sustainability criteria into programme prioritisation and resource allocation in a flexible manner, favouring areas with stronger prospects for sustained national uptake, while retaining scope for strategic investment in promising interventions whose sustainability potential may materialise over time.

Recommendation 5. Theory of change	Links to conclusions: 1, 3 and 4
Strengthen programme design by addressing gaps in the Theory of Change and tackling structural barriers that constrain the realization of SRHR outcomes and the prevention of gender-based violence for groups furthest behind in development and emergency contexts.	Priority: Medium Addressed to: SROC (Senior management and programme team), with LACRO support

Rationale: Based on the learnings of the 7th SRP, review the Theory of change and programme design to more deliberately address the root causes that impede the full realisation of SRHR and prevention of GBV, especially for adolescents whose access is shaped by structural factors such as parental consent and gender norms, and unequal power dynamics. This also requires clarifying how LNOB will be operationalised in contexts where UNFPA's role is increasingly upstream, ensuring that equity considerations remain central even when not working through direct service delivery.

Suggested actions

- Develop clear change pathways in the next SRP ToC that address structural barriers such as restrictive legal environment, religious influence, entrenched gender and social norms and gaps between policies adoption and their financing and uptake.
- Identify concrete mechanisms to operationalise LNOB within an upstream programming model, explicitly addressing intersecting forms of exclusion and furthest-behind factors in both development and emergency contexts, and define upstream LNOB indicators.
- Adapt the subregional programme Theory of Change by developing specific country-level concept notes for priority countries and ensure that these notes meaningfully guide programme design and implementation at country level.

6.3 Operational recommendations

Recommendation 6. Operational capacities	Links to conclusions: 2, 6 and 7
Strengthen internal coordination, results-based management, and operational processes to improve accountability for results, enhance programme effectiveness, and promote efficiencies in programme implementation in development and emergency contexts.	Priority: High Addressed to SROC (Senior management and operations)

Rationale: Strengthening internal coordination, results-based management, and operational processes is necessary to ensure that programme delivery is efficient and accountable within existing capacities in development and emergency contexts. A more coherent and timelier results-based management approach will help address recurrent operational challenges and support more predictable implementation.

Suggested actions

- Conduct a business process review, mobilising external technical support, if necessary, to assess progress and remaining gaps in implementing post-MTR and audit changes, with particular attention to workflows and responsibilities, streamlined SOPs, and strengthened results-based management and knowledge-management functions, in both development and emergency contexts.
- Facilitate internal consultations as part of the business process review to validate findings, agree on priorities, and build shared understanding across teams.

Recommendation 7. Business model	Links to conclusions: 5, 6 and 7
Optimize the SROC organisational structure and technical skills to enable upstream engagement and effective multi-country implementation in development and emergency contexts.	Priority: High Addressed to: SROC and LACRO

Rationale: Strengthening the SROC's organisational arrangements and staffing structure is essential to address this set of recommendations and strengthen the next SRP implementation. Given the multi-country nature of the programme, maintaining an adequate footprint across the Caribbean remains essential to sustain engagement, ensure contextual relevance, and uphold UNFPA's comparative advantage in the subregion, but a clearer alignment of functions, roles, and where capacities are positioned across the SROC and liaison offices will ensure that the organisation is equipped to deliver a more effective and sustainable programme.

Suggested actions

- Conduct a review of SROC organisational arrangements and staffing, explicitly assessing role clarity, workload distribution, technical skills mix and the current geographical distribution of key programme and management functions and its implications for coordination, oversight and programme coherence, and operational readiness for humanitarian response.
- Explore administrative and contractual flexibilities, within corporate frameworks, to attract and retain specialised personnel in light of the Caribbean context and the multi-country office model, and develop structured onboarding, handover and documentation protocols to mitigate continuity risks and loss of institutional memory.
- Strengthen formalised support from LACRO by identifying areas where the SROC intends to draw on LACRO's expertise and establishing clear agreements on roles, processes, and communication flows for technical backstopping.
- Map capacities that can be met through partners' expertise, such as other UN agencies, the UN MCO, regional organisations, academia, and other technical partners, and develop a corresponding plan for how these capacities will be coordinated and integrated into programming in development and emergency contexts.

ANNEXES

Annex 1: Evaluation matrix

EQ1 RELEVANCE: To what extent has the SRP been relevant to regional and national priorities, including both development and humanitarian settings, and responsive to the diverse and evolving contexts of the Caribbean, and how prepared is it to remain so in the future??			
Assumptions to be assessed	Indicators	Sources	Methods and tools
A1.1: The SRP has been aligned with regional priorities and relevant across different national contexts, including both development and humanitarian settings, while remaining flexible to adapt to changing circumstances during implementation and enhancing its responsiveness to subregional complexities with adaptative and differentiated strategies.	Evidence that the SRP outcomes and outputs are aligned with international, regional and subregional frameworks (e.g., SDG and ICPD, CARICOM, OECS, MSDCFs, Montevideo Consensus, SAMOA) Evidence that the SRP addressed national priorities across diverse country contexts, including SIDS vulnerabilities and crisis situations and has developed differentiated approaches for varying country and territories' contexts (including crises settings) Evidence that SRP design or implementation was adapted to respond to changing government priorities, emergencies, or contextual shifts. Stakeholder perspectives on future demographic, social, or environmental trends that the SRP should address to remain relevant. Evidence of mechanisms or process within the SRP implementation that strengthen the SROC's preparedness for future crises and contextual shifts.	Subregional and national strategies and policies; SRP and accompanying programming and monitoring documents Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Desk review (Subregional analysis and Country studies) Interviews (Subregional analysis and Country studies)
A 1.2 The SRP adopts an integrated programmatic approach that provides an adequate basis for	Evidence of adequacy of the SRP Theory of Change in addressing the three transformative results in an integrated manner.	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)

advancing UNFPA mandate in the Caribbean.	Extent to which SRP design and fostered linkages across outputs and leveraged synergies with cross-cutting themes (e.g. accelerators) Extent to which SRP interventions addressed supply, demand, and enabling environment dimensions in an integrated manner to advance the three transformative results.	Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs; UNFPA staff	Interviews (Subregional analysis and Country studies)
EQ2 COHERENCE: To what extent does the SRP align with, add value to, fill a gap in, and contribute to broader development and humanitarian efforts in the English and Dutch-speaking Caribbean Caribbean?			
Assumptions to be assessed	Indicators	Sources	Methods and tools
A 2.1 The SRP leveraged complementarity, synergies and joint programming approaches with other UN agencies	Evidence of joint programming and enhanced coherence of UN system support at national/subregional levels. Evidence that the SRP was strategically designed and implemented to capitalize on UNFPA's added value, and that it delivered distinctive value by addressing gaps uniquely suited to UNFPA's mandate.	SRP and accompanying programming and monitoring documents; Evaluative evidence; Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)
A 2.2 The SRP fostered enhanced coordination and cooperation while maintaining a context-specific and differentiated approach	Evidence of multicounty programming and initiatives that maintain a context-specific and differentiated approach	SRP and accompanying programming and monitoring documents; Evaluative evidence; Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives' UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)

EQ3 EFFECTIVENESS: To what extent has the SRP achieved its intended outputs and contributed to outcomes, in both development and humanitarian contexts, and how well positioned is it to accelerate results in the future?			
Assumptions to be assessed	Indicators	Sources	Methods and tools
A 3.1 The SRP integrated programmatic approach contributed enhanced capacities of government entities and regional institutions to integrate sexual and reproductive health and rights into laws, policies, and plans	Evidence of UNFA contribution: (i) to comprehensive national sexual and reproductive health and rights policies that incorporates an essential, integrated service package of sexual and reproductive interventions, including in humanitarian contexts; (ii) to strengthened institutional capacity for the development and implementation of standards for high-quality adolescent health care services, including for marginalized adolescent groups; (iii) to the development of MISP for sexual and reproductive health in emergencies plans; (iv) to decreasing trends in adolescent pregnancy rates in targeted countries and evidence of SRP's contribution.	SRP and accompanying programming and monitoring documents; Evaluative evidence; ECLAC, CARICOM, OECS and national statistical publications	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, young people, LNOB representatives	Interviews (Subregional analysis and Country studies)
A 3.2 The SRP integrated programmatic approach contributed to enhanced capacities of Ministries of Health to effectively forecast, procure, distribute, and track sexual and reproductive health commodities and collaborate with civil society organisations to create demand and deliver sexual and reproductive health information and services	Evidence of UNFA contribution (i) to the adoption of costed reproductive health commodity security strategies; (ii) enhanced capacities to ensuring a suitable family-planning method mix, including LARCs.	SRP and accompanying programming and monitoring documents; Evaluative evidence;	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNFPA staff,	Interviews (Subregional analysis and Country studies)

A 3.3 The SRP integrated programmatic approach contributed to leverage data as a catalyst for policy and programmatic change	Evidence of UNFA contribution (i) to national statistical capacity; (ii) to improved availability and use of disaggregated data; (iii) to the development of Common Operational Datasets and population projections at subnational level; (iv) to the Caribbean population data appreciation assessment; (v) to the development of population policies that explicitly integrate the ICPD PoA	SRP and accompanying programming and monitoring documents; Evaluative evidence; ECLAC, CARICOM, OECS and national statistical publications; WB Statistical Performance Indicators	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, UN entities	Interviews (Subregional analysis and Country studies)
A 3.4 The SRP integrated programmatic approach contributed to enhanced capacities of Health facilities and service providers can provide high-quality maternal health services better.	Evidence of UNFA contribution: (i) To enhanced capacities to implement maternal death surveillance and response protocols and guidelines; (ii) To the development and use of midwifery workforce profiles to inform planning for sexual and reproductive health workforce needs.	SRP and accompanying programming and monitoring documents; Evaluative evidence; Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, LNOB representatives	Interviews (Subregional analysis and Country studies)
A 3.5 The SRP integrated programmatic approach contributed to enhanced capacities of government entities and civil society to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices	Evidence of SRP contribution to: (i) design and implementation of social norms change interventions; (ii) UNFPA-supported products being used to advocate for legislative or policy reform interventions; (iii) HFLE curricula integrated into the National Health and Family Life Education curriculum; (iv) civil society organisations deliver out-of-school CSE, following international standards	SRP and accompanying programming and monitoring documents; Evaluative evidence; Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs,	Interviews (Subregional analysis and Country studies)

		UNFPA staff, young people, LNOB representatives	
A 3.6 The SRP integrated programmatic approach contributed to enhanced capacity of regional entities, national governments, and civil society organisations to deliver comprehensive and integrated gender-based violence response services.	Evidence of the SRP contribution: (i) to availability, accessibility and quality of comprehensive and integrated gender-based violence services, including implementation of the essential service package for survivors of gender-based violence and establishment of SOPs and protocols in the health sector for the provision of high-quality care to women subjected to intimate partner violence or sexual violence, consistent with WHO tools and guidelines; (ii) to the creation and functioning of coordination mechanisms for gender-based violence in emergencies across countries and territories.	SRP and accompanying programming and monitoring documents; Evaluative evidence; Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, young people, LNOB representatives	Interviews (Subregional analysis and Country studies)
A 3.7 The SRP has introduced acceleration strategies that increased the pace and scale of results while advancing resilience and ensuring no one was left behind, and future preparedness depends on building on these proven accelerators while developing new or adapted strategies to further enhance impact in the next programme cycle.	Evidence of (i) LNOB, intersectionality, disaggregated data integrated into SRP programming; (ii) instances of innovation and prototyping leading to scalable or replicable results; (iii) emergency preparedness & resilience geared strategies and interventions; (iv) multi-country, intraregional cooperation, or South-South learning initiatives generating added value, (v) human rights and gender-transformative approaches being operationalized across outputs; (vi) which existing strategies are most critical to enhance the pace and scale of results. (vii) Perceived gaps or limitations in	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, young people, LNOB representatives	Interviews (Subregional analysis and Country studies)

	current strategies that require adaptation to enhance the pace and scale of results		

EQ4 EFFICIENCY: To what extent was the SRP delivered in a timely and cost-effective manner?			
Assumptions to be assessed	Indicators	Sources	Methods and tools
A 4.1 UNFPA has put in place appropriate, effective and efficient tools and processes to support its work and address programmatic and operational bottlenecks	Evidence of fit-for-purpose management systems and procedures for accountability and Results-based management Evidence of operational bottlenecks being identified and addressed	SRP and accompanying programming and monitoring documents; Evaluative evidence. Financial data	Desk review (Subregional analysis and Country studies)
		Government representatives; other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)
A 4.2 UNFPA has delivered the SRP in a timely and cost-effective manner	Evidence of SRP activities and outputs delivered within planned timeframes. Extent to which resource allocation is consistent with the results achieved and oriented towards sustaining those results.	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)
A 4.3 The SROC internal configuration enabled the efficient achievement of results	Evidence of adequacy of staffing levels and skill mix in relation to SRP scope	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)

	Evidence of appropriate coordination with LACRO	Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)
EQ5 SUSTAINABILITY: To what extent has the SRP established sustainable foundations that are likely to ensure the continuation of results and benefits in the Caribbean beyond the programme cycle, and how prepared is it to sustain the benefits in the Caribbean in the future?			
Assumptions to be assessed	Indicators	Sources	Methods and tools
A 5.1 The SRP business model has strengthened partnerships that support the continuation of benefits	Evidence of instances where partnerships created conditions for continuation of results	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)
A 5.2 The SRP business model has contributed to enhanced financial sustainability for long-term impact in the Caribbean	Evidence of government co-financing or integration of SRP-supported initiatives into national budgets. Examples of diversified funding sources secured through SRP efforts.	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff	Interviews (Subregional analysis and Country studies)

A 5.3 The SRP business model has fostered programmatic sustainability by embedding interventions in national systems	Evidence that SRP supported policies, programmes, or services were institutionalized within government systems.	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		Government and other partners representatives; UNCTs and RCOs; UNFPA staff	Interviews (Subregional analysis and Country studies)
A 5.4 UNFPA business model effectiveness in the Caribbean depends on the implementation of strategic shifts that respond to evolving contexts and future challenges in the Caribbean.	Stakeholder perspectives on future risks, opportunities, and challenges that the SRP business model must address to ensure enhanced effectiveness, sustainability and long-term impact.	SRP and accompanying programming and monitoring documents; Evaluative evidence	Desk review (Subregional analysis and Country studies)
		UNFPA staff; Government representatives; Intergovernmental organisations, donors and other partners representatives; UNCTs and RCOs, UNFPA staff, young people, LNOB representatives	Interviews (Subregional analysis and Country studies)

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Annex 3: List of persons met and their organisational affiliations/institutions

Country	Institution	Role
Barbados and ECS	Barbados Family Planning Association	Executive director
Barbados and ECS	Dominica Planned Parenthood Association	Executive director
Barbados and ECS	Government of Barbados, Ministry of Economy and Finance	Chief economist (ag.)
Barbados and ECS	Grenada Planned Parenthood	President
Barbados and ECS	Ministry of Health	Permanent secretary
Barbados and ECS	Ministry of Health (Saint Lucia)	Senior medical officer
Barbados and ECS	Saint Lucia	Senior medical officer
Barbados and ECS	UN Resident Coordinator's Office	Country coordinator
Barbados and ECS	UN Resident Coordinator's Office	Head of office
Barbados and ECS	UNFPA SROC	Liaison officer
Barbados and ECS	UNFPA SROC	Programme assistant
Belize	Belize Family Life Association	Executive director
Belize	Child Development Foundation	Executive director
Belize	Ministry of Health and Wellness	Maternal and child health adviser
Belize	Ministry of Human Development, Families and Indigenous Peoples' Affairs	Chief executive officer
Belize	National Commission for Families and Children	Adolescent participation officer
Belize	National Garifuna Council	Member
Belize	National Garifuna Council	President
Belize	National Women Commission	Executive director
Belize	UN Resident Coordinator's Office	UN resident coordinator
Belize	UNDP	Deputy resident representative
Belize	UNDP	Programme associate
Belize	UNDP	Project coordinator
Belize	UNFPA SROC	Driver

Belize	UNFPA SROC	Liaison officer
Belize	UNFPA SROC	Operational support
Belize	UNFPA SROC	Programme assistant
Belize	UNFPA SROC	Programme assistant
Belize	UNFPA SROC	Programme associate
Belize	UNICEF	Country representative
Belize	UNICEF	Social policy specialist
Belize	WHO/ PAHO	Adviser
Belize	WHO/ PAHO	Adviser
Belize	Youth Advisory Group	Participant
Belize	Youth Advisory Group	Participant
Belize	Youth Advisory Group	Participant
Guyana	CARICOM	Programme manager
Guyana	Family health care services	Director
Guyana	Sexual Offences and Domestic Violence Policy Unit	Manager, GBV specialist
Guyana	Guyana Responsible Parenthood Association	Staff
Guyana	UNFPA SROC	Liaison officer
Guyana	UNICEF	Programme specialist
Jamaica	European Union Delegation	International development professional
Jamaica	Jamaica Family Planning Association	Chief executive officer
Jamaica	Planning Institute of Jamaica	Demographer
Jamaica	Planning Institute of Jamaica	Director, Population and Health Unit
Jamaica	Planning Institute of Jamaica	Health specialist
Jamaica	Planning Institute of Jamaica	Senior demographer
Jamaica	Planning Institute of Jamaica	Senior director, Social Policy, Planning and Research
Jamaica	UNAIDS	Adviser, community support
Jamaica	UNAIDS	Legal consultant

Jamaica	UNFPA SROC	Liaison officer
Regional	Caribbean Development Bank (CDB) – census collaboration	Statistician
Regional	Caribbean Regional Midwives Association	President
Regional	CARICOM – statistics	Director
Regional	Consultant	Census consultant
Regional	Consultant	Census consultant
Regional	ECLAC	Unit coordinator
Regional	Global Affairs Canada	International development officer
Regional	Global Affairs Canada	Project coordinator
Regional	Global Affairs Canada	Project coordinator
Regional	Inter-American Development Bank (IDB)	Senior specialist
Regional	UNFPA LACRO	Gender and youth adviser
Regional	United Nations Office for the Coordination of Humanitarian Affairs	Information management
Regional	Organisation of the Eastern Caribbean States	Head of unit
Regional	WHO/ PAHO Eastern Caribbean	Adviser
Regional	UN Women Multi-Country Office for the Caribbean	Deputy representative and head of office (ad interim)
Regional	UNFPA LACRO	Deputy regional director
Regional	UNFPA LACRO	Operations manager
Regional	UNFPA LACRO	Planning, monitoring and evaluation regional adviser
Regional	UNFPA LACRO	Population and development regional adviser
Regional	UNFPA LACRO	Programme officer,
Regional	UNFPA LACRO	Programme specialist
Regional	UNFPA LACRO	Programme specialist
Regional	UNFPA LACRO	Regional technical adviser for SRH supplies assurance and health systems

Regional	UNFPA LACRO	Resource mobilization and communication specialist
Regional	UNFPA LACRO	SRH coordinator in emergencies
Regional	UNFPA LACRO	SRH programme specialist
Regional	UNFPA LACRO	Strategic partnerships specialist
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Assistant
Regional	UNFPA SROC	Business development specialist
Regional	UNFPA SROC	Consultant
Regional	UNFPA SROC	Deputy representative
Regional	UNFPA SROC	Head of operations team, Sub-regional Office for the Caribbean (Kingston)
Regional	UNFPA SROC	International operations manager
Regional	UNFPA SROC	Policy/programme analyst
Regional	UNFPA SROC	Technical adviser, sexual and reproductive health
Regional	UNFPA SROC	United Nations volunteer
Regional	University of the West Indies	Lecturer and co-lead for Data Appreciation project (UNFPA/UWI)
Regional	University of the West Indies	Lecturer and co-lead for Data Appreciation project (UNFPA/UWI)
Suriname	Bureau of Gender Affairs	Head of department
Suriname	General Bureau of Statistics	Census manager
Suriname	General Bureau of Statistics	Census manager
Suriname	Independent consultant	Consultant

Suriname	Indigenous Women's Group	Representative
Suriname	Maroon Women's Network	Representative
Suriname	Medical Mission	Coordinator
Suriname	Medical Mission	Staff
Suriname	Medical Mission	Staff
Suriname	Medical Mission	Staff
Suriname	Ministry of Education	Policy officer
Suriname	Ministry of Justice and Police	Consultant, senior staff
Suriname	Ministry of Justice and Police	Consultant, senior staff
Suriname	Mulokot Foundation	Representative
Suriname	WHO/ PAHO	Technical adviser
Suriname	UN Resident Coordinator's Office	UN resident coordinator
Suriname	UN Resident Coordinator's Office	Head of office
Suriname	UNDP	Representative
Suriname	UNFPA	Coordinator
Suriname	UNFPA	Programme manager
Suriname	UNFPA SROC	Liaison officer
Suriname	UNFPA Suriname	Programme assistant
Suriname	UNFPA Suriname	Programme finance associate
Suriname	Women's Rights Centre	Executive director
Suriname	Youth Advisory Group	Youth representative
Trinidad and Tobago	Institute of Gender and Development Studies, University of the West Indies, St Augustine Campus	Head of department
Trinidad and Tobago	Merikin Heritage Foundation	Chief executive officer
Trinidad and Tobago	Ministry of Health, National Aids Coordinating Committee	Technical director
Trinidad and Tobago	UN Resident Coordinator's Office	UN resident coordinator

Annex 4: Data collection tools

Interview Protocol – UNFPA Subregional Programme Evaluation

Introduction: The interviewer should introduce themselves as a member of the independent evaluation team.

Explain the purpose of the evaluation: to assess the performance of the 7th Subregional Programme (2022–2026) and to generate lessons that will inform future programming.

Clarify that the information provided will be confidential and anonymous. No statement in the report will be attributable to a specific individual. The evaluation team is ethically committed to ensuring that no data is traceable to its source.

Mention that interviews will last around one hour.

Ask the interviewee if they require any accommodation to fully and comfortably participate in the interview (e.g. accessibility, language, or format adjustments).

If the interviewer wishes to record the conversation, explicit consent must be requested from the interviewee.

Explain that, at the end of the data collection phase, the preliminary results will be presented to UNFPA, and the final report will be available in 2026.

Interview Guidance

Interviews are expected to last approximately one hour.

Given the diversity of SRP interventions, the interviewer should adapt the questions to the interviewee's profile and area of knowledge.

The interviewer should use their judgment on how to follow up each question, deciding whether further exploration is needed or whether to move forward to the next topic.

If certain questions or sections are not relevant to the interviewee, the interviewer may skip them.

At the end of the interview, always ask the interviewee if they would like to add any points that were not covered.

Questions

The following is a standard list of areas for questions that should form the basis of tailored lists prepared for each meeting. It should be recognized that some meetings may have a very focused purpose that the interview questions below would not be covered.

EQ1. Relevance

To what extent has the SRP been relevant to regional and national priorities, responsive to evolving contexts, and prepared for the future?

How has the SRP aligned with regional frameworks and national priorities? (probe: evidence of responsiveness to SIDS vulnerabilities, crises, shifting government priorities, and subregional complexities)

How has the SRP leveraged UNFPA's comparative advantage in the Caribbean? (probe: normative role, technical expertise, mandate)

How has the SRP applied an integrated programmatic approach? (probe: links across outputs, accelerators)

How is the SRP preparing for future demographic, social, environmental, and humanitarian changes? (probe: adaptive and differentiated strategies)

EQ2. Effectiveness
To what extent has the SRP achieved outputs, contributed to outcomes, and positioned itself to accelerate results?

How has the SRP strengthened government and regional capacity to integrate sexual and reproductive health and rights into laws, policies, and plans? (probe: adolescent health, emergency preparedness, service standards)

How has the SRP enhanced Ministry of Health capacity to forecast, procure, distribute, and track SRH commodities and collaborate with civil society? (probe: costed strategies, method mix, demand creation)

How has the SRP positioned data as a catalyst for decision-making? (probe: disaggregated data, projections, ICPD integration in policies)

How has the SRP improved maternal health services? (probe: maternal death surveillance, midwifery workforce, quality of care)

How has the SRP supported efforts to address discriminatory gender and social norms and harmful practices? (probe: social norms models, curricula, civil society engagement)

How has the SRP improved gender-based violence response services? (probe: essential services package, SOPs/protocols, coordination mechanisms in emergencies)

How have acceleration strategies contributed to pace and scale of results? (probe: LNOB, innovation, South-South cooperation, gender-transformative approaches, resilience)

EQ3. Coherence
To what extent does the SRP align with and add value to broader development and humanitarian efforts?

How has the SRP fostered synergies and joint programming with other UN agencies? (probe: complementarity, coherence across development and humanitarian settings)

How has the SRP promoted coordination and cooperation while applying context-specific and differentiated approaches? (probe: multi-country programming, differentiated strategies)

EQ4. Efficiency
To what extent was the SRP delivered in a timely and cost-effective manner?

How effective were the tools and processes to support implementation? (probe: results-based management, addressing bottlenecks)

How timely and cost-effective was the delivery of SRP outputs? (probe: budget utilization, pooled procurement, shared services)

How has SROC's internal configuration enabled efficient delivery? (probe: staffing, coordination with LACRO)

EQ5. Sustainability
To what extent has the SRP established sustainable foundations for continuation of results beyond the programme cycle, and how prepared is it for the future?

How have partnerships supported the continuation of results? (probe: co-financing, national adoption, regional cooperation)

How has the SRP contributed to financial sustainability? (probe: government co-financing, diversified funding sources)

How has the SRP fostered programmatic sustainability by embedding interventions in national systems? (probe: institutionalization of policies and services)

How has the business model supported sustainability foundations? (probe: stakeholder perspectives on future risks and required strategic shifts)

Template for Table of Evidence

Key for Quality of Evidence	Good quality of evidence from an adequate number of reliable sources plus source and/or method triangulation.	A mix of good quality evidence and weaker evidence or evidence gaps.	Weak evidence and/or major evidence gaps making triangulation impossible.

EQ1:		
Assumptions to be assessed	Indicators	Quality of evidence
Assumption 1.	Indicator for A.1	
Add bullet list of evidence here		
Assumption 2:		
Add bullet list of evidence here		

Annex 5: Evidence table

<table>
<tr><td colspan="2">EQ1: To what extent has the SRP been relevant to regional and national priorities, and responsive to the diverse and evolving contexts of the Caribbean, and how prepared is it to remain so in the future?</td></tr>
<tr><td colspan="2">Relevance, effectiveness</td></tr>
<tr><td colspan="2">A1.1: The SRP has been aligned with regional priorities and relevant across different national contexts, while remaining flexible to adapt to changing circumstances during implementation and enhancing its responsiveness to subregional complexities with adaptative and differentiated strategies.

Evidence that the SRP outcomes and outputs are aligned with international, regional and subregional frameworks (e.g., SDG and ICPD, CARICOM, OECS, MSDCFs, Montevideo Consensus, SAMOA)

Evidence that the SRP addressed national priorities across diverse country contexts, including SIDS vulnerabilities and crisis situations and has developed differentiated approaches for varying country and territories' contexts (including crises settings)

Evidence that SRP design or implementation was adapted to respond to changing government priorities, emergencies, or contextual shifts.

Stakeholder perspectives on future demographic, social, or environmental trends that the SRP should address to remain relevant.

Evidence of mechanisms or processes within the SRP implementation that strengthen the SROC's preparedness for future crises and contextual shifts.</td></tr>
<tr><td>• Suriname. The programme's focus areas, such as, adolescent pregnancy (rated 9/10 in severity, with 14% rate and 1.5% GDP loss), GBV (described as an 'epidemic' and 'very serious issue'), maternal mortality, and data strengthening—are consistently cited as top national priorities, fully aligned with the SDGs and national development plans.
• Trinidad and Tobago: The SRP supported T&T's Programme of Action for SRMNAH to complement the national SRHR Policy, aligning with ICPD/SDG commitments and the SRP ToC. The SRP convened and equipped stakeholders contributing to Montevideo Consensus follow-up (VNRs) and regional forums, reinforcing subregional policy alignment. Through the Spotlight Initiative T&T, the SRP advanced the National Strategic Action Plan on GBV/SV (2023–2027), established GBV coordination and SOPs, and strengthened data/health-sector response directly tackling a core national priority. The SRP worked on MISP integration for emergencies (TEMA integrated MISP in Tobago), addressing disaster risks typical of SIDS contexts and improving SRH preparedness.</td><td>Sources

Interviews
• Government Belize, Suriname
• UN entities Belize, Jamaica, Suriname
• CSOs Belize, Jamaica, Suriname
• Youth representative Belize</td></tr>
</table>

● Guyana. UNFPA's SRHR and GBV interventions were seen as highly relevant, especially in addressing adolescent pregnancy, rising incidence of STIs. There was a noted need for better localization, longer SBC training formats, and deeper integration of SBC into GBV and SRH programming. Focus areas (SRHR, GBV, maternal health, data for programme design and policy advocacy) match key national concerns, especially in indigenous and adolescent populations. These services and programmes are especially needed in underserved communities such as indigenous groups and hinterland regions. Mobile outreach and service delivery adapted well to rural needs; however, responsiveness was limited in areas like contraceptive training delays, weak data integration, and under-engagement with men. "Women frequently pursue validation from their romantic partners. Men's involvement is essential to promote women's participation." Cultural and social norms were acknowledged as barriers, yet stakeholders noted insufficient engagement with men or male partners in SRHR/GBV programming, limiting program adaptability. While local outreach methods showed adaptability, broader innovation and partner input integration were constrained by bureaucracy and hierarchical dynamics. "One implementing partner perceived that UNFPA's relationship with them was deliberately hierarchical, with the donor frequently adopting a condescending tone." A lack of integrated data collection and research within projects made it difficult to justify the need for significant innovation or additional funding for innovative approaches. ● Belize Current programmatic focus remains relevant. GBV, adolescent SRH, and adolescent pregnancy remain key development challenges and are expected to continue requiring attention. UNFPA is considered well positioned to address them, particularly through work on social norms. Commodities procurement also remains relevant. Youth and gender are some priorities areas that could benefit from a coordinated approach from the UN System, including through having a common Theory of Change ● Subregional: The SRP outcomes and outputs are well aligned with international and regional frameworks, including ICPD, SDGs 3 and 5, the Montevideo Consensus, and CARICOM priorities on SRHR and gender equality. National priorities were addressed through support to SRHR policy development in Dominica, Grenada, Saint Lucia, St. Vincent & the Grenadines, and Montserrat (Build Back Equal project), integration of the MISP into health emergency plans (Guyana, OECS states), and HIV-SRHR linkages in Jamaica. Mechanisms for crisis preparedness include technical working groups on SRHR, MISP orientation workshops, and cross-sector coalitions (e.g., Trans Health Strategy in Jamaica with TransWave). High-Level Policy Engagement: UNFPA plays a central convening role in advancing the International Conference on Population and Development (ICPD) agenda in the Caribbean, leading regional and national discussions on population dynamics and sustainable development. The organisation has been identified as a critical actor for the establishment of a regional population commission to guide a regional population policy—an initiative that remains pending. Support for National and Regional Reviews: UNFPA has provided technical support to countries in conducting five-year ICPD reviews and national reports, which feed into regional assessments led jointly with ECLAC. These processes help countries track demographic progress, identify data gaps, and align policy responses to emerging population trends. Technical Capacity Building: In August 2025, UNFPA organized a regional workshop on population projections and	● Consultant Suriname ● Guyana: UNICEF, GRPA, CARICOM interviews ● Government, CSOs Barbados and OECS ● Subregional: OECS, CARICOM, CARIBANK, Individual consultants, University Desk review ● National Trans Health Strategy (2020). ● Final Spotlight Narrative Report – TTO (2024) ● UN MCSDCF ● SRP document ● ICPD ● UNCT/MCO: Barbados and Montserrat. 2024. ● Building Resilience & Ending Vulnerabilities in Small Island Developing States. Final report

demographic analysis, enhancing the analytical capacity of national statistical offices to generate and interpret population data for policymaking.	• UNFPA SROC Annual Report 2023 • Copy 2022 Annual Report – Jamaica SRO • Copy of 2023 Annual Report – Jamaica-SROC
Adaptiveness: • Subregional: MTR and prioritisation exercise (the latter conducted in consultation with national counterparts), (however the results of the prioritisation are yet to be seen?). Flexibility to adapt was shown in the SRP's support for humanitarian response during Hurricane Beryl (2024) through advancing MISP integration and pre-positioning SRH supplies • Trinidad and Tobago SRP implementation pivoted to emergency SRH preparedness (MISP sensitization and pilot with responders) amid ongoing disaster risks and migration pressures. • Suriname Adaptability & Future Preparedness: The programme demonstrated adaptability by shifting trainings online during COVID-19 and integrating emerging issues like online sexual harassment into policy discussions. Stakeholders recommend future focus on demographic change, male engagement, and leveraging new financing opportunities (e.g., oil and gas revenues), indicating the programme is likely to remain relevant if it continues its evidence-based, participatory approach.	UNFPA. 2024. Final Report. Mid-Term Review UNFPA SROC. 2024. Report of the prioritisation exercise Interviews UNFPA SROC; UNFPA LACRO Suriname Government Partner, CSOs, Consultants, UN
• Responsiveness and differentiated strategies to subregional complexities: engagement with regional institutions (Caricom, OECS), development of specific models (data appreciation); at country level, focus for each country (e/g HiV Jamaica, MM in Guyana and) differentiated and relevant strategies to reach the furthest behind. However, such differentiated strategies end up spreading current capacities thin • Normative work: other context-specific entry points useful for normative work and to advance UNFPA goals, (such as the Return to School policy in Belize), are not foreseen in the SRP Results and resource framework and might not be taken up in SROC programming. • Suriname The programme effectively differentiated its approach for diverse contexts, particularly for Indigenous and Maroon communities in the interior. This included using local languages, translators, and community leaders, adapting CSE materials, and integrating SRH into business training to ensure cultural acceptability. The ASTA pineapple project is an example of adapting an economic initiative to address underlying issues of poverty and opportunity linked to adolescent pregnancy.	Desk Review • Programming documents (list) • Project documents (list) Interviews • Government Barbados • Subregional: OECS, CARICOM,

● Jamaica Differentiated approaches were evident: OECS countries focused on SRHR policy harmonization and adolescent health standards, while Jamaica emphasized curriculum reform and adolescent pregnancy reduction strategies ● Trinidad and Tobago Advocacy and curriculum work adapted to contextual barriers (e.g., parental-consent requirements; HFLE/CSE resistance) by developing an advocacy plan with NACC/IGDS partners to expand adolescent access. GDS emphasized sustaining partnerships, resourcing gender expertise, and addressing ideological/political resistance to gender justice key for future SRP relevance. ● Barbados: Population Policy and Situational Analysis: In Barbados, UNFPA supported the preparation of a new population policy and the development of a population situation analysis, which included stakeholder consultations and sensitization sessions. The process highlighted fragmented national data systems, prompting UNFPA to prioritize the establishment of baseline studies instead of dashboards as a more sustainable approach to strengthening the data ecosystem. ● Subregional: UNFPA's work in population and development directly responds to regional demographic vulnerabilities, particularly population ageing, youth out-migration, and data fragility across Caribbean countries. Its contributions help ensure that demographic evidence informs social protection, health, and development policies, in line with national priorities and regional frameworks such as the ICPD Programme of Action, the Montevideo Consensus, and the agenda 2030.	CARIBANK, Individual consultants, University
Priority programmatic areas consistently raised by informants ● Demographic trends: Common regional challenges include out-migration, low birth rates, demographic dividend, ageing, fragility due to climate events, and the need to frame the fertility debate around women's rights ● Increased support on data: leverage UNFPA mandate and engagement with NSOs to advance on data production and use. Data governance and statistical systems strengthening were also highlighted as emerging priorities. ● Entry point for climate discussion: UNFPA value added in modelling demographic change from a climate change perspective: inclusive adaptation and response ● Belize Leverage relations with SIB and census data to refine territorial prioritisation under limited resources (UN). Work on Youth and Demographic change emerge as areas where UNFPA could add value. Stakeholders underlined the need to start the debate around demographic change, include SRH and ageing, and the importance of framing the fertility debate around women's rights, adapting it to national and subregional contexts.	Interviews ● Government Belize, Guyana, Suriname, Jamaica ● UN entities Belize, Jamaica, Suriname ● CSOs Belize, Jamaica, Suriname ● Youth representative Belize ● UNFPA LACRO staff ● CARICOM, OECS, Caribank, UN RC
A 1.2 The SRP adopts an integrated programmatic approach that provides an adequate basis for advancing the UNFPA mandate in the Caribbean. Evidence of adequacy of the SRP Theory of Change in addressing the three transformative results in an integrated manner.	

Extent to which SRP design and fostered linkages across outputs and leveraged synergies with cross-cutting themes (e.g. accelerators) Extent to which SRP interventions addressed supply, demand, and enabling environment dimensions in an integrated manner to advance the three transformative results.	
● Barbados and OECS The BBE project aim at supporting an enabling environment for providing rights-based, gender-focused and Sexual Reproductive Health (SRH) services responsive to the needs of adolescents and youth through development and adoption of approval of national standards for quality healthcare services for adolescents. Capacity for educators and other duty bearers through expanded comprehensive sexuality education (CSE) training and targeted interventions to address gaps in contraceptive access. Buy-in for SRHR policies has been secured through continuous policy dialogue while training initiatives have enhanced healthcare provider competencies and improved reproductive health commodity security. ● Belize: UNFPA interventions in Belize addressed supply, demand and to a lesser extent an enabling environment: On the supply side, UNFPA worked with the Ministry of Health to train health workers, raising awareness and strengthening youth-friendly services. On the demand side, it partnered with civil society and the youth advisory group to provide mainly out-of-school CSE. For the enabling environment, UNFPA supported the revision of the SRH policy, contributed to aligning the youth policy with SRH, and backed the development of the disability act and the domestic violence act. It also supported policy instruments such as the Essential Service Package and the referral pathway that operationalize specific policies. However, SRP outputs and indicators are focused on the SRH policy and not necessarily on normative work writ large. As a result, context-specific entry points, such as the Return to School policy, are not foreseen in the SRP and are not taken up in SROC programming. This illustrates the importance of context-specific flexibility. ● Suriname: The programme successfully adopted an integrated approach in several areas. The linkage between SRHR and GBV was operationalized through training and referral pathways. The ATSA project integrated economic empowerment (supply), CSE and gender norm training (demand), and leadership development (enabling environment). The Joint SDG Fund project integrated gender and SRHR into national climate policy. However, integration was not always systematic. Some stakeholders noted that gender and SRH working groups were initially overlapping, leading to plans for separation in the future. While the programme effectively connected supply (e.g., commodity procurement, service training) and demand (e.g., CSE, peer education), strengthening the enabling environment (e.g., national policies, parent engagement, legal barriers for under-16s) remains a more challenging and less consistently addressed dimension. COVID-19 exposed gaps in reaching remote populations and sustaining multi-sectoral engagement. Future programming could further strengthen integration across themes and levels (policy, services, community). ● Trinidad and Tobago: The SRP ToC provided a clear framework linking supply-side strengthening (SRH commodities and service capacity), demand-side empowerment (CSE, youth engagement), and enabling-environment interventions (policy and data reform). In T&T, this was operationalized through integrated GBV, SRHR, and youth programming. The ToC's cross-cutting	● Build Back Equal Annual Report. March 2025 ● UNFPA SROC Annual Report 2023 ● • 2022 Annual Report Jamaica SRO ● • Final Spotlight Narrative Report – TTO (2024) ● • MOH National AIDS Coordinating Committee Trinidad Interview (2025) ● • Draft UNFPA SROC Annual Report 2024 ● Draft Disabilities Bill, 2023 (Belize) Interviews: ● Suriname Government Partner, CSOs, Consultants, UN ● Belize: Govt, CSO, UNFPA.

approach reflected the Caribbean's multi-sectoral realities engaging ministries, CSOs, and regional entities (e.g., CARICOM, PAHO, UWI) to simultaneously tackle gender, health, and rights outcomes. UNFPA's programming in T&T leveraged synergies between Output 3.1 (SRHR policy integration), Output 3.6 (GBV services), and Output 3.5 (social norms transformation) through the Spotlight Initiative. This fostered joint action among the Ministry of Social Development, Police Service, and civil society organisations on prevention, service delivery, and survivor-centred protocols. Integration with the EQUAL SRHR Project (Canada) linked GBV prevention, SRHR access, and reproductive rights into a single platform for advancing the three transformative results, ensuring sustainability beyond project cycles. • On the supply side, UNFPA strengthened the SRH commodity logistics system via the LMIS (SALMI) expansion to 30 pharmacies nationwide, improving contraceptive security. • On the demand side, youth access to CSE and SRH services was advanced through collaboration with the Ministry of Education and the development of a CSE advocacy plan. • On the enabling-environment side, the SRP supported legal and policy reforms under the National Strategic Action Plan on GBV/SV, promoting institutional coordination across ministries ● Jamaica The SRP Theory of Change in Jamaica is operationalized through integration of SRHR, adolescents/youth, and GEWE, linking directly to the three transformative results (ending unmet need for family planning, preventable maternal deaths, and GBV). UNFPA supported integration of HIV and SRHR services through collaboration with the Ministry of Health and UNAIDS, while simultaneously advancing adolescent pregnancy reduction strategies and comprehensive sexuality education (CSE) in schools. Gender equality frameworks (National Policy for Gender Equality, Spotlight Initiative) reinforced SRHR programming by embedding GBV prevention and survivor support within reproductive health and adolescent services. Stakeholders noted that this integrated approach has improved coordination and resource use. However, gaps persist in consistent CSE delivery, contraceptive access for adolescents, and comprehensive GBV survivor services ● Supply, demand, enabling environment dimensions: Supply – Strengthening of contraceptive logistics, provider training, and SRH commodity security. Demand – Youth-focused behaviour change campaigns and advocacy for CSE to reduce adolescent pregnancy. Enabling environment – Policy reforms (e.g., National Gender Equality Policy, Gender-Based Violence laws) aligned with SRHR and youth outcomes, supported by UNFPA and partners.	● · UNFPA SROC Annual Report 2023 (Jamaica section) ● · Draft Annual Report 2024 – SRHR Component ● · PIOJ Interview (2025) ● · UNAIDS Jamaica Interview (2025) ● · National Policy for Gender Equality (Government of Jamaica) ● Subregional: OECS, CARICOM, CARIBANK, Individual consultants, University

EQ2: To what extent does the SRP align with, add value to, fill a gap in, and contribute to broader development and humanitarian efforts in the English and Dutch-speaking Caribbean Caribbean?

A 2.1 The SRP leveraged complementarity, synergies and joint programming approaches with other UN agencies Evidence of joint programming and enhanced coherence of UN system support at national/subregional levels. Evidence that the SRP was strategically designed and implemented to capitalize on UNFPA's added value, and that it delivered distinctive value by addressing gaps uniquely suited to UNFPA's mandate.	
● SRP has relied extensively in Joint Programmes: Spotlight – EU: Belize, Grenada, Guyana, Jamaica and Trinidad and Tobago. BBE – Canada: Dominica, Grenada, St. Lucia, St. Vincent and the Grenadines. SDG Fund - Building Resilience & Ending Vulnerabilities in Small Island Developing States: Montserrat and Barbados. KOICA Project with UNDP in Belize/ Joint SDG Fund: Sustainable Pineapple Value Chain Development with FAO in Suriname. Adolescent Pregnancy: Canada (Belize and Suriname). However, quality and depth of coordination vary across countries and between UN entities. In joint projects: although overall project coordination worked well, informants highlighted that UN entities implementation is siloed within projects. In some countries informants noted lack of coordination and programmatic overlapping with other UN entities, particularly UN Women and UNICEF. (e.g. GBV referral systems were UNFPA's in Spotlight and are now UN Women in BBE) ● Coordination with WHO/PAHO was overall assessed as positive, while with others (e.g. PNUD) as untapped. ● Some of the factors that shape the level of coordination include RC presence, personal proactiveness (both UNFPA and other UN entities). ● Coordination with ECLAC for census well assessed ● Subregional: UNFPA recognized for its role in UN subregional Programme management team, for its proactivity to search for joint initiatives. ● Guyana: While joint efforts exist (e.g. SBC workshops), collaboration often depends on personal relationships rather than systemic coordination. GRPA rated UNFPA's collaboration with partners as high but acknowledged gaps in sustained engagement. Coordination improving but uneven; examples of strong joint work (e.g., Region 9); GRPA rated collaboration positively. ● Belize: There is weak overall UN coordination in Belize, with notable exceptions in emergency preparedness and health sector collaboration. RC is non-resident, reducing gravitas and presence. Meetings tend to be procedural and informative rather than substantive programme discussions. No entity is championing more integrated work, though UNFPA could play that role on issues such as youth, as well as GBV and follow-up to the Spotlight Programme. UN stakeholders highlighted the need for a shared theory of change and stronger coordination, particularly for gender and youth. The United Nations Emergency Technical Team (UNET) is cited as a particularly effective mechanism, with clear roles, scope, and agreed contingency planning. UNFPA is an active member, serving as sector lead for protection. UNET meets regularly, has a multi-hazard contingency plan, and operates free from project funding competition. PAHO, UNFPA, and UNICEF participate in a coordination mechanism to align activities with the Ministry of Health. It meets regularly and is transitioning to government leadership under the Policy and Planning Unit, which should further embed national ownership.	Interviews: - UN entity in BB/ OECS, - Donor - Suriname: UN Agencies, Consultant, Government Partners, Multilateral Financial Institutions - MOH National AIDS Coordinating Committee Trinidad Interview (2025) - Belize: UNICEF, UNDP, RC, UNFPA, CSOs, PAHO - Guyana: UNICEF, GRPA

● Suriname UNFPA is highly effective in joint programming and is recognized as a critical partner. One UN Agency commended UNFPA for acting as the 'de facto gender agency' in the absence of UN Women, leading gender components in all successful joint programs (e.g., SDG Fund on climate, ASTA with FAO/ILO/UNIDO, disaster preparedness with UNDP). Collaboration with PAHO on maternal mortality, LARCs, and contraceptive security is described as 'effective' due to long-standing relationships, shared priorities, and open communication. UNFPA's unique value is its technical expertise in gender and SRHR, its strong government and CSO partnerships, and its ability to convene key stakeholders. Coordination with IPPF, Medical Mission, and government ministries was frequently cited as a strength. A minor challenge noted was the need for better visibility for partners like the IDB in census communications and occasional last-minute sharing of documents with government. ● Trinidad and Tobago: · UNFPA's engagement in Trinidad and Tobago demonstrates strong complementarity through participation in the UN Multi-Country Sustainable Development Cooperation Framework (MSDCF) and coordination with UN Women, UNICEF, and PAHO on gender-based violence (GBV), SRHR, and adolescent health. The Spotlight Initiative, implemented jointly with UNDP, UN Women, UNICEF, and the EU, exemplified integrated UN programming. UNFPA's lead role on Pillar 3 (Service Delivery and Coordination) advanced GBV response mechanisms, data collection, and survivor-centred care across government and civil society sectors. Through joint work under the EQUAL SRHR Project (funded by Global Affairs Canada), UNFPA and PAHO collaborated to strengthen sexual and reproductive health services, including procurement of reproductive commodities, integration of CSE in schools, and provider training for youth-friendly services. UNFPA's niche value lies in its technical expertise in SRHR, GBV prevention, and population data complementing broader UN social protection and governance efforts. In T&T, UNFPA led national consultations on SRHR policy updates, midwifery workforce assessments, and maternal health surveillance strengthening. The SRP's integrated approach addressed critical policy and service delivery gaps not prioritized by other UN agencies especially around contraceptive security, MISP implementation, and adolescent sexual health. UNFPA also provided technical assistance to align the National GBV Strategic Action Plan (2023–2027) with global standards, linking it to broader UN and CARICOM gender strategies. ● Jamaica: The SRP engaged in joint programming with UN agencies in several areas: o Spotlight Initiative (EU–UN partnership): UNFPA, UN Women, and UNDP collaborated to strengthen GBV prevention and response systems, support legislative reform, and scale community-based interventions in Jamaica and other Caribbean states. o Every Caribbean Girl, Every Caribbean Woman (CARICOM/UN initiative): fostered cross-agency collaboration on adolescent pregnancy reduction and CSE integration. o HIV–SRHR integration: joint work with UNAIDS and PAHO/WHO in Jamaica to strengthen HIV prevention services within SRHR programming and align with national adolescent health strategies· At the subregional level, coherence was enhanced through UNFPA's leadership in the UN Multi-Country Sustainable Development Cooperation Framework (MSDCF), ensuring SRHR, GEWE, and adolescent priorities were mainstreamed into UN collective outcomes. o UNFPA's distinctive value is visible in areas where its technical expertise filled gaps left by other agencies: o SRHR commodity security and supply chain strengthening, which no other UN agency in the Caribbean covers at this scale. o Leadership in MISP integration into emergency health plans, an area of UNFPA's global mandate and comparative advantage. o Convening role in	- Subregional: OECS, CARICOM, CARIBANK, Individual consultants, University UNFPA SROC Annual Report 2023 - • DRAFT UNFPA SROC Annual Report 2024 (- • Final Spotlight Narrative Report – TTO (2024) - JP reports. BBE reports UNFPA SROC Annual Report 2023 - · Draft Annual Report 2024 – SRHR Component - · PIOJ Interview (2025) - · UNAIDS Jamaica Interview (2025) - · UN Multi-Country

advancing population data and demographic analysis, supporting PIOJ in Jamaica and regional partners to strengthen LNOB-focused data systems Stakeholders recognized UNFPA's role as both a technical leader in SRHR and a bridge-builder linking health, gender, and youth initiatives with wider UN programming. However, challenges remain in ensuring consistent coordination across all agencies, with some overlap in youth empowerment initiatives noted by government partners. ● Barbados and ECS: Stakeholders across the board noticed an overall fragmentation of efforts and lack of coordination among UN entities, and within specific projects (BBE) lack of coordination between IPs and between UN entities and the government.	Sustainable Development Framework (2022–2026)
A 2.2 The SRP fostered enhanced coordination and cooperation while maintaining a context-specific and differentiated approach Evidence of multicounty programming and initiatives that maintain a context-specific and differentiated approach	
● Subregional initiatives provided frameworks and technical resources that supported effective country-level adaptation, responsiveness and ownership. Sustaining progress will require leveraging these subregional approaches strategically to take UNFPA's work to scale, maintaining relevance across diverse contexts without overextending teams through overly context-specific programming. ● Subregional initiatives have reduced transaction costs for overstretched liaison offices, ● Regional initiatives contribute to show UNFPA traction and position UNFPA as a global leader ● partners emphasized the need for continued post-project engagement and accompaniment to consolidate gains and sustain institutional capacity ● E.g. RHCS strategy, SRH legal review, Midwifery, SCB, Caribbean CSE model, data appreciation initiative, private sector initiative). ● Population and development and population data were also areas that benefited from a regional approach ● Data appreciation project was not implemented on time, one of the reasons raised was low engagement of LOs, compounded by lack of resources, the project rationale relied on LO presence in the countries to engage with NSOs, but this did not materialize because of competing priorities within UNFPA at country level. ● Private sector initiative UNFPA's sub-regional office has advanced private sector engagement through an emerging strategy focused on the Caribbean hospitality and tourism sector. Building on the 2023 EU Spotlight Initiative, which developed a gender-based violence (GBV) workplace policy, the office supported a pilot led by Brian Frontin to position UNFPA as a credible actor within the industry. The approach prioritized building trust, data, and partnerships before directly engaging hotel chains. Collaborations were established with the Caribbean Hotel and Tourism Association, the Caribbean Tourism Organisation, and groups such as Women in Tourism Caribbean to conduct workforce surveys and generate evidence on GBV and equity issues. Complementary consumer research targeting U.S. women travellers—who make the majority of travel decisions—revealed that safety ranked above cost, providing a powerful entry point for UNFPA to advocate for gender-responsive workplace policies and safer tourism environments. : https://sites.google.com/unfpa.org/private-sector-portal	Interview Donor UNFPA SROC Subregional: OECS, CARICOM, CARIBANK, Individual consultants, University Suriname YAG, UNFPA, Government Partner Subregional: UNFPA SROC staff, University Guyana: UNICEF, GRPA Jamaica: · UNFPA SROC Annual Report 2023 Barbados and OECS: UNFPA and CSO

● UNFPA and ECLAC launched a regional study reviewing lessons from the 2020 round and identifying bottlenecks in census implementation and data use. (UNFPA provided limited financial and technical support to several Caribbean countries during the 2020 census round, -except Suriname- although structural challenges—such as limited national capacity and competing post-COVID-19 recovery priorities—hampered results.) ● UNFPA maintains strong collaboration with key regional institutions, including ECLAC, CARICOM, the OECS Commission, and the Caribbean Development Bank, to ensure policy coherence and avoid duplication of efforts. The sub-regional office holds regular technical touchpoints with these partners to align on population data strategies and advocacy priorities. Coordination challenges persist, including the need to institutionalize more regular collaboration mechanisms and enhance knowledge-sharing beyond periodic engagements. ● Common operational datasets: rolled out for the 22 countries, with UNFPA LACRO and OCHA support. OCHA plans to facilitate a webinar with CDEMA, IM, and WFP to demonstrate the use of these datasets during emergencies, hoping for an agreement with partners to use them for operational preparedness ● With OCHA and the Caribbean Disaster Emergency Management Agency training first responders in (GBV) and emergency standards. the training involved UN Women and standardized materials, with sessions held in Barbados, Trinidad and Tobago, Antigua and Barbuda, and Guyana. The plan is to further standardize and integrate this training into CDEMA's annual curriculum for sustainability. ● Barbados and ECS: BBE Some targets in the program document were deemed unrealistic by implementing partners, with questions raised about the basis for baseline numbers, and significant gaps exist in terms of what is achievable across different countries and locations due to varying historical and contextual factors (Barbados and OECS Office). Comprehensive Sexuality Education (CSE) toolkit flexible to adapt to different contexts. ● Belize: There are some initiatives that were rolled out in a subregional manner (RHCS strategy, SRH legal review, Midwifery) but one interviewee mentioned that this could be further explored. Bringing more regional initiatives show UNFPA traction and position UNFPA as a global leader. There is a balance needed between being too nuanced by country, which ends up stretching the teams, and having more generic templates. ● Guyana: Coordination improving but uneven; examples of strong joint work (e.g., Region 9); GRPA rated collaboration positively. UNFPA's Leave No One Behind principle went into effect through targeted initiatives concerning migrant populations. UNFPA and its implementing Partner GRPA's outreach initiatives in indigenous and hinterland communities received commendation for employing external teams to safeguard confidentiality in small populations and modifying content and presentation to surmount cultural opposition to contraception. The necessity for local SBC specialists and context-specific training materials was emphasized. Focus should be given to customizing behaviour change initiatives to align with Guyana's cultural and social characteristics. Suggestions for extended, more immersive workshops (e.g., 4-day formats instead of 1–2 days). Enhanced localization through the engagement of local SBC experts and the creation of context-specific training manuals to ensure that interventions align with local realities	· Draft Annual Report 2024 – SRHR Component · PIOJ Interview (2025) · UNAIDS Interview (2025) · CARICOM Gender Equality Strategy

- Trinidad and Tobago: Under the SRP, UNFPA Trinidad and Tobago functioned as part of the Multi-Country Office (MCO) for the Caribbean, contributing to region-wide coordination mechanisms addressing SRHR, GBV, and population data. Trinidad and Tobago actively participated in multi-country programmes such as the Spotlight Initiative, which established shared GBV response standards across the Caribbean while allowing for national contextualization of interventions. The SRP also advanced South-South learning exchanges on midwifery and SRH commodity security, with T&T sharing best practices with Jamaica and Barbados through the Caribbean Midwives Association and the SRH Logistics Management Information System (SALMI). UNFPA's differentiated approach balanced technical support for system strengthening (e.g., policy reform, surveillance tools) with community-level work through local CSOs addressing out-of-school youth and migrant populations. The EQUAL SRHR Project exemplified this approach integrating GBV and SRHR interventions through partnerships with the Ministry of Health, the Equal Opportunities Commission, and local women's NGOs. UNFPA contributed to the regional CARICOM and OECS frameworks on gender and health, ensuring that T&T's national strategies were harmonized with broader subregional priorities while reflecting its unique policy and demographic context. • The SRP also facilitated cross-country technical cooperation on PSEA and humanitarian response protocols under CDEMA and CARICOM disaster frameworks.
- Suriname Stakeholders in Suriname note that while regional strategies provided useful frameworks, activities were tailored to specific communities (e.g., Maroon, Indigenous, rural/urban youth) and government priorities (such as data capacity and gender policy). Local ownership and adaptation were cited as critical for success, such as using local languages in training and ensuring Free, Prior and Informed Consent (FPIC) in ITP programming. The programme successfully implemented regional initiatives while ensuring local adaptation. Examples include adapting the Caribbean CSE model and SBC strategies for the Surinamese context and participating in regional 'train-the-trainer' programs for GBV under the Spotlight Initiative, which were then localized. Still, some partners called for greater post-project engagement and support.

EQ3. To what extent has the SRP achieved its intended outputs and contributed to outcomes, and how well positioned is it to accelerate results in the future?

A 3.1 The SRP integrated programmatic approach contributed enhanced capacities of government entities and regional institutions to integrate sexual and reproductive health and rights into laws, policies, and plans Evidence of UNFA contribution to comprehensive national sexual and reproductive health and rights policies that incorporate an essential, integrated service package of sexual and reproductive interventions, including in humanitarian contexts. to strengthened institutional capacity for the development and implementation of standards for high-quality adolescent health care services, including for marginalized adolescent groups. to the development of MISP for sexual and reproductive health in emergencies plans	
Trinidad and Tobago ● UNFPA, through the Spotlight Initiative, supported the Government of Trinidad and Tobago in the development and approval of the National Strategic Action Plan on Gender-Based and Sexual Violence (NSAP-GBV/SV 2023–2027) a costed, rights-based policy framework integrating SRHR, GBV prevention, and survivor-centred service delivery. The NSAP aligns with CEDAW, ICPD, and SDG benchmarks and represents a model for multisectoral policy coherence. The SRP's contributions ensured that the NSAP included measurable SRHR indicators and incorporated gender-transformative programming across ministries, embedding UNFPA's technical standards into national law and policy. ● The Spotlight Initiative facilitated the development and formal endorsement (August 2022) of the National Clinical and Policy Guidelines on Intimate Partner and Sexual Violence, led by the Ministry of Health and endorsed by the Directorate of Women's Health. These are the first comprehensive health-sector standards for integrating SRH and GBV response in Trinidad and Tobago. Over 418 health workers were trained—including 151 master trainers who will cascade training across the Regional Health Authorities strengthening institutional ownership and sustainability of survivor-centred health care. ● Indicator Reporting 2023 confirms that government entities demonstrated improved capacity to design and implement policies on EVAWG and SRHR, consistent with SRP Output 3.1 (policy integration and institutional strengthening). ● UNFPA partnered with the University of the West Indies (UWI), St. Augustine Campus to embed SRHR and GBV content into undergraduate and postgraduate curricula in nursing, medicine, midwifery, psychology, and gender studies. This initiative closed a long-standing gap in pre-service education for SRH professionals. ● The Programme of Action for Sexual, Reproductive, Maternal, Neonatal, Adolescent and Child Health in Trinidad and Tobago was developed to complement the existing SRHR Policy.	Final Spotlight Narrative Report TTO (2024) Annex A – Indicator Reporting 2023 Spotlight Initiative Project Document (2023) UNFPA SROC Annual Report 2023) Draft UNFPA SROC Annual Report 2024 (2) MOH National AIDS Coordinating Committee Interview (2025) UNFPA annual report 2024

● development and implementation of the MISP for SRH in emergencies. Despite the absence of supportive legislation and policy, progress was made in Tobago, where emergency response plans now include MISP components. UNFPA's advocacy helped to raise awareness about the importance of MISP, and a pilot session with emergency responders improved their knowledge and capacity to implement these services during crises. ● TT Trinidad and Tobago continues to record a decline in adolescent fertility, estimated at 26 births per 1,000 girls aged 15–19, reflecting improvements in contraceptive access, school re-entry policies for adolescent mothers, and community-based CSE delivered through CSO partnerships. interviews confirmed that UNFPA's support for youth-friendly SRH services and school-based outreach programs under the SRP contributed to this downward trend, although disparities remain among marginalized and migrant youth.	UNFPA SROC Annual Report 2022 UNFPA SROC Annual Report 2023 •
Jamaica. ● UNFPA supported the National Family Planning Board (NFPB) and Ministry of Health and Wellness in Jamaica to integrate SRHR priorities into national policy frameworks, including alignment with the National Integrated Strategic Plan for Sexual and Reproductive Health and HIV 2020–2025. These policies embed a comprehensive package of SRHR services spanning family planning, maternal health, HIV/STI prevention, and GBV response. ● Programmes explicitly addressed underserved groups, including adolescents in rural areas, migrants, LGBTQI+ youth, and young persons with disabilities. For example, the National Trans Health Strategy (2023), supported by UNFPA, provided technical guidance to integrate gender-diverse adolescents into health service delivery ● HIV: The implementation in Jamaica of the UBRAF Country Envelope yielded significant strategic achievements in advancing integrated HIV and sexual and reproductive health and rights programmes. The community-led responses by the Jamaica Community of Positive Women (JCW+) and TransWave Jamaica align with global and national commitments, including the Sustainable Development Goals (SDGs), the UNAIDS Global AIDS Strategy 2021-2026, and Jamaica's Ministry of Health & Wellness (MOHW) 10-Year Strategic Plan (2021-2030). These efforts contribute to strengthening community health interventions, empowering marginalized groups, and improving access to SRHR services. By addressing key challenges and leveraging strategic partnerships, these efforts continue to drive sustainable improvements, ensuring no one is left behind. The JCW+ Community EmpowerHer Mentors (CEMs) Project contributed to Elimination of Mother-to-Child Transmission of HIV and Syphilis (EMTCT) status through gender-sensitive, rights-based peer and community interventions. In 2024, the project successfully trained 14 peer mentors, reaching 95% of its target, while 211 women living with HIV (WHIV) received critical SRHR information. Additionally, 68 individuals accessed the Women's SRHR Research Guide Flipbook, equipping them with essential knowledge on maternal health, family planning, and PMTCT. Furthermore, 77 WHIV participated in research to assess awareness and service uptake, and nine Youth Empowerment Officers were sensitized to promote youth-centric SRHR approaches. Meanwhile, TransWave Jamaica made significant strides in advancing health advocacy for gender non-conforming and marginalised groups. A capacity building programme highlighted the social determinants of health and empowered gender-diverse individuals with	· UNFPA SROC Annual Report 2023 · Draft Annual Report 2024 – SRHR Component · National Trans Health Strategy (2023) · PIOJ Interview (2025) · Jamaica Family Planning Association Interview (2025)

advocacy skills, knowledge of health-related challenges, and tools for social media engagement to strengthen social and behaviour change communication (SBCC) and increased uptake of health services. Post-training assessments showed marked improvements, with 70% achieving full scores. Moving forward, CSO partners aim to institutionalize training programmes, expand regional collaborations, and integrate community-led interventions into national health governance to ensure long-term sustainability. ● Through the SRP, institutional capacity was strengthened to implement adolescent-friendly health standards based on WHO/PAHO guidance. In Jamaica, this was operationalized via CSE rollout, adolescent pregnancy prevention programmes, and partnerships with schools and youth-led CSOs ● UNFPA integrated the MISP for SRH into Jamaica's disaster and health sector preparedness plans, ensuring SRH continuity during crises such as hurricanes and pandemics. For countries still in the process of integrating MISP into health sector plans and strategies, such as Belize and Jamaica Belize, a step-by-step practical guide for integrating MISP into national health sector plans has been developed to guide the MISP integration process ● Training and technical support were provided to health providers, NFPB staff, and CSOs, improving delivery of adolescent SRHR, GBV services, and maternal health care, with measurable institutional uptake. ● Evidence shows decreasing adolescent pregnancy trends in Jamaica, where SRP contributions included CSE rollout, adolescent-friendly health standards, and school health sector partnerships. These interventions directly expanded access to SRH information and services for young people. The World Bank reported the rate of adolescent fertility (37/1000 girls ages 15-19) in 2023, while PAHO reported a rate of 36.1 in 2024 - PAHO (2024) World Bank (2023)	

Guyana ● UNFPA, CARICOM and other development partners organised and implemented a Caribbean Youth Summit in November 2023 which offered a safe, empowering space to tackle gender-based violence, harmful practices, and civic responsibility. Youth were intentionally upskilled to develop and advance policy recommendations on GBV, mental health, safety, and SRHR. Summit outcomes sought to strengthen regional and national programmes and policy frameworks aligned with SDG Goal #5 and CARICOM Youth Development Goals. GRPA reported collaboration with UNFPA on legal awareness (e.g. adolescent abortion rights), but no strong evidence of legislative policy change efforts ● HIV: In Guyana, the implementation of the UBRAF Country Envelope made notable progress in expanding access to HIV combination prevention services for key populations and youth. Four peer educators were recruited, trained, and deployed in regions 3 and 4 to strengthen outreach efforts. These interventions targeted 15 high-risk locations where key populations congregate, ensuring that vital SRHR information reached those most in need. The project team collaborated with the National AIDS Programme Secretariat to enhance sustainability, improve national programming, and reduce duplication of efforts. Key activities included social media engagement by peer educators to promote correct and consistent condom use, venue-based outreaches to provide SRHR information, and the distribution of over 6845 condoms. Mobile clinics facilitated access to STI and HIV counselling, testing, and treatment. To date, 215 individuals have benefited from direct services, and more than 346 one-on-one counselling sessions have been conducted. These initiatives have strengthened community-led prevention efforts and improved SRHR access for vulnerable groups. ● In Guyana, UNFPA supported the Ministry of Human Services and Social Security by providing both technical assistance and financial support for the procurement of items to establish ten (10) additional Adolescent/Youth Friendly Spaces in Administrative Regions 2, 3, 4, 5, 6 and 10. This initiative strengthened efforts to address the health and well-being of adolescents and youth at the community level, including their Sexual and Reproductive Health and Rights (SRHR). The Adolescent/Youth Friendly Space is a physical environment within a building where adolescents and young people can freely visit as a safe space to relax with their peers while also benefiting from information, education, and services that support their health, well-being, and realization of their full potential ● The MISP action plan for Guyana has been finalised and is awaiting formal submission to the Ministry of Health for approval	Interviews UNFPA report 2024 Minimum Initial Service Package (MISP) Action plan to strengthen preparedness and response for Guyana. 2024
Belize ● Revision of the SRH Policy: UNFPA participates in the national committee and provides technical assistance for the update of the 2002 SRH policy. The current policy is seen as overly ambitious and cumbersome, the revision aims at to be clearer, more actionable, and to assign responsibilities more effectively. Efforts are also underway to update the Belize National Youth Development Policy to align with the revised SRH Policy, with an international consultant expected to finalize these updates by Q1 2025. The revised SRH Policy factors access for adolescent and youth among other vulnerable persons, promotes the integration of SRH &GBV response, and makes provisions for the implementation of the MISP for SRH in emergency situations.	UNFPA 2023. Assessment of Readiness to provide Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergency in Belize, MTR

● Youth-friendly health services: UNFPA supports initiatives to strengthen youth-friendly services, especially through supporting the Ministry of Health with training-of-trainers initiatives on youth-friendly health services. The Ministry of Health is replicating these trainings nationally, showing institutionalization. Implementation faces challenges, as there is a lot of turn-over, trainers have other full-time duties and cannot cascade knowledge effectively. Stakeholders also mentioned that services are still very discretionary, depending on the front-line worker. There is an important challenge related to parental consent in Belize that continue to prevent adolescents from independently accessing services, as providers fear legal consequences (this indicator was dropped out in the MTR) ● MISP: UNFPA supported in 2023 the Minimum initial service package readiness assessment (MRA). UNFPA proactively procured and prepositioned dignity kits at the end of 2022. kits were handed over to NEMO for storage in their warehouse. The kits are being used by NEMO at their discretion, but there is a challenge related to the lack of an accurate inventory system within NEMO and thus UNFPA lacks the capacity to report with confidence in coordination meetings (e.g. UNET) on the availability of kits. Discussions with NEMO have started on the need to strengthen inventory management to ensure accountability and timely information, Belize, a step-by-step practical guide for integrating MISP into national health sector plans has been developed to guide the MISP integration process Step by Step MISP integration Guide	UNFPA SROC, UN and Government interviews UNFPA Annual reports 2022, 2024
Suriname ● Significant contributions were made to policy integration. UNFPA provided technical and financial support for the development and revision of key policies, including the Gender Policy (2021-2035), the National Adolescent Health Strategy, the addendum on Gender and Climate Change, and the Essential Services Package (ESP) for GBV survivors. ● UNFPA also supported the Domestic Violence Act and the integration of SRH into HIV and women's health strategies. ● Capacity was built for government and CSOs to implement these policies, though sustained implementation and monitoring remain a challenge. ● Under the UNDP-led EnGenDer project, and in collaboration with UN Women, UNFPA helped strengthen Suriname's emergency response capacity, including GBV prevention, by delivering MISP training to district disaster preparedness teams. Additionally, UNFPA led first-responder training for 23 healthcare professionals from the Medical Mission, Regional Health Services, and national hospitals. This training enhanced their emergency response skills and integrated measures to prevent sexual exploitation, abuse, and harassment (PSEAH)—a critical aspect of humanitarian work. Participants also identified key steps for embedding MISP within national health and disaster frameworks, improving resilience in future crises. ● Adolescent pregnancy is seen as a "9 or 10 out of 10" severity issue, with rates as high as 14% and estimated one live birth per week to girls under 15. UNFPA's socio-economic impact study and continuous CSE (comprehensive sexuality education) and contraception interventions are reported as having positive impact, but the trend remains a concern. Multi-sector collaboration and data-driven	Government Partner, CSOs, UNFPA, UN Agency, Consultant, YAG UNFPA Annual report 2024

interventions are prioritized to address the issue. Despite these advances, adolescent pregnancy rates remain high, and persistent socio-cultural and systemic barriers (parental consent, cultural acceptance, cost, staff turnover) slow further progress.	
Barbados and ECS ● Dominica, Grenada, Saint Lucia, Saint Vincent and the Grenadines, and Montserrat successfully finalized their draft SRHR policies. SRHR policy drafts for four OECS countries under the Build Back Equal (BBE) project were submitted to their respective governments for approval. From the JP reporting, in the case of Montserrat, challenges included limited timelines, unrealistic expectations for the Sexual and Reproductive Health (SRH) policy, and heavy workloads for key personnel. While a blueprint for the SRH policy was developed, further adjustments are necessary to ensure its effectiveness. Improved SRHR Coordination in the four countries as Saint Lucia formally established an SRHR committee, while Dominica, Grenada, and Saint Vincent and the Grenadines integrated SRHR coordination into existing structures. ● Adolescent healthcare standards: In Dominica, Grenada, and Saint Lucia, the finalized standards were approved and officially launched by the respective governments during the last year. In Saint Vincent and the Grenadines, the standards were completed and submitted to the government, with final clearance from the Attorney General's Office pending for full approval. These Adolescent Standards documents aim to ensure that all adolescents; including those from marginalized populations, have equitable access to essential information and healthcare services, free from discrimination. They offer a comprehensive framework for delivering quality adolescent health services across eight key domains: health literacy, community support, a tailored package of services, provider competencies, facility characteristics, equity and non-discrimination, data and quality improvement, and adolescent participation. Recognizing the diverse identities and unique circumstances of marginalized adolescents, including those with disabilities, LGBTQI individuals, Indigenous communities, and those living in remote areas, the standards emphasize the need for responsive and inclusive implementation strategies that address their specific need ● Progress was made in integrating the Minimum Initial Service Package for Sexual and Reproductive Health into national health sector emergency plans, particularly under the Building Back Equal project. The MISP was successfully incorporated into the SRHR policies of four OECS countries: Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines (SVG). ● In SVG, a Sexual and Reproductive Health Technical Working Group (SRH TWG) was established, with clear terms of reference to guide its operations. To further strengthen capacity, a MISP orientation workshop was conducted for SRH partners and staff of the Ministry of Health (MOH). ● Technical assistance for the implementation of the MISP for sexual and reproductive health in response to the impact of Hurricane Beryl provided in strengthening the MISP preparedness actions to anticipate the subsequent hurricane seasons in Grenada and St. Vincent and the Grenadines. In the case of St. Vincent and the Grenadines, the mission of the SRH in Emergencies Specialist facilitated follow up on MISP for SRH in Crisis Situations (MISP) preparedness and a review of the MISP readiness action plan for St. Vincent and the Grenadines.	BBE project report 2024 JP report Interviews government, CSO, UN Ministry of Health, Wellness and Social Services St. Vincent And the Grenadines, 2024. National Sexual and Reproductive Health Policy 2024 Ministry of Health, Wellness and Social Services Saint Lucia, 2024. Sexual and Reproductive Health Policy 2024-2029 Grenada, National Sexual and Reproductive Health and Rights Policy 2024 Ministry of Health, Wellness and Social Services the Commonwealth of Dominica, 2024. Sexual

	and Reproductive Health Policy 2024
Subregional ● SRHR Policies: Developed/supported 9 countries (Guyana, Suriname, Trinidad and Tobago as baseline; Dominica, St. Vincent and the Grenadines, St. Lucia, Grenada, Montserrat developed 2023; Belize finalizing 2024) ● Sexual Reproductive Health Legislative Framework Review: Launched 2023 covering all 22 countries. The SRH Legislative Review Report paved the way for dialogue and action in respective countries/ territories. ● Challenges The functionality of sexual and reproductive health technical working groups at the national level to provide oversight and coordination remains a challenge. UNFPA has provided technical support in drafting terms of reference for these committees and facilitated inaugural meetings. This requires government commitment and ownership. Lengthy policy review processes underscore the importance of early engagement with policymakers and streamlining review procedures to accelerate approval and adoption. ● Seven evidence-based advocacy knowledge products were developed by the Caribbean Observatory on SRHR and launched on December 5, 2023 during a UNFPA/IPPF/Observatory Joint Launch & High-Level Meeting with accompanying Capacity-strengthening workshop with 135 people of whom over 30 were civil society actors and youth advocates working to help them utilise the evidence-based materials to continue the dialogue in their respective countries/territories. The evidence-based advocacy knowledge products comprise five (5) thematic policy briefs, a report and its accompanying policy brief. ● Empowering Young People: Eliminating Legal Barriers that Limit Access to SRH Information and Services for Young People ● Protecting the Most Vulnerable: The Importance of Policy and Legislation to Prevent Compulsory Withdrawal of Pregnant Learners and Guarantee Re-entry ● Accelerating Progress towards the Reduction of Adolescent Pregnancy: Towards a comprehensive approach ● Towards a Better Future: Enacting Policy and Legislation to Guarantee Comprehensive Sexuality Education for Youth in and out-of-school ● The Impact of Child Marriage and Early Unions: Raising the Minimum Age of Consent to Marry ● MISP (Minimum Initial Service Package): Supported multiple countries with training, assessments, and action plans; integrated into all new SRHR policies. Challenges Ensuring that MISP is integral to national health sector emergency plans remains challenging. However, UNFPA has adopted new approaches to address this challenge by ensuring MISP integration using multiple prongs, including MISP in new SRHR policies and developing a step-by-step MISP integration plan. ● Lessons learned, learning from the Hurricane Beryl response, continuous engagement of stakeholders is key to keeping the MISP action plan active and relevant to ensure that the plan remains practical and relevant for disaster preparedness and response.	UNFPA annual reports UNFPA SROC interviews Evidence at country level

A 3.2 The SRP integrated programmatic approach contributed to enhanced capacities of Ministries of Health to effectively forecast, procure, distribute, and track sexual and reproductive health commodities and collaborate with civil society organisations to create demand and deliver sexual and reproductive health information and services Evidence of UNFA contribution to the adoption of costed reproductive health commodity security strategies enhanced capacities to ensuring a suitable family-planning method mix, including LARCs.	
Trinidad and Tobago: ● UNFPA has been a key technical partner to the Ministry of Health (MOH) in modernizing the SRH commodity logistics management system, ensuring regular forecasting, procurement, and tracking of contraceptives and essential maternal health supplies through the *SALMI (Sexual and Reproductive Health Logistics Management Information System)*. The system now enables real-time stock monitoring at national and regional levels, reducing service disruptions and wastage. The MOH interview confirmed that UNFPA's engagement strengthened national commodity security governance, particularly through standardized procurement tools, training of pharmacists and SRH focal points, and integration of reproductive health commodities into the essential medicines list, improving alignment with the ICPD PoA. The MICS 6 and the Central Statistical Office (CSO) Population and Vital Statistics Programme received capacity-building support through UNFPA to expand the use of sex- and age-disaggregated data, contributing to the monitoring of adolescent pregnancy, maternal health, and family planning coverage. SALMI- has been implemented in 30 out of the total 36 pharmacies in Trinidad and Tobago. In 2024, SROC supported the transition of this system from a temporary server to the government of Trinidad and Tobago to ensure sustainability and ownership. Government staff were trained on key elements of the systems to ensure smooth running. the Ministry of Health (MOH) reports that pharmacies utilizing SALMI have experienced improved inventory tracking. UNFPA and the MOH are now negotiating strategies to ensure the system's long-term sustainability. See link Salmi transition plan ● The absence of a costed reproductive health commodity security strategy and systematic forecasting mechanisms represents a substantial gap in achieving sustainable commodity security, though UNFPA's contribution through enabling cost-effective procurement and establishing LMIS infrastructure in Trinidad & Tobago demonstrates adaptive management in response to partner priorities and operational realities.	UNFPA SROC Annual Report 2023 • Draft UNFPA SROC Annual Report 2024 (2) Ministry of Health / National AIDS Coordinating Committee Interview (2025) EQUAL SRH report 2024
Jamaica: UNFPA supported Ministries of Health in Jamaica, Belize, and Guyana with logistics management information systems (LMIS) and training on forecasting and procurement. This improved capacity to maintain contraceptive supplies and ensure distribution to health facilities, reducing stock-outs of contraceptives and maternal health commodities.	UNFPA SROC Annual Report 2023 Draft SRHR Report 2024 PIOJ Interview (2025)

	Jamaica Family Planning Association Interview (2025) PIOJ-NPSDP Programme Report (2024
Suriname: UNFPA strengthened the capacity of partners like the Medical Mission and Ministry of Health through training on implants, youth-friendly services, and data use. A joint strategy with PAHO is underway to address contraceptive stockouts and supply chain management. The development and rollout of a family planning decision-making tool to all clinics is a key achievement. Persistent barriers: stockouts, legal/parental consent issues for youth, high staff turnover in Medical Mission, language barriers for English-language digital tools, and the high cost of services in the interior.	CSOs, Government Partner, YAG
Belize: Procurement of contraceptives UNFPA has sustained a long-standing collaboration with the Ministry of Health by procuring contraceptive commodities with government funds, ensuring better prices and quality. This is recognised as UNFPA's greatest contribution, enabling the Ministry to reach more women with a suitable method mix, including LARCs. Challenges include increased transportation costs and longer procurement cycles after COVID-19, which strain the timeliness of supply. The Ministry manages distribution. As this process is directly handled by SCMU, the LO does not have monitoring information regarding government's procurement and cannot thus access availability or potential stockouts. From desk review -not mentioned (even when prompted) by MoH: The Luxembourg funded project builds on gains from the Spotlight Initiative, addressing the link between SRHR and gender-based violence (GBV) by tackling stockouts of Long-Acting Reversible Contraceptives (LARCs) and advocating for long term domestic financing of RHCS. Under Sexual and Reproductive Health Commodity Security (RHCS), a two-day training strengthened the supply chain management of SRH commodities across Belize, aligning with the MoHW Strategic Plan. Persistent challenges, such as contraceptive stockouts, were addressed by improving forecasting, procurement, and inventory management. The training engaged 12 health officers from all four regions, equipping them with the tools to enhance crisis response, supply chain resilience, and healthcare access for vulnerable population. Technical support from UNFPA enabled Belize and Guyana to access third-party procurement services by fostering government-led procurement of reproductive health commodities.	MH, UNFPA Annual report 2024, LNOB project report
Guyana: ● UNFPA supported condom and STI test distribution, though contraceptive uptake remains low due to cultural norms and misinformation. SRHR services reached rural areas via mobile clinics.	Interview UNFPA SROC report EQUAL SRH report 2024

● UNFPA supported the Ministry of Health in Guyana with the development of estimates and projections for strategic planning, specifically projections of contraceptive usage and procurement that consider the needs and preferences of the population. A presentation on RHCS projections for strategic planning in Guyana was made to the Minister of Health on 14 December 2022. ● UNFPA provided third-party procurement support enabling Guyana's Ministry of Health to acquire US$76,892.65 worth of essential SRH commodities including 8,000 IUDs, 23,000 contraceptive injections, 8,820 oral contraceptives, and 1,800 Mirena devices using the Ministry's own funds through UNFPA's procurement facility, thereby improving access to contraceptives and method mix at user level. ● Emergency response commodities reached vulnerable populations through distribution of 2,950 dignity kits in Guyana and 250 in Trinidad & Tobago to Venezuelan migrants and at-risk women, alongside 43,000 condoms and 24,000 lubricants distributed through mobile outreaches to prevent STIs and unintended pregnancies. ● However, the project encountered a critical challenge when Guyana's Ministry of Health declined to engage in comprehensive supply chain strengthening activities originally planned, including the Supply Chain Operation Diagnostic (SCOD) Assessment, forecasting and tracking systems, and logistician training—resulting in complete removal of these activities from the workplan and elimination of multiple Performance Management Framework indicators related to stock-out reduction, forecasting accuracy, and timely reporting. This strategic abandonment left Outputs 1123 and 1124 severely underspent at only 25.7% and 35.4% implementation respectively, with combined unspent budget of $747,467.14, prompting reallocation of funds toward urgent priorities such as rape kit procurement to complement the successful Clinical Management of Rape training investment. While long-acting reversible contraceptive methods (IUDs and Mirena) were successfully procured as part of the method mix, dedicated LARC training for healthcare providers remains pending completion in 2025, meaning no facilities currently meet targets for effectively providing LARCs despite commodity availability.	
Barbados and ECS ● A total of 50 healthcare providers trained in LARCs administration across all four BBE countries. Reproductive Health Commodities UNFPA provided training models and conducted workshops on long-acting reversible contraception (LARC) in partnership with the St. Lucia Planned Parenthood Association, with training extending from late 2024 into 2025 (Gail Gajadhar, St. Lucia). The country previously faced challenges with steady supply of oral contraceptives and limited access to implants. Commodity Sustainability While UNFPA introduced implants and provided initial supplies, concerns remain about long-term sustainability and budget allocation for continued procurement once initial donor supplies are exhausted (Gail Gajadhar, St. Lucia). The government lacks clarity on whether it can afford to maintain advanced contraceptive options like implants independently. ● Concerns about feasibility of LARC variety in small countries ● The introduction of free long-acting reversible contraceptives (LARCs) through public distribution channels led to reduced client demand for services provided by a national NGO, resulting in financial losses and unused supplies, despite the issue being raised with programme counterparts before implementation.	BBE report Interviews govt and csos

● The BBE project draft RHCS strategies were developed by adapting the Caribbean Model RHCS Strategy to reflect the unique contexts of Grenada, Saint Lucia, Saint Vincent and the Grenadines, and Dominica. These drafts, RHCS pending government feedback, provide a strategic roadmap for improving access to life-saving reproductive and maternal/neonatal commodities and reproductive health supplies across all health facilities. The RCHS strategy guides robust management of RHCS in each, including RHCS management during humanitarian situations. Additionally, procurement managers in nine OECS were trained on the costing of reproductive health commodities to inform budgeting at country level. ● Reproductive health commodities were procured for BBE countries to support high-quality SRH services. These included anatomical models for LARC training and contraceptives like IUDs and implants. ● Grenada: trained healthcare providers in Grenada did not utilize their skills for over a year due to delays in receiving LARC supplies from UNFPA	
Subregional ● The Caribbean Model RHCS Strategy was developed based on the 2020 assessment of 16 Caribbean countries and launched in 2023. Grenada, Saint Lucia, Saint Vincent and the Grenadines and Dominica prepared draft RHCS strategies by adapting the regional model, pending government feedback, and including guidance for RHCS management in humanitarian situations. The 2020 RHCS assessment showed that only two of the 16 countries assessed had a maturity score of at least 3.5. No follow-up assessment of COVID-19 impact was conducted in 2022. Data collected during the drafting of sample RHCS strategies indicated no progress among countries with maturity scores below 3.5, considering the region's climate and economic constraints. ● In 2023, ten countries strengthened supply chain management capacity through collaboration with the Reproductive Health Supplies Coalition ForoLAC. Government representatives and the OECS participated in training on the SEPREMI business intelligence tool, which the OECS pooled procurement unit adopted for procurement planning. Trinidad and Tobago expanded the SALMI logistic management information system to 30 of 36 pharmacies, improving procurement and distribution processes and reducing stock shortages. CEPREMI was introduced and demonstrated cost efficiencies, and UNFPA promoted stronger professional networks across islands. UNFPA and WFP signed an agreement for warehouse access in Barbados to support prepositioning of supplies. Quantification assessments for contraceptive estimation are planned for Suriname and Belize. ● Interviews identified missed opportunities, including the absence of consolidated or joint procurement mechanisms across Caribbean countries, despite high logistics costs and limited purchasing power. CARICOM has not been leveraged as a platform comparable to COMISCA in Central America. Caribbean countries have not joined the CEPREMI price observatory platform, and high-level advocacy at CARICOM to address policy barriers to contraceptive access remains limited, with most countries scoring low on the Contraception Atlas policy framework. Training efforts have not included a training-of-trainers model, resulting in repeated one-off sessions. Additional needs	Interview SRO, BBE report, Equal SRH report Annual reports

include cost-effectiveness analyses of contraceptive options to support budget decisions and demonstrate savings of long-acting methods. ● Long-Acting Reversible Contraceptives training was implemented in Belize, Suriname and the Build Back Equal countries—Saint Lucia, Grenada, Saint Vincent and the Grenadines and Dominica. Ninety doctors, nurses and midwives received training on counselling and insertion and removal of IUDs and implants. Recommendations included establishing mentorship programmes for trained providers, expanding method availability and strengthening counselling services. ● Investment in reproductive health commodity security remains limited, with few governments prioritising LARC procurement and frequent contraceptive stockouts. Bureaucratic and logistical constraints caused procurement delays. Lessons highlighted the importance of maintaining skills gained through RHCS and LARC trainings, the need for mentorship approaches and the importance of rights-based and voluntary family planning messaging in a low-fertility context.	
A 3.3 The SRP integrated programmatic approach contributed to leverage data as a catalyst for policy and programmatic change Evidence of UNFA contribution to national statistical capacity to improved availability and use of disaggregated data to the development of Common Operational Datasets and population projections at subnational level. to the Caribbean population data appreciation assessment to the development of population policies that explicitly integrate the ICPD PoA	
Trinidad and Tobago: ● Under the SRP, UNFPA played a pivotal role in building Trinidad and Tobago's national statistical and data-use capacity for SRHR and population development. This included technical support to the Central Statistical Office (CSO) and the Population Programme within the Ministry of Planning, to improve data disaggregation by age, sex, geographic location, and disability, enabling better monitoring of ICPD indicators. The MOH/NACC interview (2025) confirmed that improved SRH data collection through clinic-based reporting and surveillance tools is informing HIV prevention, adolescent health, and GBV service coordination, linking health, education, and social protection datasets for more targeted programming. ● Through UNFPA's regional leadership of the Caribbean Population Data Appreciation Assessment, Trinidad and Tobago was benchmarked for progress on data use in policymaking. The assessment identified critical areas for improving population data	TT: UNFPA SROC Annual Report 2023 • Draft UNFPA SROC Annual Report 2024 (2) • Caribbean Population Data Appreciation Assessment (UNFPA, 2023)

governance, including migration, adolescent fertility, and gender-based violence indicators, guiding the country's data modernization priorities. ● UNFPA-supported capacity building has led to increased use of demographic data and population projections in national health and education policy planning, including in the Vision 2030 National Development Framework and the draft Population and Development Policy, which explicitly aligns with the ICPD PoA ● With UNFPA's support, the Ministry of Health and the Ministry of Planning are collaborating with CARICOM's Regional Statistical Programme to establish Common Operational Datasets (CODs) and pilot subnational population projections. These datasets are being used to improve resource allocation across health authorities and support evidence-informed decision-making in SRHR, particularly for underserved rural populations. Despite these advances, challenges persist in data harmonization and interoperability between ministries and sectors (health, education, gender, and national security). Interviews highlight ongoing reliance on manual data exchange and limited integration of real-time data dashboards, though plans for a National Digital Health Strategy (under development) aim to address these issues	• Final Spotlight Narrative Report – TTO (2024) • Ministry of Health / National AIDS Coordinating Committee Interview (2025)
Jamaica ● UNFPA worked with national statistical offices and planning institutions such as PIOJ in Jamaica to improve data systems for SRHR, population, and gender indicators. This included technical assistance on demographic methods, census preparation, and use of survey data for planning ● UNFPA supported development of CODs and subnational population projections, which strengthened government and humanitarian actors' ability to plan SRHR service delivery during disasters and migration-related pressures ● Technical assistance was provided to integrate ICPD PoA principles into population and health policies, ensuring links between demographic trends (fertility decline, ageing, migration) and SRHR planning. UNFPA continued to support Jamaica in activities around its National Population and Sustainable Development and Policy (a revision of the 1995-2015 National Population Policy). In 2024 work was done towards the development of an M&E Plan and an Implementation Plan. Through a co-financed engagement between the government of Jamaica and UNFPA, a report on baseline data and indicator systems was made available for the revised policy. ● In 2024, UNFPA provided small area estimation support to Barbados and Jamaica and procured data-capture devices for Antigua and Barbuda, including 30 tablets, 30 cases and 25 power banks for census operations.	UNFPA SROC Annual Report 2023 Draft SRHR Report 2024 Caribbean Population Data Appreciation Assessment (2023) PIOJ Interview (2025) PIOJ-NPSDP Programme Report (2024)

Suriname: UNFPA played a supportive role in enabling Suriname's first population census in 12 years, directly supporting the Bureau of Statistics and government counterparts to improve data quality, collection, and dissemination. UNFPA's support to the 2022 Census is an important achievement, described as essential by the Statistics Office and IDB. UNFPA provided technical assistance and capacity-building to government statisticians and data users, including the development of standardized forms and the introduction of digital data collection and reporting systems for GBV, maternal health, and adolescent SRH indicators. This includes the introduction of training on data literacy for local health and social sector workers. Stakeholders consistently reported that increased access to reliable, disaggregated data (by age, sex, location, vulnerability status) has supported better targeting of adolescent pregnancy and GBV interventions. Data-driven advocacy was cited as instrumental in shaping new adolescent health strategies, identifying gaps in contraceptive access, and informing risk mapping in vulnerable districts. Despite notable progress, fragmentation of data across ministries remains a bottleneck. Lack of a centralized, interoperable GBV database and continued reliance on manual or paper-based systems in some districts limit data completeness and timely sharing. Limited public access to census microdata and delays in government-led data dissemination constrain broader evidence use. Stakeholders urged UNFPA to further advocate for open data and the establishment of a centralized GBV data platform.	Consultant, CSO, Government Partners, Multilateral Partner, UNFPA
Belize ● Census: In Belize, the Statistical Institute of Belize (SIB) was able to implement its first Post-Enumeration Survey (PES) in 2023 through financial and technical support from UNFPA. Through the process, three (3) persons have increased capacity to implement a PES and data enumerators have increased capacity to carry out PES. SIB now has available a PES Questionnaire template, Sample Design Manual, Matching Manual, Estimation and Tabulation Guide and the Guide for the Data Dictionary to SIB as resources for future PES. ● The KOICA "Enabling the Belize Statistical System" project: UNFPA manages the largest portion of funds in this USD 3 million initiative (alongside UNDP) to strengthen the Statistical Institute of Belize (SIB) and the National Statistical System. Contributions include conducting a national capacity assessment, developing training strategies (degree and short-term courses in geospatial analysis, projections, multidimensional poverty), and leading on a quality assurance framework to ensure official statistics meet global standards. The project is also strengthening the Belize National Statistical System portal to curate sectoral data on SDGs and national development priorities. Challenges: data initiatives remain fragmented across sectors, requiring stronger integration. Sustaining the reforms and embedding capacity in SIB will require continued investment and coordination. Low implementation rate reported. UNFPA's contribution to the project included a scholarship fund of over USD 600,000 to strengthen data collection and analysis capacities at the national statistical office, along with support for developing a quality assurance framework and conducting capacity-building workshops. Implementation faced operational delays related to the liquidation of advanced funds. UNFPA's role focused on management and oversight functions, including contracting a consultant for recruitment and process management, rather than providing direct technical expertise.	NWC, UNDP, UN, UNFPA MTR, UNFPA Annual report 2024, UNFPA Annual report 2023

• Recommendations regarding leveraging census data and relations with statistical authorities: UNFPA supported the 2022 census and built strong relations with the Ministry of Economic Transformation and SIB. Stakeholders recommend UNFPA use this position to conduct district-level secondary analysis (employment, migration, poverty) to sharpen UN system territorial targeting in the context of shrinking resources. UNFPA is seen as well placed to lead this work, given its credibility in data and advocacy. However, there are no available resources to conduct this type of work. • Gaps in GBV data and use of evidence for gender policy: Stakeholders highlighted fragmentation and underreporting: MoH collects limited-service data, police statistics show only ~40% of cases reported (with many reconciled), and courts' data is difficult to obtain. The Ministry of Human Development manages its own database, with little integration across systems. Challenges: absence of a unified GBV database, data quality issues, and limited analytical capacity prevent evidence-based policy development on gender. • UNFPA supported the govt of Belize in updating its Montevideo Consensus Reporting for 2023, but it has not been published. • Draft Disabilities Bill developed by the Government of Belize	
Guyana: All sources cited inadequate data collection support from UNFPA. Stakeholders emphasized need for funding and training to improve data quality, particularly baseline and KAP surveys. Voluntary National Reports on the Implementation of the Montevideo Consensus in Guyana, a National Population Situation Analysis was also drafted through a UNFPA-sponsored consultancy, with technical guidance from UNFPA.	SROC reports, interviews at country level.
Barbados and ECS • In 2024, UNFPA provided small area estimation support to Barbados and procured data-capture devices for Antigua and Barbuda, including 30 tablets, 30 cases and 25 power banks for census operations. • A baseline study for SDG indicators identified priority indicators and capacity gaps and produced a validated baseline report to support real-time SDG monitoring. • Barbados and Montserrat received webinars introducing Geographic Information Systems for health facilities accessibility modelling. Both countries also participated in a session on the use of Common Operational Datasets for Population Statistics for population statistics and GIS-based analysis. • UNFPA conducted an evaluation of Montserrat's civil registration and vital statistics system and produced a five-year action plan covering registration practices, data protection and institutional frameworks, aligned with international standards. The joint programme trained more than 200 government officials, statisticians and policymakers, with broader effects through strengthened data systems and commitments to continued SDG monitoring and CRVS reform. • A Population Situation Analysis in Montserrat informed a rights-based and gender-responsive population policy and plan of action addressing demographic dynamics and linking population resilience with economic planning. In Grenada, a national population policy process advanced with a draft PSA and draft policy completed in 2024. In Dominica, UNFPA supported completion of a population policy and action plan. Stakeholders in Barbados and Montserrat received training on demographic data interpretation for policy development.	JP project report Interviews at country level

In Barbados, UNFPA supported the demographic policy agenda through technical assistance for the PSA, national population policy development and training for a national transfer accounts model using open-source tools. ● Project implementation experienced delays due to difficulty in recruiting data experts, late appointment of the joint programme coordinator and slow procurement processes. UNFPA assigned internal staff and regional experts to maintain implementation, while national stakeholders noted the need for stronger planning and mapping of data-focused institutions to enhance national statistical systems.	
Subregional ● The Caribbean Forum on Population and Development took place in St. John's, Antigua and Barbuda, to review implementation of the Montevideo Consensus on Population and Development from 2018 to 2023. Supported by UNFPA in partnership with ECLAC and hosted by the Ministry of Health, Wellness, Social Transformation and the Environment of Antigua and Barbuda, the forum brought together regional stakeholders to identify priority actions to accelerate implementation. Governments of Belize, Jamaica, Suriname, Trinidad and Tobago, Guyana and Antigua and Barbuda produced Voluntary National Reports on the Montevideo Consensus as part of this process. UNFPA also launched an e-learning course on Population Dynamics and Policy, covering fertility, mortality, mobility and climate change. The course, translated into English, supported Barbados and Montserrat and was accessed by Haiti, Jamaica and Trinidad and Tobago. ● In 2024, UNFPA continued to assist countries in completing the 2020 round of population censuses. Support included coordination and implementation in Suriname; small area estimation in Barbados and Jamaica; procurement of data-capture devices for Antigua and Barbuda; coordination support to Trinidad and Tobago; and engagement in the CARICOM Population and Housing Census Symposium in Belize. A Senior Technical Specialist for census was identified but did not take up the post, and there was insufficient time for a second recruitment cycle. Under the UNPRPD project, limited national capacity to support organisations of persons with disabilities in understanding data and staff shortages within the implementing partner, UWI-SALISES, also contributed to delays. ● The data appreciation project collected data from three of six target countries by late 2025, with completion planned for the following month. The analysis was intended to produce a plan of action with regional and country-specific recommendations. Implementation encountered administrative and operational constraints linked to UNFPA's transition to a new accounting system, payment bottlenecks, late invoice submissions and partial return of funds. Coordination challenges arose between the university-based team and national counterparts, as liaison officers outside Jamaica had limited availability to facilitate access to national statistical offices. Additional issues included staff turnover, discontinuity in project management and limited institutional attention. Technical constraints included limited human resources for data production, low data literacy and low use of existing datasets. The project scope was reduced from eight to six countries due to resource limitations. ● UNFPA provided technical and financial support to CARICOM in population and statistics. This included updating the Regional Census Strategy for the 2030 round, participation in the Standing Committee of Caribbean Statisticians, and delivery of a regional workshop on	SROC reports Interviews at regional level

population projections and demographic analysis in August 2025 with the US Census Bureau and the Government of Belize. UNFPA supported the development of youth development indicators and a regional Youth Development Index and contributed to the 2024 Advisory Group on Statistics meeting. Funding and participation were also provided for regional technical and advocacy meetings, generating recommendations for census planning and data harmonization. UNFPA collaborated with ECLAC on a study of 2020 census experiences and supported the establishment of a Regional Population Commission under CARICOM to guide policy responses to demographic shifts, with technical assistance for research, coordination and report review. ● Census implementation across the subregion was uneven, with some countries missing the 2020 round and others conducting enumeration with variable quality and technology uptake. UNFPA supported countries in addressing data gaps and developing lessons for the 2030 round. In Suriname, assistance was delivered through an IDB-funded census project. A senior technical specialist with GIS expertise recruited in 2020 provided remote support that reached nine countries, though remote modalities limited the depth of engagement. UNFPA facilitated South-South cooperation with India, Indonesia and the Philippines on census planning and post-pandemic operations. A South-South project with India for 2025–2026 (USD 150,000) supports Barbados, Belize, Saint Kitts and Nevis, Suriname and Trinidad and Tobago. ● UNFPA procured tablets, accessories and power banks for Antigua and Barbuda in 2024 and laptops and desktops for Saint Lucia to support census implementation. ArcGIS licenses were provided to Belize, Saint Lucia, Antigua and Barbuda and Trinidad and Tobago in 2022. Post-Enumeration Surveys were supported in Belize in 2023, where UNFPA provided financial and technical support and developed a resource suite, and in Jamaica in 2022, where PES implementation began. UNFPA also contributed to the development of Common Operational Datasets for Population Statistics across 22 countries, although further efforts are needed to strengthen awareness and use.	
A 3.4 The SRP integrated programmatic approach contributed to enhanced capacities of Health facilities and service providers can provide high-quality maternal health services better. Evidence of UNFA contribution To enhanced capacities to implement maternal death surveillance and response protocols and guidelines To the development and use of midwifery workforce profiles to inform planning for sexual and reproductive health workforce needs.	
Trinidad and Tobago ● UNFPA supported the Ministry of Health in operationalizing MDSR systems in major hospitals and regional health authorities. Updated guidelines and training on maternal near-miss reviews were incorporated into national quality-improvement plans. The Maternal and Perinatal Review Committee was reactivated under Ministry leadership, strengthening institutional accountability and enabling the use of maternal health data for prevention of avoidable deaths. Through the Spotlight Initiative, UNFPA contributed to the development of	UNFPA SROC Annual Report 2022 • UNFPA SROC Annual Report 2023 • Copy of Draft

National Clinical and Policy Guidelines on Intimate Partner and Sexual Violence, which introduced GBV screening and referral protocols within maternal and reproductive health care. ● UNFPA's work in Trinidad and Tobago also included support to maternal health services for vulnerable populations. A mobile clinic provided SRH services to at-risk women and girls, including refugees and migrants facing access barriers. Under the Equal SRHR Share project, UNFPA worked with the Trinidad and Tobago Association of Midwives to deliver antenatal and postnatal care, expanding access for migrant women. These contributions strengthened surveillance systems, workforce planning and adolescent SRHR. Continued attention to human resources distribution and the integration of maternal and GBV care is required to sustain progress. ● An antenatal and postnatal care programme titled Improved protection for vulnerable populations in Trinidad and Tobago through enhanced access to sexual, reproductive, maternal, neonatal and child services was implemented by the Trinidad and Tobago Association of Midwives with funding from the Global Affairs Canada EQUAL SRHR Project. The programme aims to improve SRH outcomes for vulnerable women and girls, particularly refugees and migrants, by increasing access to antenatal and postnatal services. TTAM also promotes GBV awareness through outreach and dissemination of information on family and intimate partner violence. ● Trinidad and Tobago established partnerships with the Trinidad and Tobago Association of Midwives and trained 106 persons in dignity kit programming to strengthen emergency response capacity. Several gaps were identified, including delays in the Emergency Obstetric and Newborn Care assessment planned for 20 facilities, now rescheduled to 2025, and the non-completion of midwifery workforce profiles. ● With UNFPA support, the Caribbean Regional Midwives Association conducted a regional midwifery workforce assessment in eight countries, including Trinidad and Tobago. The findings informed the development of the national midwifery workforce profile, which the Ministry of Health is using to plan distribution of skilled birth attendants and professional training. Through partnership with UNFPA, the University of the West Indies at St. Augustine incorporated SRHR and maternal care content into nursing and midwifery curricula, strengthening preservice education. Persistent health worker retention constraints, especially in rural and underserved regions, continue to affect implementation of national standards. ● Trinidad and Tobago continues to show a decline in adolescent fertility, estimated at 26 births per 1,000 girls aged 15–19. Contributing factors include improved contraceptive access, school re-entry policies for adolescent mothers and community-based CSE delivered through civil society partners. Interviews confirmed that UNFPA support to youth-friendly SRH services and school-based outreach under the SRP contributed to this decline, although disparities remain among marginalized and migrant youth.	UNFPA SROC Annual Report 2024 • Spotlight Initiative Reports (Caribbean & TTO, 2024
Jamaica ● UNFPA supported Ministries of Health in Jamaica, Guyana, and Suriname to strengthen Maternal Death Surveillance and Response (MDSR) systems. Training and technical support improved reporting and investigation of maternal deaths, aligning with WHO/PAHO	UNFPA SROC Annual Report 2023 Draft Annual Report 2024 – SRHR Component

guidelines. Through Build Back Equal and Spotlight initiatives, SRP supported health providers with training on GBV response, contraceptive counselling, and integration of SRH services, strengthening facility-level service quality. ● Evidence shows decreasing adolescent pregnancy trends in Jamaica, where SRP contributions included CSE rollout, adolescent-friendly health standards, and school health sector partnerships. These interventions directly expanded access to SRH information and services for young people. The World Bank reported the rate of adolescent fertility (37/1000 girls ages 15-19) in 2023, while PAHO reported a rate of 36.1 in 2024 ● SRP efforts also helped embed SRHR within emergency preparedness plans, ensuring continuity of maternal and adolescent health services during crises such as Hurricane Beryl (2024)	PIOJ Interview (2025) Jamaica Family Planning Association Interview (2025) PAHO (2024) World Bank (2023)
Suriname ● PAHO and UNFPA identified maternal and newborn health as key priorities for Suriname due to high maternal and newborn mortality rates compared to other Caribbean countries. UNFPA, with PAHO, has worked to reactivate maternal death surveillance, producing a situation analysis and recommendations. Initiatives to involve men in maternal health and communicate pregnancy danger signs have been supported. Joint workshops (UNFPA-PAHO) on long-acting reversible contraceptives (LARCs) were held for healthcare providers, focusing on adolescent pregnancy prevention and service provision. Participants included staff from primary healthcare facilities, civil society, and secondary-level hospitals. Capacity building included sharing best practices from Jamaica and Guyana, leading to recommendations on scaling interventions. UNFPA supported Medical Mission and partner agencies to provide outreach and training for staff across 58 clinics, including in remote districts (over 85% of Suriname's territory), ensuring access to maternal health services and adolescent-friendly care models. Male involvement campaigns encouraged clinic visits and broader community participation. ● Adolescent pregnancy is seen as a "9 or 10 out of 10" severity issue, with rates as high as 14% and estimated one live birth per week to girls under 15. UNFPA's socio-economic impact study and continuous CSE (comprehensive sexuality education) and contraception interventions are reported as having positive impact, but the trend remains a concern. Multi-sector collaboration and data-driven interventions are prioritized to address the issue. Despite these advances, adolescent pregnancy rates remain high, and persistent socio-cultural and systemic barriers (parental consent, cultural acceptance, cost, staff turnover) slow further progress. ● To support midwifery education, UNFPA also provided the Central Training for Midwives Suriname (COVAB) with essential ICT equipment. This investment enables remote teaching and enhances curriculum delivery even in the face of logistical challenges.	CSOs, Consultant, UN Agency, UNFPA
Belize: The Ministry of Health is implementing its own quality improvement strategy to improve maternal care. PAHO has encouraged establishing a 'near- surveillance' system for events like eclampsia and postpartum haemorrhage, but it is not yet fully established. Significant reduction in teen pregnancies, from 1,500 teen mothers to below 1,000, attributing this 40% reduction to interventions like postpartum contraception, mainly strengthened by Salud Mesoamerica initiative (IDB)	Government, PAHO

Guyana: GRPA noted maternal health was part of the programming but reported delays (e.g. contraceptive training), highlighting the need for more sustained efforts.	CSO
Barbados and ECS: In St. Kitts & Nevis, the midwifery curriculum, unchanged since 1997, was revised to adopt modern competency-based approaches, ensuring midwives are better prepared to meet current healthcare need. 2023: Five countries received support to develop their midwifery profiles (Dominica, Trinidad and Tobago, Guyana, St Lucia, and Suriname). These country profiles provide information on how midwives are distributed in a country, their qualifications, and years of service. This is essential evidence for planning human resources for health in terms of distribution, deployment, and training.	SROC reports
Subregional ● UNFPA continues to provide technical support to the Caribbean Regional Midwives Association (CRMA). The CRMA updated the regional gap analysis of midwifery curricula and collaborated with the Regional Nursing Body to develop a standardised curriculum. The Regional Educators Directory was updated to strengthen collaboration among training institutions. Professional development activities included webinars on Gender-Based Violence, Respectful Maternity Care, the impact of climate change on pregnant women, gestational diabetes and menopause, attracting an average of 425 participants from 16 Caribbean countries. Multimedia resources promoting respectful maternity care were produced and disseminated for awareness and advocacy purposes. UNFPA, CRMA and MCGL/USAID also convened a three-day policy dialogue and workshop in Guyana on the Caribbean response to the State of the World's Midwifery 2021 report, with participation from Chief Nursing Officers and Regulatory Councils of ten countries. The meeting produced a coordinated Caribbean response to the SoWMy findings and a draft action plan to strengthen regulation and practice of midwifery. ● Guyana, Jamaica and Suriname were prioritised for Maternal and Perinatal Death Surveillance and Response (MPDSR) assessments in 2024 due to persistently high maternal mortality ratios despite high levels of skilled birth attendance and facility-based deliveries. Implementation challenges included incomplete country submissions for national midwifery profiles, which limited the mapping exercise, and delays in technical support for MPDSR due to the vacancy of the P5 SRH Subregional Adviser. In Suriname, planning and implementation were affected by financial pressures in the Ministry of Health, migration of health workers, broader economic constraints and the impacts of COVID-19. Securing government agreement for MPDSR assessments required early engagement. Presenting the assessment as a tool for health system strengthening and quality assurance helped address political sensitivities and enabled cooperation. ● Through its partnership with the CRMA, UNFPA supported the development of midwifery workforce profiles in eight countries between 2022 and 2024. Support was provided to Guyana, Suriname and Trinidad and Tobago in 2022; Dominica, Trinidad and Tobago, Guyana,	SROC reports Interview CSO regional level

Saint Lucia and Suriname in 2023; and Jamaica, Antigua and Barbuda and Saint Kitts and Nevis in 2024. Irregular data collection and incomplete country submissions constrained the comprehensiveness of the workforce assessments.	
A 3.5 The SRP integrated programmatic approach contributed to enhanced capacities of government entities and civil society to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices (HFLE) Evidence of SRP contribution to design and implementation of social norms change interventions UNFPA-supported products being used to advocate for legislative or policy reform interventions HFLE curricula integrated into the National Health and Family Life Education curriculum	
Trinidad and Tobago ● UNFPA advanced the Caribbean Model for Cultural and Behaviour Change, providing governments and civil society with tools to design and implement social norms change interventions addressing GBV and harmful practices. A communications strategy and a theory of change were developed to guide behaviour change efforts at individual, community and institutional levels, including in Trinidad and Tobago. The model informed training and technical assistance to ministries and civil society organisations to adapt social and gender norms programmes under the Spotlight Initiative, including work on positive masculinities and women's empowerment. ● In Trinidad and Tobago, UNFPA supported the revision of the Health and Family Life Education curriculum to integrate GBV prevention and family violence content. National approval was delayed due to resistance from conservative stakeholders, prompting UNFPA to focus on advocacy through policy briefs and sensitization sessions with faith-based leaders and education authorities to build support for CSE inclusion. UNFPA collaborated with the Ministry of Education and civil society partners to review and expand the HFLE curriculum, integrating SRHR, gender equality and violence prevention modules for in-school and out-of-school youth. The Annex an Indicator Report (2023) documents progress on integrating gender-equitable education and HFLE modules. Through the Spotlight Initiative and Foundations Programme, more than 380 adolescents, including migrant and refugee youth, participated in CSE and rights-based learning activities aligned with LNOB principles. This engagement strengthened relationships with faith-based groups and positioned them as partners in promoting gender equality and violence prevention. ● Civil society organisations, including the Family Planning Association of Trinidad and Tobago, implemented the Collaborative HIV Adolescent Mental Health Programme, an out-of-school life-skills and sexuality education intervention for marginalized youth. The programme was adapted to address family violence and align with international CSE standards, demonstrating UNFPA support to expanding out-of-school CSE and strengthening CSO capacity for data-driven GBV and SRHR advocacy. The Caribbean Youth Summit under the Spotlight Initiative in 2023 brought together youth from Trinidad and Tobago and other countries to develop a roadmap for peace, security and gender-equitable norms, with a focus on GBV, SRHR and mental health through peer education and advocacy.	UNFPA SROC Annual Report 2022 • UNFPA SROC Annual Report 2023 • Copy of Draft UNFPA SROC Annual Report 2024 • Spotlight Initiative Reports (Caribbean & TTO, 2024)

• UNFPA contributions under Output 3.5 in Trinidad and Tobago strengthened institutional and civil society capacities to address discriminatory gender norms and advance GBV prevention through formal education channels, including HFLE, and through informal mechanisms such as CHAMP and Spotlight-supported initiatives. Despite policy resistance, partnerships with faith-based and community actors established a foundation for continued social norms change and future legislative progress	
Jamaica • UNFPA supported campaigns and community dialogues addressing GBV, adolescent pregnancy, and harmful gender norms. Examples include Every Caribbean Girl, Every Caribbean Woman initiative and Spotlight-supported national awareness campaigns in Jamaica. SOs, including Jamaica Family Planning Association and youth-led groups, were supported to deliver out-of-school CSE programmes aligned with international standards, reaching marginalized adolescents, including migrants, LGBTQI+ youth, and those in rural areas • UNFPA-supported products such as research studies, GBV prevalence data, and policy briefs have been used by government entities and CSOs to push for law reform (e.g., domestic violence legislation updates, child marriage prohibition, and workplace harassment laws). Surveys and programmatic evaluations funded by SRP provided credible evidence for civil society advocacy, strengthening their role in challenging discriminatory norms and advancing GBV prevention strategies • The HFLE programme is fully institutionalized in Jamaica's education system from grades 1 through 11, ensuring that every child is exposed to structured learning around gender equality, interpersonal relationships, child rights, and sexuality education. This aligns directly with UNFPA's focus on integrating comprehensive sexuality education (CSE) into national curricula to tackle discriminatory norms and promote gender-equitable attitudes from an early age Mainstreaming CSE and HFLE Across Teacher Education Systems UNFPA's technical and financial assistance extended to assessing HFLE training gaps in teachers' colleges, helping to identify weaknesses in sexuality and gender education within pre-service teacher preparation. Plans are now underway to establish HFLE as a formal area of specialization at the tertiary level, ensuring that future teachers enter the system equipped to deliver gender-sensitive, values-based education thus reinforcing the sustainability of norm change efforts	UNFPA SROC Annual Report 2023 Draft SRHR Report 2024 PIOJ Interview (2025) Jamaica Family Planning Association Interview (2025
Suriname Programs have targeted both women/girls and men/boys (peer education, youth engagement, training), but gender norm transformation is slow. LGBTQ+ rights remain sensitive and under-addressed; stakeholders urge stronger advocacy and technical support. Innovative messaging (e.g., in youth CSE, adapted for disabilities) was noted as effective. CSE training and delivery in and out of schools by partners like the Medical Mission, Foundation Lobi, and the Youth Advisory Group (YAG); SBC campaigns; and community-level dialogues on gender norms (e.g., in the ASTA project). The YAG is a particularly effective platform for peer-to-peer education. Challenges include powerful religious and cultural gatekeepers, parental resistance, and the need for more targeted work with men and boys.	CSO, Government Partners, YAG, Consultant UNFPA

Guyana GRPA emphasized the deep-rooted gender norms in indigenous communities and advocated for increased engagement with men. However, efforts appeared limited in scope and reach. Thematic links to SDG 5 (gender equality) and engagement on community violence, discrimination, and inclusivity signal a deliberate focus on challenging social norms.	
Barbados and ECS: UNFPA also introduced the braille version of the Sexual and Reproductive Health Curriculum in these countries. BBE: Comprehensive Sexuality Education (CSE) training was completed across all four countries and was followed by community rollouts and SRHR awareness campaigns. Key achievements included the translation of a sexual health curriculum into braille for persons with disabilities, with a formal handover in Saint Vincent and the Grenadines. The out-of-school Comprehensive Sexuality Education (CSE) Toolkit was successfully implemented in the four BBE countries, Toolkit was deemed flexible and acceptable by interviewees. BBE:87 trainers. Training of Trainers (TOT) sessions were held, reaching 17 participants in Dominica and 20 in Saint Vincent and the Grenadines, 30 in SLU and 20 in SVG. As in the previous year, participants included representatives of persons living with disabilities (PLWD), civil society organisations (CSOs), LGBTQ groups, and officials from the Ministries of Health, Youth, and Sport. These trained individuals are now cascading the training to various community groups, strengthening the dissemination of sexual and reproductive health (SRH) messages at the community level. Informants acknowledge that not all trainers are able to conduct trainings, despite their formal commitment to do so.	BBE report 2024, interviews CSO
Belize ● UNFPA supported the development of a national Social and Behavioural Change Communication strategy in Belize focused on preventing violence against women and girls. The strategy applied a socio-ecological framework covering individual, family, community, societal and decision-making levels and was endorsed at Cabinet level together with the gender policy and GBV action plan. A primary-prevention campaign was produced in multiple formats, translated into Garifuna and Kechi Maya, and disseminated nationally. The National Women's Commission assumed ownership and integrated the campaign into its work, continuing socialization and training of community leaders, NGOs and government actors with annual seed funding from UNFPA. UNFPA also introduced the regional Caribbean SBCC model and delivered training to national stakeholders, although uptake was limited due to lack of a designated national custodian. UNFPA contributed to the LNOB "Let's Be Clear" campaign on adolescent pregnancy prevention among Afro-descendant youth, which included consultations, focus group discussions and communication products. Absence of a national owner affected sustainability, and future funding was recommended to transition stewardship to the Department of Youth Services. The Social and Behaviour Change Communication campaign reached more than 9,000 people through direct outreach and 27,000 through social media in multiple languages. ● UNFPA supported in-school and out-of-school CSE by training more than 200 trainers and partnering with a faith-based organisation to advocate for integrating CSE into the Teacher Learning Institute. Evidence-based advocacy such as economic analysis of adolescent pregnancy was suggested by stakeholders as an effective strategy for influencing policymakers. HFLE curricula include sexuality	CSO, UNFPA, UN Belize 2023 country results report, YAG, UNFPA. Spotlight initiative. N/D. From 16 Days to 365 Days. A Social and Behaviour Change Communication Strategy on Ending Violence Against Women and Girls, MTR, UNFPA Annual report 2024

education at primary level, while secondary level content is reduced to life skills. Civil society organisations, including POWA, deliver out-of-school CSE aligned with international standards with UNFPA support. Under the LNOB project, culturally tailored interventions were implemented with Garifuna and Creole communities. UNFPA also supported youth engagement through a national Youth Advisory Group and five satellite groups, which deliver peer-to-peer SRHR information. Community health workers provide health education, promotion and referrals on SRHR and GBV, and their stipends were recently increased, although their potential remains underused. Through the LNOB project, 44 youth leaders were trained in SRHR, gender equality, leadership and participatory planning, followed by an action-planning workshop that produced district-level strategies for cascading training in Belize, Stann Creek and Toledo, targeting 50 youth per district. ● HFLE curricula were revised in Belize in alignment with international standards (not triangulated). In late 2024, Belize amended the Marriage Act to raise the minimum legal age of marriage from 16 to 18 years, ending child marriage except through judicial approval for 16- or 17-year-olds with parental consent.	
Subregional ● The Sexual and Reproductive Health Situational Monitoring Report, Sexual and Reproductive Health Landscape in the Caribbean: Situational Monitoring, was launched as the first annual report of the Caribbean Observatory on SRHR and established the basis for subsequent annual monitoring. The report compiles evidence to inform regional action and guide state actors in addressing identified gaps. Together with a series of policy briefs, it initiated dialogue with government and civil society decision makers in line with the Observatory's mandate. The briefs focused on eliminating legal barriers to SRH information and services for young people, preventing compulsory withdrawal of pregnant learners and supporting re-entry, reducing adolescent pregnancy through a comprehensive approach, enacting policy and legislation to ensure comprehensive sexuality education for in- and out-of-school youth, and raising the minimum legal age of marriage. ● At the Regional Conference on Population and Development in July 2024 in Cartagena, IPPF and UNFPA organized a side event under the SRHR Observatory that highlighted restricted SRH access for adolescents, drawing on insights from the policy briefs. The session linked youth SRHR challenges to regional policy priorities and positioned issues such as re-entry of pregnant learners, child marriage, early unions and legal frameworks within Latin American and Caribbean dialogues, engaging decision makers from Eastern Caribbean countries. ● The Transforming Stories into Policies webinar advanced discussions on adolescent pregnancy and pregnant learners using two policy briefs from 2023. Two capacity-building workshops were held in the fourth quarter under the Advocacy Playbook series, strengthening advocacy capacity of civil society organisations, academia, government and international partners. The first workshop had 38 participants and the second had 44 from six Caribbean countries and other locations.	SROC reports

● The out-of-school Comprehensive Sexuality Education toolkit was implemented in the four Build Back Equal countries, Belize and Guyana, training 51 trainers and reaching 167 out-of-school youth with SRH information. A multi-agency partnership convened by UNFPA supported CARICOM in organizing the first Caribbean Youth Summit from 22 to 25 November 2023 in Jamaica. The summit gathered 80 young people from multiple Caribbean countries and territories to develop strategies for engaging youth leaders in GBV prevention and to exchange practices on peace, security, safety and sustainable development. ● Eight private sector companies made workplace commitments to address GBV following sensitization activities conducted in partnership with the Caribbean Employers' Confederation across CARICOM member states.	
A 3.6 The SRP integrated programmatic approach contributed to enhanced capacity of regional entities, national governments, and civil society organisations to deliver comprehensive and integrated gender-based violence response services. Evidence of the SRP contribution to availability, accessibility and quality of comprehensive and integrated gender-based violence services, including implementation of the essential service package for survivors of gender-based violence and establishment of SOPs and protocols in the health sector for the provision of high-quality care to women subjected to intimate partner violence or sexual violence, consistent with WHO tools and guidelines. to the creation and functioning of coordination mechanisms for gender-based violence in emergencies across countries and territories. To decreasing trends in adolescent pregnancy rates in targeted countries and evidence of SRP's contribution.	
Trinidad and Tobago: ● Under the Spotlight Initiative, UNFPA supported the Government of Trinidad and Tobago to institutionalize multi-sectoral GBV response mechanisms, resulting in standardized protocols and referral pathways between police, healthcare, and social services. The Ministry of Health's adoption of the Essential Services Package (ESP) marked a key milestone, embedding survivor-centred care within public health facilities. ● UNFPA provided technical assistance for the development of the National Clinical and Policy Guidelines for Intimate Partner and Sexual Violence, aligning them with WHO standards. These guidelines have been rolled out across major hospitals and community clinics through health worker training on case management, confidentiality, and trauma-informed response. ● The Trinidad and Tobago Police Service (TTPS) and the Gender Affairs Division have improved coordination through a National GBV Coordination Committee co-supported by UNFPA. This mechanism harmonizes data collection, oversees referral performance, and ensures regular case conferencing between police, medical, and social service professionals.	Spotlight Initiative Final Report – Trinidad and Tobago (2024) • UNFPA SROC Annual Reports 2022–2024 • Multi-Partner Trust Fund (MPTF) Report (2024) • Ministry of Health Interview (2025)

● Training and awareness initiatives particularly under the Spotlight Initiative targeted police, judicial, and health professionals to strengthen survivor-sensitive investigation and care procedures. Over 1,000 service providers were trained in gender-responsive service delivery between 2021 and 2023. ● Civil society partners, including the Rape Crisis Society of Trinidad and Tobago and Coalition Against Domestic Violence, received technical and financial support from UNFPA to expand helpline services, psychosocial counselling, and legal aid for survivors. ● Community-level interventions emphasized men and boys' engagement and social norms transformation, integrating GBV prevention into broader SRHR and HIV programs. ● The UNFPA-supported Caribbean Gender-Based Violence in Emergencies (GBViE) framework informed national disaster planning, with Trinidad and Tobago incorporating GBV response protocols into emergency operations led by the Office of Disaster Preparedness and Management (ODPM). Coordination challenges persist in sustaining funding and inter-agency follow-up post-Spotlight, suggesting a need for integration of GBV service financing into national budgets. ● UNFPA's SRP interventions in Trinidad and Tobago have substantially enhanced institutional capacity to provide integrated GBV services through multisectoral coordination, health system strengthening, and civil society partnerships. Key achievements include national guidelines, police-health-social service collaboration, and standardized survivor-centred procedures, though sustainability hinges on national resource commitments.	• UNFPA SROC GBViE Framework (2023)
Jamaica ● Health providers were trained on survivor-centred care, forensic examination, and referral protocols. Spotlight Initiative investments expanded GBV one-stop centres and improved service delivery capacity in Jamaica ● CSOs, including women's rights groups and youth networks, were funded to deliver community-based counselling, advocacy, and survivor accompaniment, extending GBV services to rural and marginalized populations ● Multi-sectoral GBV coordination committees were established or strengthened in Jamaica, Grenada, and OECS states, linking government, CSOs, and UN agencies. In humanitarian contexts, UNFPA advanced GBV in emergencies coordination through technical working groups and integration of GBV into national disaster plans (e.g., Hurricane Beryl, 2024) ● The costing of the multi-year implementation plan for the Sexual Assault Protocol of the Ministry of Health was finalized and the delivery of a comprehensive healthcare worker training (inclusive of interpersonal, inter-partner, GBV, sexual assault and trafficking) was implemented. Capacities were strengthened for staff of Teen Hubs and Adolescent Sexual and Reproductive Health (ASRH) clinics to better serve adolescents. The Teen Hubs provide safe spaces for young people seeking support services, and the ASRH clinics are essential for addressing issues such as GBV, sexual and reproductive health, and mental health. This collaboration between personnel	UNFPA SROC Annual Report 2023; Draft SRHR Report 2024; PIOJ Interview (2025); UNAIDS Interview (2025); National Trans Health Strategy (2023)

from Teen Hubs and ASRH further strengthened connections and fostered a comprehensive approach to meeting adolescents' diverse needs by facilitating bi-directional referrals and cross-linkages. ● Jamaica trained over 400 health and police personnel and piloted coordination platforms at parish level:	
SURINAME ● The programme supported the expansion of GBV services, including both health and psychosocial support, especially in urban and some interior districts. ● UNFPA has made significant contributions to the GBV response system. Key outputs include supporting the national GBV referral pathway, the Essential Services Package (ESP), a standard data collection form, and a perpetrator guidance project. ● According to interviewees, service coverage is 'Strongest in the capital and select regional centres, but still patchy in the hinterland and among Indigenous/tribal communities.' ● Partnerships with Ministry of Justice and Police, health sector, and civil society have increased survivors' access to multi-sectoral services, although "long distances and limited transportation" remain significant barriers in remote areas. ● The National Council to Combat Domestic Violence, with UNFPA support, formulated a standardized referral pathway for GBV survivors, formalizing the process for medical, legal, shelter, and psychosocial assistance. ● Referral forms and guidelines were developed and piloted, but stakeholders note, 'Data collection and follow-up is still fragmented across ministries,' and there is not fully centralized national GBV database. ● Efforts have begun to translate referral tools for use in multiple languages to serve the linguistically diverse interior, but progress is limited by resource constraints. ● UNFPA and partners conducted extensive capacity-building for service providers in survivor-centred response and referral protocols covering agencies such as the police, prosecutors, health workers, and NGO staff ● Dozens of providers have been trained' in urban areas and 'a cohort of regional and police focal points established,' but high staff turnover and reassignments post-election undermine continuity and expertise. ● Continued technical support and refresher training are needed, especially given shifting government staffing. ● Survivors in remote and Indigenous communities face logistical, linguistic, and trust barriers to accessing services and referral pathways. ● Financial sustainability and continuity of services depend heavily on external funding and technical support, risking disruptions if donor funding lapses.	CSO, Government Partner, Consultant, SROC reports

Guyana ● In Guyana, 220 healthcare providers received training in clinical management of rape, exceeding the original target of 60. Additional capacity building in STI management, adolescent-friendly service delivery and national standards for adolescent care reached 40 staff from the Ministry of Health Adolescent Health Unit and 40 primary healthcare providers. Service delivery expanded, with at least 67 per cent of public health facilities in four target regions providing integrated SRH services that meet quality standards and 60 per cent offering GBV services in line with minimum requirements. Mobile outreach teams conducted 11 deployments, providing services to more than 1,500 women and 400 men, including 426 HIV/Syphilis tests, 426 STI tests and 121 cervical cancer screenings alongside antenatal and postnatal care. ● The 2023 Youth Summit provided a platform for engagement on GBV, community violence, discrimination and inclusivity, linking discussions to SDG 5 and youth civic participation. UNFPA supported mobile GBV response services, training in clinical management of rape and community outreach, with mobile outreach noted as an important modality in smaller communities. ● Guyana established GBV One-Stop and mobile/remote service models. Standard operating procedures and a roadmap for case management were developed, and National GBV Referral Pathways were completed for all ten administrative regions. More than 2,000 members of the Guyana Police Force received GBV training, contributing to strengthened monitoring and accountability systems within the police and the Ministry of Human Services and Social Security. Support was provided for shelters and safe spaces, and for the development of the One-Stop Centre model. Through the Spotlight Initiative, 1,400 police officers were trained, and capacity for GBV prevention and response was expanded. The Board of Industrial Training integrated SRH and GBV education into non-formal vocational programmes, linking participants to comprehensive SRH services and supporting the exercise of reproductive rights and gender equality within technical and vocational training settings.	
Belize: ● UNFPA supported the creation of a national GBV referral pathway, the adoption of the Essential Service Package (ESP) for GBV survivors, and a GBV complaints mechanism aligned with the National GBV Action Plan, the mechanisms are reported as functioning, with outcomes including improved survivor trust and increased reporting. The referral pathway was taken up by the NWC, socialised widely, and incorporated into training. The ESP has been adopted by government and is being integrated into routine operations. A one-stop GBV centre is being developed based on these protocols. Stakeholders noted that survivors are receiving better frontline services. ● SBCC campaigns reinforced the referral pathway and complaints mechanism through training for police, health workers, and community education. Multilingual materials (Mayan, Spanish, English, Creole) and provider handbooks were widely distributed, increasing visibility of services and access to information.	CSO, UNFPA, Govt, UN Belize 2022 country results report, Government of Belize. 2023. Draft: Multi-sectoral response protocols for gender-based violence Government of Belize. 2023. Essential Services

● Challenges: The referral pathway is essential and dynamic, requiring regular updates and creative dissemination (e.g. WhatsApp, social media, training packages). Uptake by government institutions is uneven, with services not systematically using the pathway and service quality still dependent on staff biases. More formalisation and regular monitoring were recommended to strengthen uptake. Service availability also remains uneven, with gaps in provider knowledge. Sustainability is constrained by limited financial resources for consultations and training.	Package for Women Subject to Violence in Belize
Barbados and ECS ● UNFPA presented an assessment of the Essential Services Package for GBV survivors to national stakeholders in Antigua and Barbuda, and a similar assessment process is underway in Saint Vincent and the Grenadines. Following Hurricane Beryl in July 2024, UNFPA deployed specialists to support relief efforts in Saint Vincent and the Grenadines and Grenada, focusing on training government and NGO representatives on GBV in emergencies, reinforcing service provision and referral pathways, and distributing dignity kits to at-risk women and girls. Under the Build Back Equal project, UNFPA supported healthcare workers in Saint Vincent and the Grenadines to maintain sexual and reproductive health services and promote self-care. UNFPA also partnered with UN Women to advance economic resilience of women entrepreneurs, including a night market that featured more than 20 women-led businesses. ● UNFPA provided technical support to Dominica and Saint Lucia to develop Clinical Management Protocols for GBV services. Sixteen healthcare providers from Grenada, Saint Lucia, Dominica, Saint Vincent and the Grenadines and Barbados were trained in clinical management of rape and intimate partner violence, contributing to improved and standardised GBV service delivery. UNFPA participated in the national task force against GBV and the project steering committee for the one-stop centre for GBV management in Saint Lucia, although coordination challenges with UN Women's mandate were noted. ● In 2024, Saint Vincent and the Grenadines and Saint Lucia established GBV taskforces to strengthen coordination within GBV referral pathways. In Dominica, terms of reference for the GBV taskforce were reviewed by Cabinet and are being revised with explanatory notes for resubmission in 2025. In Grenada, the terms of reference were workshopped and agreed by stakeholders and will be submitted to Cabinet in 2025.	Project reports, SROC Reports
Subregional ● In 2023, UNFPA worked with CARICOM to strengthen the sub-regional Community of Practice on the Essential Services Package for GBV survivors by developing a comprehensive ESP resource package. The package includes a practical guide and a sector-specific costing tool tailored to the Caribbean to support ESP implementation regardless of country readiness. The package enables sustained operationalisation of the ESP through the Caribbean ESP Community of Practice, where CARICOM provides technical support to National Gender Machineries as they coordinate ESP implementation.	SROC reports, UNFPA interviews

● UNFPA and PAHO launched a self-paced online course in 2023 to strengthen the health sector's capacity to prevent and respond to violence against women in the Caribbean. The course targeted healthcare policymakers and managers at regional, sub-regional and national levels and included technical modules, videos, graphics, infographics and case studies. It focused on identifying leadership opportunities within the health sector to support coordinated multi-sectoral responses. ● Regional initiatives included the development of a workplace GBV policy across 17 Caribbean countries, reaching more than 200,000 workers, and the first in-person meeting of the Regional ESP Community of Practice in Trinidad and Tobago. ESP implementation faced delays due to limited availability of consultants and weak partner capacity. In Trinidad and Tobago, the MPTF project faced delays because Cabinet approval was pending, which slowed referrals for trafficking survivors. Procurement of dignity kits was affected by shipping constraints. CARICOM investment in the ESP Community of Practice remained limited, coordination with some UN partners was challenging, and GBV case management systems in Guyana continued to lack formal safe data collection protocols. CARICOM endorsed UN Women's guidelines and protocols on administrative data on violence against women and girls, supporting improvements in service provision across health, justice, police and social services sectors. ● UNFPA advanced private sector engagement through a strategy focused on the Caribbean hospitality and tourism sector. Building on the 2023 Spotlight Initiative workplace GBV policy, UNFPA supported a pilot to position the organisation within the industry. Partnerships were developed with the Caribbean Hotel and Tourism Association, the Caribbean Tourism Organisation and Women in Tourism Caribbean to conduct workforce surveys and generate evidence on GBV and equity issues. Complementary consumer research targeting U.S. women travellers showed that safety ranked above cost, creating an entry point for advocating for gender-responsive workplace policies and safer tourism environments ● Humanitarian response: GBV coordination mechanisms were established in Aruba, Curacao, Guyana, and Trinidad and Tobago under R4V, with 100 service providers trained on GBViE standards and MISP. ● CARICOM's Gender Equality Strategy and Every Caribbean Girl, Every Caribbean Woman initiative provided overarching guidance, with SRP acting as technical lead for GBV service delivery standards ● SRP supported Ministries of Health across Jamaica, Grenada, and Guyana to implement the Essential Service Package (ESP) for survivors of GBV, ensuring integration of medical care, psychosocial support, and referral pathways. In Jamaica, SOPs for emergency and clinical management of rape were standardized in public hospitals, aligned with WHO guidelines.	
A 3.7 The SRP has introduced acceleration strategies that increased the pace and scale of results while advancing resilience and ensuring no one was left behind, and future preparedness depends on building on these proven accelerators while developing new or adapted strategies to further enhance impact in the next programme cycle. Evidence of LNOB, intersectionality, disaggregated data integrated into SRP programming Evidence of instances of innovation and prototyping leading to scalable or replicable results.	

Evidence of emergency preparedness & resilience geared strategies and interventions Evidence of multi-country, intraregional cooperation, or South-South learning initiatives generating added value. Evidence of human rights and gender-transformative approaches being operationalized across outputs. Evidence on which existing strategies are most critical to enhance the pace and scale of results Perceived gaps or limitations in current strategies that require adaptation to enhance the pace and scale of results	
Trinidad and Tobago: ● UNFPA operationalized the Leave No One Behind principle in Trinidad and Tobago through targeted GBV and SRHR programming for migrant and refugee women, adolescents and persons with disabilities. Under the Spotlight Initiative, GBV survivor data was disaggregated by age, gender, nationality and migration status, strengthening evidence for inclusive programming and informing approaches to reach Venezuelan migrants. Civil society organisations received support to integrate intersectional analyses into service delivery and outreach to rural, LGBTQ+ and indigenous communities. ● Trinidad and Tobago piloted the Gender-Based Violence Services App, a digital referral platform connecting survivors with police, health and social services, which is under consideration for replication across the Caribbean. The CHAMP youth health initiative integrated digital learning tools and psychosocial modules to support remote access to life-skills and SRHR education during the pandemic, contributing to youth-centred programming and social norms interventions. ● The SRP strengthened the national GBV in Emergencies coordination framework, improving preparedness to deliver essential services in humanitarian contexts. Training through UNFPA's GBViE toolkit enhanced readiness of healthcare providers, shelter staff and other frontline responders to maintain GBV and SRHR service continuity during crises, though integration of these services into national disaster risk management plans remains limited. ● Trinidad and Tobago contributed to South–South exchanges facilitated by UNFPA, sharing experiences on GBV prevention, adolescent SRHR and midwifery workforce development through regional platforms such as the Caribbean Midwives Association and Gender Affairs Divisions network. These exchanges supported regional alignment on SRHR and GBV policy. ● The SRP embedded gender-transformative and rights-based approaches by supporting policies that address harmful masculinities and intersectional discrimination and by advancing civil society advocacy that positions GBV as a human rights and public health issue in alignment with CEDAW and the Montevideo Consensus. Proven accelerators included digital tools for GBV service delivery, intersectional targeting and youth-centred intervention models. Key gaps relate to institutionalizing pilot initiatives and securing resources beyond Spotlight Initiative funding.	UNFPA SROC Annual Reports 2022–2024 • Spotlight Initiative Final Report – Trinidad and Tobago (2024) • MPTF ASC Final Report (2024) • GBViE Preparedness Framework (UNFPA SRO, 2023) • CSO Interviews and MOH/NACC Stakeholder Consultations (2025)

Jamaica ● Disaggregated data on age, gender, disability, and migration status integrated into SRHR programming (e.g., Jamaica population projections, adolescent pregnancy targeting). ● Regional initiatives (CARICOM Gender Equality Strategy, Every Caribbean Girl, Every Caribbean Woman) enabled South-South learning and policy harmonization. ● SOPs for GBV survivor care, CSE integration into curricula, and inclusion of LGBTQI+ adolescents in policy (e.g., Jamaica's Trans Health Strategy). ● Heavy donor dependence, resistance to CSE from conservative groups, and limited statistical capacity in smaller states.	UNFPA SROC
Suriname ● LNOB: The programme effectively targets marginalized groups (Indigenous, Maroon, youth in the interior) through evidence-based targeting (e.g., Melena study) and applying Free, Prior, and Informed Consent (FPIC) principles in all major programmatic areas (SRH, GBV, data). Multiple informants referenced, for example, 'tailored outreach and community-based interventions to address adolescent pregnancy and GBV in the hinterland," 'where mainstream government services often do not reach. Innovative use of participatory research, such as focus groups with adolescent girls in rural districts and community mapping, was described to capture local realities and ensure the most marginalized voices were heard. There were efforts to localize interventions (e.g., translating referral forms and GBV materials into Indigenous languages, adapting education modules to rural schools' contexts). However, resource and staffing constraints limited full coverage. Implementing Partners used social media for outreach, developed creative CSE tools (e.g., spinning wheel game), and adapted materials for people with hearing impairments. ● Emergency Preparedness Conducted MISP training (including virtually during COVID), integrated GBV into disaster planning with UNDP, and worked to shift the mindset of first responders to be more gender sensitive. ● South-South Cooperation: Facilitated learning exchanges with Jamaica, Guyana, and Trinidad & Tobago on Long-Acting Reversible Contraception (LARCs) and perpetrator programs.	Consultant, CSOs, YAG, UNFPA

Belize ● Emergency preparedness and response (UN system coordination): UNFPA participates actively in the UN's multi-hazard contingency plan, coordinated by the United Nations Emergency Technical Team (UNET). The plan, broadened in 2024, provides a cohesive, mandate-aligned framework that avoids overlap. UNFPA serves as a sector lead for Protection and represents the UN at NEMO's Emergency Operations Centre, contributing to preparedness and response, including provision of dignity and hygiene kits and participation in post-disaster assessments. Challenges: Pre-positioning of dignity kits with NEMO has been effective, but weak inventory management means UNFPA lacks live data on dispatch and distribution. ● Integration of GBV in emergencies: A GBV-in-Emergencies (GBV-IE) coordination mechanism was created as a sub-body of the National Women's Commission, ensuring minimum services for survivors in emergencies. UNFPA supported training of shelter managers and police officers, contributing to preparedness at the service level. Challenges: During disasters, specialised personnel (social workers trained in GBV and child protection) are often reassigned to general response duties, leaving critical gaps in survivor support. ● Belize MISP: UNFPA proactively procured and prepositioned dignity kits at the end of 2022. kits were handed over to NEMO for storage in their warehouse. The kits are being used by NEMO at their discretion, but there is a challenge related to the lack of an accurate inventory system within NEMO and thus UNFPA lacks the capacity to report with confidence in coordination meetings (e.g. UNET) on the availability of kits. Discussions with NEMO have started on the need to strengthen inventory management to ensure accountability and timely information,	UN entities, UNFPA.
Guyana: UNFPA applied the LNOB principle by reaching migrants and LGBTQIA+ populations. However, stakeholders felt macro-level innovation was hindered by bureaucracy and weak data.	SROC reports. Interviews

Barbados and ECS ● Following Hurricane Beryl in July 2024, UNFPA deployed specialists to support relief efforts in Saint Vincent and the Grenadines and Grenada. The response included training government and NGO representatives on GBV in emergencies, reinforcing referral pathways, distributing dignity kits to women and girls, updating MISP action plans and providing clinical management training on rape and intimate partner violence. UNFPA procured and distributed 100 dignity kits in Grenada, used pre-positioned supplies in Saint Vincent and the Grenadines and facilitated a three-month deployment of healthcare workers to serve affected populations in the southern Grenadines. Between July and October, 193 service providers across Jamaica, Grenada and Saint Vincent and the Grenadines received training on GBV risk mitigation, survivor-centred care and PSEA. Coordination with UN Women included joint community visits and combined training sessions under the Build Back Equal project. A key lesson from the response concerned the need to conduct GBV in Emergencies training before the hurricane season rather than reactively during or after disasters. ● Interview findings on UNFPA's emergency response highlighted mixed perceptions. Some stakeholders described the support as timely and technically strong, particularly the deployment of experts to train partners on the MISP. Others noted delays, limited quantities of dignity kits relative to requests and slow delivery of replenishment supplies, reducing their usefulness during early recovery phases. Stakeholders emphasised that routine preparedness and pre-disaster capacity building would improve future response effectiveness. ● Under the JP on data and SDG monitoring and the Build Back Equal programme, UNFPA supported translation of a sexual health curriculum into braille for persons with disabilities, with a formal handover in Saint Vincent and the Grenadines. Comprehensive Sexuality Education Training of Trainers sessions were delivered to 91 participants across Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines. Participants represented disability organisations, LGBTQ groups, youth networks, planned parenthood associations and ministries of health, youth and sport. They were trained on relationships, personal values, human rights, gender, violence prevention, health and wellbeing, human anatomy, sexuality, HIV and STIs and are now cascading CSE content in their communities. ● On 10 November 2023, the UN Resident Coordinator's Office for Barbados and the Eastern Caribbean, OHCHR and the Caribbean Regional Spotlight Initiative convened a consultation on inclusion, participation and freedom from violence for persons with disabilities, providing a platform for disability organisations from the Eastern Caribbean to share feedback on barriers to full rights enjoyment. ● In Barbados, the Barbados Council for the Disabled, the Barbados Family Planning Association and UNFPA facilitated SRHR seminars for women with disabilities and disability-sensitivity training for healthcare providers. The Council's participation on the BFPA board ensured integration of disability perspectives in SRHR discussions. Under the UNCT Barbados Global Disability Fund, a Situational Analysis on the Rights of Persons with Disabilities was completed, informing the development of the Rights of Persons with Disabilities Act 2025.	SROC reports. Interviews UNFPA, UN, CSO.

Subregional ● Emergency response commodities reached vulnerable populations through distribution of 2,950 dignity kits in Guyana and 250 in Trinidad and Tobago to Venezuelan migrants and at-risk women. Mobile outreaches distributed 43,000 condoms and 24,000 lubricants to support STI and pregnancy prevention. At the regional level, UNFPA signed an agreement with WFP for warehouse access in Barbados to support prepositioning of supplies. ● UNFPA collaborated with CDEMA to train first responders—including police, military and emergency personnel—on GBV, protection standards and emergency response principles. Trainings were delivered in Barbados, Trinidad and Tobago, Antigua and Barbuda and Guyana, in coordination with UN Women. UNFPA supported standardization of training materials and is working toward integrating the modules into CDEMA's annual curriculum. ● UNFPA led the development of Common Operational Data Sets for all 22 English and Dutch-speaking Caribbean countries to strengthen data availability for preparedness and response. The next phase, in collaboration with CDEMA, IOM and WFP, is a webinar on practical use of the datasets to promote consistent adoption. ● UNFPA participated in the regional emergency coordination structure to ensure GBV and protection were included in the Regional Response Mechanism. It contributed to developing SOPs and took part in simulation exercises to strengthen multi-country preparedness. UNFPA co-led communities of practice on protection, including the Essential Services Package with CARICOM, and provided technical input to UN contingency and emergency response plans in Jamaica, Barbados and the Eastern Caribbean. ● Interview findings highlighted UNFPA's strategic engagement through multi-country initiatives and partnerships to maximise reach. Forward actions include expanding work on anticipatory action, defining GBV and SRH readiness triggers, and improving prepositioning of dignity kits through coordination with the WFP logistics hub. UNFPA is also working to integrate gender-sensitive considerations into humanitarian cash and social protection programmes. ● UNFPA advanced South–South cooperation through the India project and expanded private sector engagement in the Caribbean hospitality and tourism sector. Building on the 2023 Spotlight Initiative workplace GBV policy, UNFPA supported a pilot that established partnerships with the Caribbean Hotel and Tourism Association, the Caribbean Tourism Organisation and Women in Tourism Caribbean to conduct workforce surveys and generate evidence on GBV and equity issues. Complementary consumer research with U.S. women travellers showed that safety ranked above cost, creating an entry point for advocating gender-responsive workplace policies and safer tourism environments. ● UNFPA demonstrated operational capacity in emergency response and took steps toward integrating SRH and GBV into national preparedness systems, though anticipatory planning remained limited. Fragmented data systems and lack of small-area population projections constrained the ability to identify and reach high-risk populations. While recognized for its technical expertise in these areas, UNFPA's potential to leverage data for anticipatory action and resilience-building is not yet fully realised. Strengthening preparedness,	SROC reports Interviews UNFPA, UN,

national data systems and cross-sector coordination will be essential to improve readiness for increasingly frequent climate-related emergencies.	

EQ4: To what extent was the SRP delivered in a timely and cost-effective manner?
A 4.1 UNFPA has put in place appropriate, effective and efficient tools and processes to support its work and address programmatic and operational bottlenecks
Evidence of fit-for-purpose management systems and procedures for accountability and Results-based management
Evidence of operational bottlenecks being identified and addressed

Trinidad and Tobago ● In Trinidad and Tobago, the Spotlight Initiative used joint UN planning tools, standardized monitoring templates, and evidence dashboards to track progress across outputs and subnational activities. ● Spotlight implementation in Trinidad and Tobago initially faced coordination challenges among UN partners and CSOs, prompting the adoption of streamlined procurement protocols and a shared reporting calendar that accelerated delivery during the final implementation phase. ● UNFPA introduced adaptive management mechanisms such as joint monitoring visits, after-action reviews, and quarterly bottleneck analyses that fed into program reprogramming cycles. ● Despite strong management tools, interviewees from national and civil society partners noted persistent capacity constraints among implementing partners, including financial reporting and results-based management documentation. UNFPA addressed these gaps through targeted results-based management training and coaching for CSO finance and M&E officers. ● UNFPA's SRP management systems in Trinidad and Tobago and the broader Caribbean have demonstrated strong alignment with principles of efficiency, accountability, and adaptability.	UNFPA SROC Annual Reports 2022–2024; Spotlight Initiative Final Report – Trinidad and Tobago (2024); MPTF ASC Final Report (2024); Ministry of Health (NACC) Interview, 2025; UNFPA SROC Financial Reports and RBM Dashboards (2023–2024)
Jamaica ● Financial and programmatic accountability were enhanced through regular audits, quarterly review meetings with governments and CSOs, and the introduction of risk registers to anticipate bottlenecks. ● In Jamaica, delayed procurement of SRHR commodities and resistance to CSE were flagged as recurrent bottlenecks, requiring adaptive programming ● UNFPA employed pooled funding mechanisms (e.g., Spotlight, MPTF for migration) and regional procurement arrangements to offset national-level delays. Programme adjustments (e.g., scaling CSO-delivered CSE where schools resisted) showed adaptability.	UNFPA SROC Annual Report 2023; Copy 2022 Annual Report – Jamaica SRO; PIOJ and Jamaica Family Planning Association Interviews (2025)
Belize: ● Quantum and Quantum+ systems created major bottlenecks; glitches in migration, invoice processing, and e-face generation caused long delays in payments, workplan approvals, and IP management. Workarounds are frequent, undermining predictability. Lack of harmonisation and sudden imposition of stricter-than-policy rules (e.g., requiring 3 quotes under $5,000) create inefficiencies. Approval and help desk processes are slow, with support tickets escalating to level 2 or 3 and taking weeks to resolve. Different offices interpret the same PPM differently, creating additional bottlenecks not required by actual policy. Lack of standardized SOPs: Staff mentioned SOPs "come out of thin air," with no standard for how SOPs should be developed. Centralised procurement policies (e.g., LTAs) exclude small local vendors who cannot tolerate payment delays, undermining viability in smaller markets and local development impact.	UNFPA, CSOs, Government, UN

● Knowledge management systems are weak, lack of consistent filing hampers continuity and effective backstopping. ● Technical support from LACRO is uneven. Some thematic areas (Population & Development) are strong, but technical support is not flexible, it must be planned at the beginning of the year, requiring long lead times, making it hard to get timely support for the subregional context ● Weak knowledge management and lack of relief/backstopping systems jeopardise institutional memory, limiting sustainability of programme delivery when staff leave. Weak filing systems hampering continuity. No centralized knowledge management system making backstopping difficult. Loss of institutional knowledge when trained staff leave ● High staff turnover and steep learning curves reduce cost-effectiveness by forcing repeated training investments and delaying implementation.	
Suriname ● New corporate systems like Quantum+ and Power BI are praised for increasing transparency and efficiency for both staff and implementing partners. ● However, the initial rollout of these systems caused significant delays, halting project activities temporarily. ● Other major bottlenecks identified include multi-layered approvals (Suriname → Jamaica → Amsterdam), a lack of dedicated HR support forcing program staff to manage contracts, and short-term consultant contracts that create instability and gaps. ● Knowledge management is weak, leading to institutional memory loss when staff leave.	CSO, UNFPA,
Subregional ● Accountability: Office completed the Integrated Accountability Checklist and Annual Management Compliance Certification on time, demonstrating commitment to compliance and protection standards. ● Procurement: Audit identified non-compliance in solicitation, bid evaluation, and contract award processes; supervisory controls were ineffective, heightening financial and reputational risks. ● Results Management: Inadequate results planning, missing milestones, and overstated indicators; weak alignment between staff performance objectives and results frameworks. ● Implementing Partners: Weak IP capacity assessments, PSEA noncompliance, and unauthorized cash transfers to high-risk IPs, creating fiduciary risk. ● Inventory Management: Poor inventory controls and unsuitable warehouse conditions led to USD 42,628 in damaged or expired supplies; no warehouse reassessments or insurance coverage. ● Donor Reporting: Late and incomplete narrative reports (missing outcome data) delayed by two months, undermining donor confidence and resource mobilization.	Audit, Midterm Review reports, interviews UNFPA, CSOs

● Knowledge Management: Absence of structured KM systems and succession planning caused institutional knowledge loss and disorganized files. ● Internal Control: The current SROC structure, which has Liaison Officers isolated in territories who act like heads of offices without sufficient administrative or managerial counterweights, results in a breakdown of internal control. This structure leads to the SROC taking administrative decisions (like contracting models and payroll) that are not compliant with UNFPA regulations, resulting in a constant flow of waiver requests.	
A 4.2 UNFPA has delivered the SRP in a timely and cost-effective manner Evidence of SRP activities and outputs delivered within planned timeframes. Extent to which resource allocation is consistent with the results achieved and oriented towards sustaining those results.	
Trinidad and Tobago ● The Spotlight Initiative in Trinidad and Tobago achieved most planned outputs within the original implementation period (2019–2023), with a no-cost extension facilitating completion of training, policy adoption, and data-system integration. Despite early pandemic-related disruptions, adaptive measures (remote coordination, digital learning modules, and flexible procurement) enabled activities to continue with minimal delay ● Some delivery delays were noted in inter-agency coordination for joint programming and procurement of ICT-based tools for SRHR and GBV response. These were resolved through reprogramming and SROC technical support, demonstrating flexibility in execution and risk management ● The SRP leveraged multi-source financing and partnerships to achieve cost efficiencies. In Trinidad and Tobago, co-financing from the EU Spotlight Initiative, UNAIDS, and CARICOM mechanisms amplified impact without significant increases in core resource spending. The SRO's integrated programming approach—linking SRHR, GBV, and data initiatives—enabled shared use of personnel, training platforms, and communication materials across outputs, reducing duplication and maximizing value for money. Cost-sharing arrangements with the Ministry of Health (e.g., training venues, logistics for GBV/Adolescent SRHR workshops) and CSOs contributed to financial sustainability while expanding reach to rural and vulnerable populations. ● Resource allocations were closely aligned with the SRP's three transformative results, focusing primarily on ending GBV, meeting family planning needs, and reducing preventable maternal deaths. Funding allocations demonstrated a deliberate emphasis on high-impact and scalable activities, such as health system strengthening, midwifery training, and digital service integration. ● Investment in monitoring and data systems especially through the Caribbean Population Data for Development initiative enhanced efficiency by guiding evidence-based decision-making and adaptive reallocation of funds to underperforming areas.	UNFPA SROC Annual Reports 2022–2024; Spotlight Initiative Final Report – Trinidad and Tobago (2024); MPTF ASC Final Report (2024). Ministry of Health (NACC) Interview, 2025; UNFPA SROC Financial Reports and RBM Dashboards (2023–2024)

● While resource allocation was effective for immediate outputs, sustainability of results remains dependent on continued domestic financing. Several Spotlight-supported interventions, such as GBV referral hotlines and community mobilization campaigns, face funding uncertainties after the close of external grants. ● UNFPA has begun facilitating budget integration discussions with the Government of Trinidad and Tobago to sustain SRHR and GBV service delivery gains, reflecting strategic alignment with long-term national ownership. ● UNFPA demonstrated high delivery efficiency and cost-effectiveness in implementing SRP activities in Trinidad and Tobago. Adaptive management ensured timely completion of outputs despite contextual challenges, while integrated financing and cross-sectoral approaches optimized resource use. Sustaining these gains will require deeper national budget commitments and long-term institutionalization of SRHR and GBV programs.	
Jamaica: ● Annual reports indicate that most SRP activities and outputs were implemented within planned timeframes despite external shocks such as COVID-19 and Hurricane Beryl (2024). Adjustments, including virtual training, reprogramming of funds, and accelerated procurement channels, enabled continuity of service delivery ● UNFPA leveraged pooled funds such as the EU Spotlight Initiative and the Canada-supported Build Back Equal project to reduce duplication and maximize resource impact. Regional procurement mechanisms also reduced unit costs for contraceptives and SRHR commodities ● Allocations were consistent with strategic priorities, with significant portions directed to SRHR commodity security, adolescent pregnancy reduction, and GBV prevention—areas where measurable outputs (e.g., increased contraceptive uptake, new GBV SOPs) were recorded. ● Capacity-building investments such as technical training for health workers, institutionalization of MISP in emergency plans, and CSO-led CSE delivery ensured benefits extended beyond the funding cycle. ● Short-term funding cycles and reliance on external donors limited flexibility in sustaining results, particularly in smaller states with weak fiscal space.	UNFPA SROC Annual Report 2023; Draft Annual Report 2024 – SRHR Component; Copy 2022 Annual Report – Jamaica SRO; PIOJ and Jamaica Family Planning Association Interview (2025)
Belize: Payment delays to vendors and IPs due to system failures damage UNFPA's reputation and strain relationships, as vendors front-load costs at their own risk. Delays and shortfalls in funding against quarterly UNFPA work plans, sometimes receiving funds at year-end or not at all, creating implementation burdens ● HR bottlenecks delay delivery: absence of a dedicated HR unit forces programme staff to manage consultant contracts and slowing project and other functions timelines. ● Multi-layered approvals (Belize, Jamaica, Amsterdam) cause major lags, even for minor expenses, undermining timeliness and efficiency. ● Other UN agencies (UNICEF, UNDP) manage approvals internally at country level, which allows them to act more quickly. In contrast, UNFPA's multi-layered subregional system slows implementation and undermines cost-effectiveness.	UNFPA, CSO, Government

Guyana: Most activities were eventually completed, but delays were attributed to funding and staff turnover.	CSOs, Consultants, UN Partner, UNFPA
Suriname: ● Despite operational bottlenecks, many activities and joint programs were delivered on time, with the RCO noting UNFPA is often the first agency to commit and disburse funds. ● However, partners and staff consistently reported payment delays due to system glitches and complex procedures, damaging relationships and forcing partners to front-load costs. ● Delays in funding disbursement against work plans were also noted, creating implementation burdens, especially for work in high-cost remote areas. The sub-regional model's centralization is seen as less efficient than other agencies' country-level approval systems	UNFPA, government, CSO
Subregional ● The 2022 annual report noted a gap in the SRH Adviser position, which limited UNFPA's engagement in adolescent health norms led by UNICEF and reduced UNFPA's ability to ensure alignment with ICPD priorities. Expertise gaps also affected MISP implementation. Countries with small populations and limited staff require technical assistance across the full process—including awareness-raising, capacity building, translation of tools and integration of MISP into national health sector emergency plans. The absence of an SRH Specialist in 2022 created delays, and in Trinidad and Tobago it was difficult to convene first responders due to competing priorities such as flooding. In Belize, delays in identifying and recruiting a consultant postponed planned MISP activities to 2023. ● In Belize, UNFPA initially supported development of adolescent health norms, but the absence of in-house technical guidance led to outreach to PAHO. PAHO was unable to provide an English-speaking technical adviser, and UNICEF assumed the role, underscoring the importance of strong SRH engagement by UNFPA. ● Audit findings highlighted late finalization of implementing partner workplans. In 2023, workplans for 28 of 39 partners were signed between May and October, and in 2024 only two of 11 were signed before May. Late workplans led to concentration of activities at year-end, with 75 per cent of 2023 expenditures incurred in the last quarter. The delays were attributed to staff rotation and funding uncertainty. Recommendations included strengthening the work planning process through quality assurance and defined deadlines. Audit findings also identified unclaimed refundable VAT as a financial loss to UNFPA. ● A low implementation rate was recorded for the Joint Programme: USD 193,737 of a USD 985,298 ceiling (19.6 per cent) in 2023, and USD 300,981 implemented in the first half of 2024, still below the level required to trigger subsequent instalments. A prolonged vacancy in the Liaison Officer position for Barbados and the OECS significantly affected delivery in ten countries and territories. Although the post was later filled, low implementation created risks for funding and results delivery. Similar delays were noted in Belize under the KOICA project,	SROC reports UNFPA interviews

where only USD 80,000 of USD 565,000 advanced was liquidated. Slow approval processes and limited partner capacity hindered reimbursements and stalled activities. ● The Equal SRHR project achieved a 42.32 per cent implementation rate by the end of 2024. Guyana's Ministry of Health did not proceed with supply chain strengthening activities, prompting UNFPA to redirect funds toward priorities such as rape kit procurement, complementing training of 220 healthcare providers in clinical management of rape. Some activities exceeded budgeted amounts, including CSE (156 per cent) and demand generation (118 per cent). The project adopted a human-centred design approach to adolescent pregnancy prevention, reduced the target for Women and Girls Safe Spaces from four to two due to hinterland constraints and consolidated management with another GAC-funded initiative. Substantial activities remain planned for 2025, including dissemination of adolescent pregnancy study findings, EmONC assessments, establishment of safe spaces and finalization of MISP action plans. ● Improved coordination within the Sub-Regional Office for the Caribbean was identified as necessary to avoid duplication, share costs and foster synergies across offices. A dedicated coordination role was suggested to strengthen collaboration and resource sharing among country offices.	
A 4.3 The SROC internal configuration enabled the efficient achievement of results Evidence of adequacy of staffing levels and skill mix in relation to SRP scope Evidence of appropriate coordination with LACRO	
Trinidad and Tobago ● The configuration of the Sub-Regional Office for the Caribbean (SROC), headquartered in Jamaica, has supported a multi-country delivery model for the SRP that balances technical specialization with contextual flexibility. Staffing coverage for Trinidad and Tobago included dedicated focal points for gender-based violence (GBV), adolescent SRHR, population data, and humanitarian preparedness. These focal points were supported by regional technical advisors based in Jamaica, Barbados, and Panama. ● While staffing levels were adequate for core programming, interviews with partners noted that country-level human resource limitations—such as having shared program officers across multiple territories occasionally constrained the depth of technical engagement, particularly in emerging areas like digital SRHR and humanitarian preparedness. UNFPA addressed these gaps through short-term technical deployments and joint staff mobilization from other Caribbean countries, ensuring the continuity of quality technical assistance despite staffing constraints.	UNFPA SROC Annual Reports 2022–2024 Spotlight Initiative Final Report – Trinidad and Tobago (2024) MPTF ASC Final Report (2024) SROC Organisational Structure and RBM Planning Documents (2023)

• The SROC's integrated structure promoted cross-thematic collaboration—linking SRHR, GBV, and data teams under one results framework. This approach minimized duplication of functions, enabled joint resource mobilization, and allowed for streamlined communication with national partners.	Interviews – MOH NACC and Civil Society Partners
Jamaica The SROC maintained a lean but technically strong team with focal points for SRHR, adolescents and youth, GEWE, and population data. Staff expertise in health systems strengthening and policy advocacy was cited by national partners (PIOJ Interview, JFPA Interview). However, high staff turnover and the wide geographic coverage of 22 countries created workload pressures, with some delays in technical backstopping. The SROC configuration allowed cross-country technical support, particularly in small island states, by deploying regional advisors to provide shared capacity in SRHR commodity security, CSE integration, and GBV programming. Evidence of strong alignment with LACRO was seen in regional priority-setting (ICPD+30, Montevideo Consensus follow-up) and technical collaboration on gender and data initiatives. SROC staff participated in joint regional task forces on SRHR and humanitarian preparedness, ensuring complementarity and avoiding duplication. Some stakeholders reported that limited in-country presence reduced day-to-day engagement and slowed responsiveness compared to agencies with national offices. This was partially offset by partnerships with CSOs and subregional technical working groups.	UNFPA SROC Annual Report 2023.Copy 2022 Annual Report – Jamaica SRO; PIOJ Interview (2025); Jamaica Family Planning Association Interview (2025)
Belize: • The sub-regional model stretches staff across 22 countries; Belize staff backstop other offices while also handling national duties. This creates blurred roles and operational friction. • Focal point roles (e.g., gender, humanitarian, youth) operate as de facto specialist functions without formal support or TORs, adding to workload and reducing efficiency. • Lack of dedicated HR support and career pathways causes turnover and undermines institutional memory. • Salary disparities across SROC countries demotivate staff and limit mobility, affecting retention and continuity of results. • Excessive centralisation (e.g., all operational processes handled by one person in Jamaica) creates single points of failure and delays, making the model unsustainable. • The rigid regional hierarchy (Belize → SROC → LACRO) slows responsiveness and limits adaptation to Caribbean specificities. • Inter-agency "One UN" operational collaboration is minimal. Attempts at shared procurement or backstopping are ineffective because procedures and systems are incompatible across agencies. • Staff proposed reforms to adapt the SROC model: creating floating relief operations staff to cover leave; restructuring roles to be truly subregional (e.g., one person handling travel across all offices); granting liaison officers authority to approve small expenses (up to USD 1,000).	UNFPA. Annual report 2022; UNFPA interviews

• Each PA in the LOs is required to manage all operational processes in their office (procurement, travel, RFQs, consultant contracts, IP management), unlike larger regional or country offices where these tasks are specialised. This unequal workload distribution makes responsibilities unrealistic and contributes to delays and bottlenecks. • Focal point roles in the SROC lack clear TORs, with responsibilities shifting informally when staff turnover occurs. Some portfolios, such as gender and humanitarian, were described as heavy and operating almost as specialist functions, requiring participation in multiple regional and global groups, document review, and emergency coordination. Others, like LNOB, involve mainly meeting participation. The youth portfolio was reported as better organized, supported by a structured network of liaison office focal points that manage ground-level engagement and feed into SROC coordination. Overall, the absence of formal TORs and the uneven design of roles blur responsibilities, add to workload, and undermine efficiency. • From annual report: Support for the development of the Adolescent health norms in Belize was a request made to UNFPA and initially supported by UNFPA. However, the absence of in-house technical guidance resulted in UNFPA reaching out to PAHO. PAHO's inability to provide the requisite technical person who spoke English resulted in delays and resulted in the uptake of the support by UNICEF. This experienced demonstrated the importance for UNFPA to provide strong and engaging SRH support to the government Recommendations for more efficiency: • Backstopping and relief: Introduce floating relief operations staff to cover leave across offices, replacing ad hoc backstopping. • Decentralisation, roles and autonomy: Grant liaison officers limited approval authority (e.g. up to USD 1,000) to reduce reliance on Jamaica; decentralise functions (e.g. finance associates in different liaison offices) to balance workload and create career pathway; redesign the subregional model so roles are truly subregional (e.g. one staff member handling travel for all offices) rather than each PA covering all processes locally; clarify TORs for focal point roles and distribute responsibilities more evenly, particularly in heavy portfolios such as gender and humanitarian. • Policy and system alignment: Eliminate unnecessary SOPs and directives that exceed corporate policy (e.g. requiring three quotes under USD 5,000). • Knowledge management Establish a standardized knowledge management system to ensure continuity beyond individual staff. • HR: Reinstate or strengthen dedicated HR support to reduce programme staff workload in contract management, conduct regular salary reviews across SROC countries to address inequities and improve retention.	
Suriname The configuration is a significant challenge. The Suriname office is severely understaffed, operating with a Liaison Officer and a Program Assistant who manage an excessive operational workload. The team is stretched thin across the sub-region. There is a heavy reliance on short-term consultants, which jeopardizes continuity. It was explicitly highlighted the risk of losing institutional knowledge and partnerships due to this	UNFPA, UN Partner Agency

limited capacity. It was also mentioned that UNFPA's high return on investment is achieved despite being 'understaffed' and that the 'biggest risk is not building up the capacity of the UNFPA team.'	
Barbados AND ECS: Recruitment challenges and limited availability of data experts in the Caribbean delayed the hiring of technical teams and a Joint Programme Coordinator, resulting in reduced engagement with stakeholders. UNFPA mitigated these delays by temporarily assigning in-house staff and drawing on regional expertise, though lengthy UN procurement processes and a small pool of specialized companies continued to constrain implementation. Under the BBE project, UNFPA deployed an SRH in Emergencies Specialist to Grenada and Saint Vincent and the Grenadines to assess preparedness, strengthen coordination, and follow up on MISP and GBV-related activities. National Programme Coordination Analysts in the four implementing countries played a critical role in maintaining partnerships, coordinating with agencies, and ensuring on-the-ground programme delivery.	BBE project reports, JP data final report, UN, UNFPA and CSOs interviews
Subregional ● UNFPA's limited in-house technical capacity and prolonged vacancies, particularly in SRH advisory roles, constrained its ability to provide consistent technical support and sustain implementation momentum. In Belize, the development of Adolescent Health Norms stalled after initial engagement due to the absence of internal expertise, leading UNFPA to approach PAHO, which was unable to deploy an English-speaking specialist. UNICEF subsequently assumed responsibility. The vacancy in the SRH Adviser post also slowed efforts to integrate the MISP into national health emergency plans and highlighted the need for a regional pool of qualified MISP master trainers. Broader staffing constraints—including small technical talent pools, limited resources to cover 22 countries, high turnover and weak onboarding—affected recruitment, service delivery, and government engagement. Audit findings confirmed that prolonged vacancies and low implementation rates undermined programme delivery and posed reputational risks. Liaison Officers lacked adequate resources and decision-making authority, and in some cases were unable to support data-related initiatives such as the data appreciation project. ● The SROC benefited from support arrangements with LACRO, including a P3 population and development liaison officer, a consultant from the census team and a focal point in the gender team. However, staffing levels remained unchanged despite increased workload and visibility, leaving country-level staff overstretched. Onboarding processes were insufficient, with new staff reporting long adjustment periods and unclear roles. Informants highlighted the need for UNFPA to reprofile the institution with new capacities, such as health and development economists, to support higher-level policy engagement. The upcoming strategic plan for 2026–2029 incorporates this direction through an output on sustainable financing and investment. ● The SROC did not consistently leverage LACRO's technical backstopping despite financial and logistical constraints that make maintaining dedicated SROC technical posts unviable. LACRO's model of thematic clustering across countries was not fully applied to the SROC due to language and coordination challenges. Concerns were raised about the physical and managerial configuration of the SRO—specifically	Audit, MTR, Annual reports, Interviews UNFPA, UN, CSO at regional and country levels

the split between the Director in Jamaica and Deputy Director in Barbados, limited reporting lines, physical distance from staff and weakened internal controls. Liaison Officers in isolated duty stations often operated without sufficient administrative oversight, contributing to internal control failures and repeated waiver requests. ● Political influence, conflicting visions between previous SROC management and LACRO and ambiguous leadership roles contributed to structural inefficiencies. Staffing challenges included long recruitment delays, external holds on vacant positions, limited talent pools in small island states, salary disparities across duty stations, mobility constraints and the inability to place positions under donor-funded programmes. Liaison Officer roles offered limited career progression, and the LO covering ten countries faced an unsustainable workload. ● Mitigation measures included creation of a P3 liaison position by LACRO, reliance on consultants and UN Volunteers to supplement LO functions, promotion of a shared regional mindset within the SRO, and adoption of a differentiated approach to programming following the midterm review. Staff motivation strategies included temporary assignments, acting roles as LOs in other countries and support missions for professional development. ● Coordination between the SROC and LACRO remained effective in integrating guidance on gender-transformative programming, LNOB and results-based management. LACRO provided technical backstopping for the GBViE framework and adaptation of SRHR service guidelines to small island contexts. Joint retreats, shared knowledge products and collaboration on regional initiatives such as the Caribbean Population Data for Development and the 2023 Regional Midwifery Workforce Assessment strengthened alignment, standardized implementation approaches and supported mutual learning.	

EQ5: To what extent has the SRP established sustainable foundations that are likely to ensure the continuation of results and benefits in the Caribbean beyond the programme cycle, and how prepared is it to sustain the benefits in the Caribbean in the future?	
A 5.1 The SRP business model has strengthened partnerships that support the continuation of benefits Evidence of instances where partnerships created conditions for continuation of results	
Trinidad and Tobago ● In Trinidad and Tobago, UNFPA's partnership model under the SRP has reinforced government ownership of SRHR and GBV programming. The Ministry of Health, through the National AIDS Coordinating Committee (NACC) and Family Planning Association of Trinidad and Tobago (FPATT), continues to implement SRHR services initiated under UNFPA support. These include contraceptive access programs, adolescent SRHR education, and data strengthening activities that are now integrated into government systems.	UNFPA SROC Annual Reports 2022–2024 • Spotlight Initiative Final Report – Trinidad and Tobago (2024)

• Collaboration with the Gender and Child Affairs Division of the Office of the Prime Minister (OPM) led to the institutionalization of GBV response mechanisms first piloted under the Spotlight Initiative, ensuring that trained service providers and referral pathways remain operational post-project. ● UNFPA's partnership approach strengthened the capacities of community-based and faith-based organisations to sustain results. Under Spotlight, organisations such as the Rape Crisis Society, TTT Empowerment Network, and Merikin Heritage Foundation were trained in survivor-centred approaches, rights advocacy, and reporting standards. These groups continue to implement awareness and prevention programs independently, sustaining behavioural change interventions at community level. ● Civil society partners also leveraged UNFPA-supported communication materials, such as gender-transformative curricula and social norms toolkits, for ongoing outreach with men, boys, and adolescents. ● The University of the West Indies (UWI) Institute for Gender and Development Studies (IGDS) has remained an enduring partner, embedding GBV and gender studies content into its curriculum and facilitating national dialogues on masculinities and power relations. UNFPA's technical support has contributed to capacity-building of academic actors, ensuring continuity in gender-transformative advocacy. ● Most SRP-supported initiatives in Trinidad and Tobago demonstrate signs of sustainability through institutional ownership, capacity retention, and policy integration. ● The integration of GBV data systems, health provider training, and CSO-led social mobilization into existing national frameworks suggests strong continuity potential.	• MPTF ASC Final Report (2024) • Interviews: NACC, FPATT, Merikin Heritage Foundation, IGDS-UWI (2025) • UNFPA CSO Capacity-Building Reports (2023)
Jamaica ● UNFPA worked closely with Ministries of Health, Education, and Youth across the Caribbean to institutionalize SRHR, CSE, and GBV standards into policies and service delivery. In Jamaica, collaboration with PIOJ and the Family Planning Board ensured that adolescent pregnancy prevention and contraceptive commodity security were embedded into national strategies, extending beyond the funding cycle. ● Partnerships with CSOs such as JFPA enabled community-level delivery of services including CSE for out-of-school youth and SRH outreach to marginalized groups (migrants, persons with disabilities, LGBTQ+ youth). These CSOs continue service provision with technical and limited financial support, showing sustainability beyond direct UNFPA inputs. ● Many stakeholders highlighted that UNFPA's technical role and convening power helped secure multi-year commitments from donors and governments, increasing the likelihood that programme gains such as GBV essential service packages and contraceptive security will continue.	· UNFPA SROC Annual Report 2023 · Copy 2022 Annual Report – Jamaica SRO · Draft SRHR Report 2024 (SRO) · JFPA Interview 2025 · PIOJ Interview 2025
Belize: ● UNFPA designed interventions to be implemented through partnerships with POWA, BFLA, NWC, and the Ministry of Health to foster national ownership and ensure continuation of benefits. These partnerships helped embed initiatives in national structures, but stakeholders stressed that initiatives require periodic "refreshment" to remain relevant and visible. (this is less clear for the LNOB project). Stakeholders recommended	CSO, Govt, UNFPA

avoiding indiscriminate reductions in implementing partners. While working with fewer IPs may ease management, it risks weakening national ownership and sustainability, as fewer actors are left to carry forward the work. ● Following Spotlight, one partner underwent UNFPA's mandatory audit processes, which required formal written policies (e.g., PSEA). While partners had a zero-tolerance culture in practice, compliance demanded significant new documentation and changes in hiring practices. This process, unbudgeted and time-consuming, delayed participation in follow-up projects such as LNOB, limiting continuity of results. Partners were still invited to trainings, but direct implementation was stalled until compliance requirements were met.	
Guyana long-standing partnerships and noted UNFPA's emphasis on community involvement for sustainability.	Interviews
Regional: ● Partnership with ECLAC: Coordination with ECLAC focused on population, development, and data initiatives, reinforcing SRP alignment with regional statistical and demographic frameworks. ● Partnership with CARICOM: Collaboration spanned SRHR policy development and alignment; GBV response frameworks; youth engagement initiatives; and statistical capacity building. ● Partnership with OECS Commission: Engagement focused on SRHR policy integration; commodity security; and emergency preparedness, strengthening the sub-regional enabling environment for service delivery and resilience. ● Partnership with CDEMA: Collaboration aimed to strengthen national and regional emergency preparedness and response mechanisms, reinforcing UNFPA's role in regional disaster risk management. ● Regional UN coordination: UNFPA leveraged regional UN coordination to draw on the technical expertise and mandates of other UN agencies, pool resources, and strengthen strategic relations. Examples include regional collaboration with PAHO (maternal death surveillance and adolescent health standards); the regional GBV Prevention Course developed with UN partners; and coordination with OCHA and WFP on humanitarian preparedness, including warehouse access in Barbados for prepositioning supplies. ● Regional private-sector engagement: Through the Spotlight Initiative, UNFPA supported the Caribbean Employers' Confederation and Caribbean Congress of Labour to develop a regional workplace GBV policy, engaging employer and worker organisations across 17 countries and fostering corporate commitments—establishing a regional normative framework on GBV in the workplace. UNFPA is also supporting a regional pilot on safe workplaces in the Caribbean hospitality and tourism sector, reflecting sustained regional private-sector engagement.	Interviews UN, UNFPA, Regional institutions SROC reports
A 5.2 The SRP business model has contributed to enhanced financial sustainability for long-term impact in the Caribbean Evidence of government co-financing or integration of SRP-supported initiatives into national budgets. Examples of diversified funding sources secured through SRP efforts.	

Jamaica: In Jamaica, SRP-supported adolescent pregnancy prevention initiatives and family planning services were integrated into the Ministry of Health & Wellness' annual budget lines, ensuring sustainability beyond donor cycles. Diversified funding sources: The EU Spotlight Initiative provided pooled resources for GBV prevention and SRHR, with UNFPA playing a lead technical role. The Build Back Equal project (funded by Global Affairs Canada) diversified financing for women's economic empowerment and integrated SRHR/GBV linkages. Multi-country co-financing was mobilized through the OECS and CARICOM frameworks, enabling shared investments in SRHR and demographic data systems. UNFPA leveraged partnerships with private sector actors (e.g., ICT companies for digital SRHR platforms) to broaden resource streams.	SROC reports
Belize: Given its small size, Belize offers high leverage potential with multiple partners (IDB, BCIE, banks, Green Climate Fund). Development banks, particularly the IDB with strong presence, are viewed as key sources of concessional financing.	UN entities
Barbados and ECS. Under BBE and advocacy to ensure SRH is in budget line	Interview CSO BBE Project document
Suriname ● There is little to no evidence of government co-financing or integration of UNFPA-supported initiatives into national budgets. ● The primary model is donor-funded project support. While there is mention of exploring innovative financing (e.g., parametric insurance, debt swaps) and future potential from oil and gas revenues, these are not yet realized. ● The programme remains heavily dependent on UNFPA core and donor funds, which are described as insufficient for the scale of need.	UN Agency, UNFPA, Multilateral Partner
A 5.3 The SRP business model has fostered programmatic sustainability by embedding interventions in national systems Evidence that SRP supported policies, programmes, or services were institutionalized within government systems.	
In Trinidad and Tobago, ● several SRP-supported activities particularly those under the Spotlight Initiative and SRHR integration frameworks have been partially absorbed into government financing. The Ministry of Health (MOH) has sustained funding for SRHR training, contraceptive distribution, and maternal health monitoring that originated under UNFPA's technical guidance. The National AIDS Coordinating Committee (NACC) continues to utilize national budget allocations to maintain HIV prevention and SRHR integration programs that UNFPA helped to institutionalize, reflecting increasing local ownership. The Office of the Prime Minister (Gender and Child Affairs) incorporated elements of the GBV referral and case management system into its operational expenditure, ensuring continuity of support services and data reporting mechanisms after the close of Spotlight funding.	UNFPA SROC Annual Reports 2022–2024 • Spotlight Initiative Final Report – Trinidad and Tobago (2024) • MPTF ASC Final Report (2024) • Interviews: MOH NACC, IGDS-UWI, CSO partners

• UNFPA's SRP implementation in Trinidad and Tobago benefited from multi-donor financing that strengthened sustainability and risk-sharing. Funding streams included contributions from the European Union (EU) through Spotlight, the UN Multi-Partner Trust Fund (MPTF), UNAIDS, and PAHO, alongside cost-sharing from the Government. These partnerships facilitated blended financing for SRHR service delivery, GBV prevention, and data strengthening, enabling continuity of programming across funding cycles. The SRP's integrated approach also enhanced alignment with UN Sustainable Development Cooperation Framework (UNSDCF) priorities, unlocking joint financing opportunities for cross-agency initiatives focused on adolescent health, gender equality, and climate-resilient healthcare. • UNFPA's collaboration with UWI Institute for Gender and Development Studies (IGDS) and Caribbean Regional Midwives Association (CRMA) has also strengthened financial sustainability through integration of SRHR and gender content into academic programs, ensuring cost-effective capacity development mechanisms. • Despite progress, reliance on external funding (EU, UN pooled funds) remains a vulnerability. Several Spotlight-supported CSO programs have limited financial reserves and depend on future donor cycles for continuity. Sustained national budget integration remains uneven across ministries. While health sector ownership is relatively strong, social protection and education components require deeper institutionalization to ensure long-term sustainability. • The SRP business model in Trinidad and Tobago demonstrates effective financial sustainability strategies through co-financing, institutional budget integration, and diversified donor partnerships. The model's success lies in embedding SRHR and GBV initiatives within national systems while leveraging multi-donor platforms for continuity. Future efforts should emphasize expanding domestic fiscal commitment and developing sustainability frameworks for CSO-led components.	(2025) • CARICOM Health & Gender Policy Framework (2023)
Jamaica Stakeholders highlighted that SRP's model of embedding SRHR and GBV initiatives into national costed plans, combined with regional pooled funding mechanisms, created stronger prospects for continuity. However, reliance on external donors (EU, Canada, UN trust funds) still poses risks for long-term sustainability	UNFPA SROC Annual Report 2023; Copy 2022 Annual Report Jamaica SRO; SRHR Component Draft Report 2024; PIOJ Interview 2025; JFPA Interview 2025
Belize UNFPA has helped embed key interventions in national systems, most notably the GBV referral pathway and the Essential Services Package (ESP). With UNFPA support, the National Women's Commission expanded its reach nationwide, CSOs scaled up out-of-school CSE, and the Ministry of Health integrated youth-friendly guidelines into training. The referral pathway and ESP have been institutionalised and are referenced in legislation, integrated into training, and recognised as essential tools by service providers and CSOs. Survivors report improved services, and government is embedding these approaches into routine operations, including hospital training. The Families Bill and a new Domestic Violence Bill now reference these standards, extending protections to groups previously excluded (e.g. same-sex couples). However, application is not yet systematic: referral pathway use remains inconsistent across sectors, ESP availability at health centres is uneven, and provider attitudes and limited knowledge continue to create barriers.	CSO, UNFPA, GOVT

Sustained communication, monitoring, and funding are needed to ensure effectiveness. Spotlight Initiative and sustainability plan: Phase 1 of Spotlight, jointly with UNDP, performed well, a sustainability plan was created with government and CSO partners to carry forward results, but follow-up was weak: the plan was not discussed, and attempts to access new Spotlight funding failed. Campaigns and social norms interventions: funding constraints hinder continuity. Campaigns risk fading without regular promotion. Stakeholders proposed stronger use of social media, influencers, and low-cost platforms to maintain visibility.	
Guyana. Interviewee noted sustained relationships but also flagged risks from shifting priorities and staff turnover.	
LACRO RPE In this line, an experience usually highlighted at the inter-agency level is the Spotlight Programme developed with the European Union and other agencies of the United Nations system in different countries, where achievements were identified within the framework of Transformative Result Nº3, and which in countries of the Caribbean subregion have made it possible to strengthen norms, institutions and public policies, as well as the development of protocols and the provision of public awareness measures for the prevention of gender-based violence (GBV)70 although it is experiencing problems of sustainability and the need for ownership by key institutional actors. There are good examples of institutionalizing changes (ESP, GBV referral pathways, gender and SRH policies, ASRH). However: Training fatigue: Conditions for replicating training are not always ensured (lack of budget lines, high turnover of government officials, need for change-management approaches). 'Projectized' interventions: Often end without a clear handover or refreshment plan. Challenges regarding the effectiveness and sustainability of UNFPA's training programs, particularly for long-acting reversible contraceptives. Trained healthcare providers in Grenada did not utilize their skills for over a year due to delays in receiving LARC supplies from UNFPA. ongoing practical opportunities, such as allowing nurses to practice at GPPA clinics, could help maintain skills, but their offers for such arrangements were not taken up by the government. More initiatives focused on hands-on implementation and change management rather than just theoretical training, as government entities often struggle with executing new directions. Need for healthcare providers to receive more than just training, suggesting that a change management approach is necessary to address cultural biases and systemic issues like poor supervision and data reporting within healthcare facilities. Training Sustainability and Institutionalization The trainer-of-trainers model has not effectively led to knowledge replication, with trained trainers not conducting subsequent workshops or being empowered to train colleagues upon return. There is no institutional mechanism to ensure trained personnel replicate trainings or track their post-training activities. Revising CMR Protocols The ongoing revision of CMR protocols presents an opportunity to engage trained trainers in dissemination activities, preventing wasted training investment and building local capacity for guideline implementation Technology for Knowledge Transfer Using technology to create self-paced online training platforms would provide greater longevity for knowledge transfer compared to one-off in-person workshops, be more cost-effective, and allow for repeated access to training materials by implementing partners and government counterparts	UNFPA LACRO, 2025. Evaluation of the Regional Programme 2022-2025 UNSWEO, 2025. Evaluation of the Spotlight Programme

Spotlight evaluation. Government Ownership and Policy Continuation (Guyana/ /Caribbean RP): In Guyana, despite ownership of the holistic approach by the lead government ministry, significant gaps in understanding and ownership across other government agencies and the lack of an interministerial coordination mechanism posed challenges to achieving a coherent, sustained national response. In the Caribbean Regional Programme, key informants identified a lack of clarity regarding ownership and implementation of sustainability strategies as they were drafted late in the program's lifecycle. This was also reported in the qualitative responses from other Caribbean country programmes like Grenada. Spillover Effects (Non-SI Countries): The Initiative demonstrated positive externalities in the region: the Government of St. Lucia embraced the Spotlight Initiative model, drawing on the tools and resources generated through the Initiative to strengthen institutional responses to EVAWG and help attract financing to accelerate efforts. This adoption suggests a successful, replicable model that supports sustainability beyond the programme's official boundaries. Comparison with Overall Assessment of All Countries The sustainability challenges observed in the Caribbean generally mirrored systemic issues faced across the entire 26-country portfolio of the Spotlight Initiative	
A 5.4 UNFPA business model effectiveness in the Caribbean depends on the implementation of strategic shifts that respond to evolving contexts and future challenges in the Caribbean Stakeholder perspectives on future risks, opportunities, and challenges that the SRP business model must address to ensure enhanced effectiveness, sustainability and long-term impact.	
Trinidad and Tobago ● Fiscal constraints, climate-related shocks, and donor dependency as key risks to sustaining SRHR and GBV programs. Government partners noted that health and gender priorities increasingly compete with national debt obligations and climate adaptation spending, underscoring the need for a cost-sharing model integrated into national budget planning. The post-COVID recovery period has also shifted health sector priorities, highlighting vulnerabilities in supply chain resilience for SRH commodities and a need for stronger local procurement and stock management systems. ● Stakeholders emphasized the importance of deepening regional integration through CARICOM and OECS frameworks, leveraging shared technical platforms for health data, GBV response, and adolescent health policy. The SRP model was praised for enabling cross-learning but must now evolve toward a regional public goods approach, pooling expertise across territories to reduce duplication and costs. ● The next SRP cycle presents an opportunity to expand UNFPA's engagement in digital transformation for health, particularly through mobile health tools, AI-based data analytics, and e-learning for healthcare providers building on pandemic-era innovations in telehealth and virtual capacity-building. ● There is consensus among CSOs and academic stakeholders that addressing gender-transformative and youth-centred programming should remain a cornerstone of UNFPA's next strategic shift. Social norms around masculinity, adolescent sexuality, and GBV prevention continue to evolve slowly; hence, future efforts should intensify youth leadership in SRHR advocacy and strengthen partnerships with male networks and cultural leaders to ensure sustained behavioural change. Stakeholders also identified the potential for a regional Centre of Excellence on Gender and Health, co-led by UWI IGDS and UNFPA, to standardize training, research, and policy influence across the Caribbean.	UNFPA SROC Annual Reports 2022–2024; Spotlight Initiative Final Report – Trinidad and Tobago (2024); Interviews: MOH NACC, IGDS-UWI, CSO partners (2025)

● While UNFPA's current business model effectively mobilizes external resources, there is a need to accelerate domestic financing and national cost-sharing, especially for CSO-led interventions and community-level service delivery. Several partners noted that reliance on external project funding, while catalytic, risks slowing progress once donor cycles end. There is also a call for adaptive financing strategies that account for small island developing state (SIDS) vulnerabilities such as flexible grants, pooled risk mechanisms, and integration with climate adaptation funds. UNFPA's collaboration with regional financial institutions and development banks is seen as critical for scaling innovation pilots (e.g., digital GBV reporting tools, midwifery training platforms) to national systems. ● The model should continue strengthening multi-sectoral collaboration, especially with education, youth, and justice sectors, to institutionalize comprehensive sexuality education (CSE), GBV response, and SRHR services. The SRP business model remains highly relevant but must pivot toward greater financial sustainability, regional cooperation, and innovation readiness. Strategic shifts should focus on: (1) domestic co-financing mechanisms, (2) digital transformation of SRHR and GBV systems, (3) strengthening resilience through regional data and procurement platforms, and (4) deeper youth engagement in shaping health and gender policy agendas.	
Jamaica: Future risks identified by stakeholders: ● High dependency on external donors (EU, Canada, UN trust funds) leaves SRHR and GBV programmes vulnerable if financing shifts. ● Climate change and disaster risks (e.g., hurricanes, flooding) threaten continuity of SRHR services, requiring stronger integration of resilience and humanitarian preparedness into programming. ● Demographic shifts rising adolescent population in some countries and ageing populations in others – will require differentiated approaches to SRHR, adolescent pregnancy, and elder care. ● Persistent conservative resistance to comprehensive sexuality education (CSE) and SRHR rights may slow policy adoption. Opportunities for strengthening the model: ● Digital transformation expanding telehealth, digital SRHR platforms, and data systems for real-time monitoring. ● Regional cooperation & South-South learning: stakeholders emphasized leveraging CARICOM and OECS frameworks to scale up SRHR and GBV policies cost-effectively. ● Private sector engagement: opportunities in ICT, pharmaceuticals, and logistics to reduce reliance on donor funding. ● Institutionalization: embedding SRHR and GBV interventions in government costed plans and annual budgets for financial sustainability. ● Strategic shifts recommended: ● Increase flexible financing models to balance donor dependence. ● Mainstream climate resilience and humanitarian preparedness into SRHR services. ● Scale up youth engagement and innovation accelerators (e.g., peer educators, digital apps). ● Strengthen multi-sectoral partnerships (health, education, social protection, justice) for integrated service delivery.	UNFPA SROC Annual Report 2023, Copy 2022 Annual Report – Jamaica SRO, Draft SRHR Component Report 2024 (SRO); PIOJ Interview 2025; UNAIDS Jamaica Interview 2025 JFPA Interview 2025

Belize: Despite an overall reduction in funding, maintaining the UN footprint tin the Caribbean and particularly Belize is considered essential. The country is a strong supporter of multilateralism, and there is an opportunity to demonstrate good practices and generate visible results with government backing. ● Operational staff propose reforms to adapt to the evolving Caribbean context: decentralising small approvals, creating subregional specialisation (e.g., one staff handling all travel), and addressing inequities in salary and HR support. ● Staff highlight that rigid regional hierarchy (Belize → SROC → LACRO) slows responsiveness and fails to account for Caribbean specificities; they propose context-appropriate reforms led by the SROC itself with external consultative support. ● UNICEF strategic shifts due to ODA changes and expected budget cuts: UNICEF will move from service delivery (except for demonstration models) toward advocacy and leveraging; intensify partnerships with IFIs, NGOs, and private sector to influence investment in children; and focus on fewer priority areas to achieve scale and greater impact. This informs the next country programme preparation.	UN, UNFPA
Guyana Risks include disconnection resulting from personnel changes and insufficient community localization. Opportunities include expanding mobile outreach and longer workshops.	

Annex 6: Ethical considerations

Integrity: The evaluation process followed the highest ethical and professional standards, ensuring independence, impartiality, transparency and accountability in the collection, analysis, and reporting of data. Every effort was made to safeguard against any form of bias. The evaluation team committed to an ongoing reflective practice throughout the process and credible and trustworthy behaviour.

Independence and Impartiality: The evaluation was conducted independently from any influence, and the evaluation team conducted its work impartially, with free access to information on the evaluation subject, and no conflict of interest was identified prior to or during the evaluation process. Findings and recommendations are based on evidence, free from external pressure bias. An assessment of independence and potential conflicts of interest has been conducted in line with the UNFPA Evaluation Policy (2024) and the UNEG Norms and Standards. Consultants were screened against criteria including prior involvement in the design or implementation of the programme, former UNFPA staff from the SROC, and current government employees. Recruitment followed the process set out in the UNFPA Evaluation Handbook, with an assessment panel that included external stakeholders, and the selection of consultants was carried out in accordance with the UNFPA Policy and Procedures for Contracting Individual Consultants (2022).

Transparency: The evaluation team ensured full and informed confidentiality for all participating stakeholders. The evaluation team ensured transparency throughout the evaluation process by openly communicating the evaluation purpose, its commissioners, the criteria applied and expected outcomes to all participants. All stakeholders were informed about how the findings would be used and who would have access to them. Stakeholders consulted were informed prior to data collection of the purpose of the evaluation and how the data collected would be used, and participants were assured that their responses would be treated confidentially. The evaluation team sought active informed consent of participants to provide information, and this was obtained verbally during interviews.

Accountability: The evaluation team used an evidence database to ensure that the perspectives of all respondents to the evaluation were included in final analyses and that equal attention was paid to all evidence using an objective and robust system. To ensure all comments to the draft version of the report have been fully addressed, the evaluation prepared an audit trail of their responses to the comments.

Credibility: the evaluation team guaranteed independence, impartiality, a rigorous methodology, a transparent evaluation process, engagement of relevant stakeholders, and a quality assurance system. All evaluation questions were answered through triangulation of data from multiple sources. Throughout the process, the evaluation team consulted, and closely followed, the UNFPA Evaluation Handbook and the Evaluation Quality Assessment Grid to uphold quality standards and methodological rigour.

Respect: The evaluation team approached stakeholders with cultural sensitivity and respect for their unique contexts. This included adapting the evaluation methods to fit the cultural norms and values of the participants, ensuring that their dignity was upheld throughout the process. Participants were asked if any accommodation was needed during interviews and ERG meetings.

Beneficence and Utility: The team focused on how the findings could lead to positive changes and improvements in their situations. The evaluation timeline was strictly respected to inform future planning, and the team accommodated emerging requests from SROC in a timely manner to discuss preliminary findings as needed and aligned with planning exercises. As requested in the Terms of Reference, the evaluation was explicitly future-oriented, incorporating prospective evaluation questions, assumptions, and forward-looking analysis within the findings.

Data privacy and confidentiality: No citations in the evaluation report are traceable to a specific person or their titles or functions. Following UNFPA guidelines, the list of people consulted is anonymized. The privacy of

participants is protected and data kept confidentially. Audio recordings of interviews were only done with prior permission. All data collected will be deleted after the evaluation has been concluded. When the interviews were recorded, the files were kept confidential. AI tools used were paid versions.

Safeguard mechanisms for respondents: The evaluation protocols, and the practices applied by the evaluation team, ensured that data collection was sensitive to diversity and respectful of participants' circumstances. All participants were informed that they could skip any question or withdraw from the interview at any time without consequences. Culturally appropriate and inclusive language was used, and personal or intrusive content was avoided to minimise any risk of discomfort or harm.

Gender and human-rights: From the outset, the Theory of Change for the evaluation explicitly integrates gender and LNOB related outcomes. Consequently, evaluation assumptions and indicators were shaped to ensure that gender and the principle of leaving no one behind were properly embedded. Recognizing limitations such as restricted time, data gaps, and access to remote groups, the evaluation used triangulation, secondary data, and participatory approaches to ensure diverse voices are included. Gender and human rights considerations also shape stakeholder selection in the evaluation. Purposive sampling ensures the participation of left behind groups. The evaluation also examined the extent to which national policies and programmes supported by the SRP advanced towards greater gender equality, human rights and inclusion of people left behind.

Annex 7: Use of artificial intelligence

The evaluation used a variety of generative AI tools such as NotebookLM, Claude, ChatGPT and Gemini. NotebookLM, Claude and ChatGPT were used to support the desk review, including document summarisation, structured extraction of factual information, and the organisation of source material, as well as to prepare qualitative material, including interviews, before manual coding. Gemini was used to transcribe and summarise interviews, with all summaries subsequently verified by the evaluators. These uses supported the preparation of material for analysis but did not replace evaluator judgement. ChatGPT was further used to refine evaluator-drafted text. AI tools were not used to generate findings, interpret evidence, conduct thematic analysis, or produce any form of analytical judgement, and any machine-generated inference or recommendation was disregarded.

To ensure accuracy, the team applied precision prompts that restricted the model strictly to the uploaded sources, required explicit textual grounding for statements, and instructed the tool to avoid altering established UNFPA terminology and definitions (e.g. LNOB, SRH). These prompts directed the AI to synthesise only information contained in the provided documents, avoid adding assumptions or external knowledge.

To mitigate risks of inaccuracy and bias, the team systematically applied verification prompts, asking the AI to identify statements requiring manual verification, highlight uncertainties, and flag ambiguous or incomplete evidence. These verification steps also included explicit bias-detection instructions, requiring the tool to check for omissions that AI systems commonly generate, particularly the under-representation of LNOB groups, intersectional considerations, gender aspects, human rights, power dynamics, and SRHR nuance. In addition, the evaluation used redundancy through tool pluralisation, cross-checking sensitive summaries across more than one AI tool (e.g. Claude and NotebookLM) and flagging discrepancies for human review to mitigate model-specific gaps. All AI-generated extractions, quotations, statistics and page-referenced outputs were manually verified through QDA Miner coding or visual inspection of the original source. Summaries produced by Gemini were checked against the transcripts, and any qualitative material organised by AI was reviewed to ensure fidelity to the source text and to confirm that no interpretive framing had been introduced.

ChatGPT was used in a limited and controlled manner to refine draft text prepared by the evaluators. It served to improve clarity, flow, and linguistic precision in content already conceptualised and drafted by the evaluators. For each request, the evaluators provided the full argument, intended meaning, tone, and terminology, and instructed the tool to maintain the integrity of the original content without introducing additional elements. Prompts restricted the tool to linguistic refinement and prevented any modification of the evaluator's analytical content. All AI-assisted outputs were manually reviewed to ensure consistency with the evidence and intended meaning. This approach helped enhance readability and stylistic coherence while preserving the quality of the evaluation.

The description above summarises how the three evaluators used AI tools throughout the process. While each team member ensured ethical use of AI and applied mitigation measures to avoid inaccuracy and bias, the specific tools and verification steps varied across individuals. In retrospect, this represents a limitation, as the use of AI was not fully harmonised. A key lesson for future evaluations is the need to agree, at inception stage, on a common approach to AI use, including the selection of tools and the procedures for verification, documentation and mitigation, to ensure greater consistency across the team.

Annex 8: Stakeholder mapping

Stakeholder	Examples	Roles in the SRP	Interests in the Evaluation	Participation	Influence	Impact
Rights-Holders	Women, adolescents, youth, and marginalized groups marked by intersectional vulnerabilities	Primary users of SRHR services; participants in programmes; advocate for their rights	Accountability. Services meet needs; accessible and quality; participation and voice validated.	Umbrella and representative organisations consulted during data collection	Low	High
Government Institutions	Ministries of Health; of Gender, Social Development; Justice; Education and Youth; Statistical Offices, Disaster Management Units, others	Develop and implement policy	Accountability and learning. Strengthened systems; UNFPA contribution to capacity; sustainability	Consulted during data collection, ERG members	High	High
Civil Society Organisations	Women's rights organisations; youth-led groups; faith-based organisations	Advocacy, service delivery, social norm change, youth engagement, faith-based engagement, monitoring and accountability for SRHR and GBV	Accountability and learning. Validation of partner role; effectiveness of engagement; LNOB.	Consulted during data collection, ERG members	Medium	High
Donors	Canada, European Union, KOICA	Provide financial resources; support policy dialogue	Accountability and learning. Catalytic use of funds; lessons for future partnerships.	Consulted during data collection, ERG members	High	Low
Multilateral Development Banks	Caribbean Development Bank; Interamerican Development Bank	Financing and technical support, support policy dialogue	Accountability and learning. Strengthened statistical/ demographic systems; synergies with UNFPA support.	Consulted during data collection	Medium	Low

Regional Organisations	CARICOM; OECS; Caribbean Development Bank	Policy harmonization; pooled procurement of RH commodities; regional GBV and SRHR frameworks; humanitarian preparedness	Accountability and learning. Strengthened regional frameworks; UNFPA's convening role.	Consulted during data collection	Medium	Medium
UN system	UN entities and resident coordinator's offices	Joint programming, coordination	Learning. Coherence, complementarity, and UNFPA comparative advantage.	Consulted during inception and data collection	Medium	Medium
Technical Partners	University of the West Indies; Statistics Canada; Caribbean Regional Midwives Association	Technical expertise and training; research and evidence generation; professional standards and capacity building	Learning. Uptake of tools; knowledge transfer; sustainability of partnerships.	Consulted during data collection	Medium	High
Private Sector	Tourism sector; health service providers; others	Contribute funding, innovation, service delivery partnerships, and outreach on gender-based violence and SRHR	Learning. Contributions to sustainability; lessons on engaging non-traditional partners.	Consulted during data collection	Low	Medium
UNFPA	Sub-regional Office; LACRO; HQ divisions	Technical assistance; coordination and strategic guidance; resource mobilization and partnerships	Accountability and learning. Strategic positioning, efficiency, effectiveness, and value added.	Consulted during inception and data collection, ERG	High	Medium

Annex 9: List of UNFPA interventions

Overview SROC Projects / Programmes (significant programme interventions with total funding of USD100,000 and above)

Project/Programme	Countries	Total Funding available	Funder	Area of intervention
Spotlight	Belize, Guyana, Jamaica, Trinidad and Tobago	$8,084,573	European Union	Gender-based violence
Adolescent Pregnancy Prevention	Belize and Suriname	$7,916,757	Canada	Reduction of adolescent pregnancy,
Equal sexual and reproductive health	Guyana	$2,850,024	GAC	Sexual and Reproductive Health and Rights & Gender-based violence
BBE - Build Back Equal	St Lucia, St Vincent and Grenadines, Grenada and Dominica	$2,796,114	High Commission of Canada for Barbados and OECS	Sexual and Reproductive Health, Youth, LNOB
KOICA Project	Belize	$789,957	KOICA	Data/ Statistical capacity
IADB Census	Suriname	$772,968	Government of Suriname	Data
SDG Joint Fund- Data Acceleration (Joint programme with UN Women)	Barbados and Montserrat	$523,751	SDG Joint Fund	Data
Equal sexual and reproductive health and rights - Canada	Trinidad & Tobago	$379,459	Canada	SRHR & Gender-based violence
FPA 90 2023 and 2024	Belize	$352,308	UNFPA	Gender-based Violence in Emergencies, youth engagement, capacity building, gender, GBV, SRHR, Census, data

FPA 90 2023 and 2024	Suriname	$266,303	UNFPA	GBV, SRH, Youth engagement, Census
LNOB: Reduction of Adolescent Pregnancy Project (LACRO led regional project)	Belize	$261,853	Grand Duchy of Luxembourg	Sexual and Reproductive Health and Rights, Comprehensive Sexuality Education, Youth. LNOB
FPA 90 2023 and 2024	Barbados and OECS	$240,000	UNFPA	SRH Policy for Barbados; humanitarian support, Population and Development, ICPD advocacy
Caribbean Forum on Population and Development (Antigua and Barbuda)	Regional	$216,231	UNFPA	Population and Development
FPA 90 2023 and 2024	Trinidad & Tobago	$214,892	UNFPA	SRHR, RHCS, Social norms, GBV, data
Regional Population and Development portfolio	Regional	$187,100	UNFPA	Population and Development and statistical capacity
Multi Partner Trust Fund	Trinidad & Tobago	$145,097	MPTF	Gender and Social Norms
Joint SDG Fund: Inclusion, Building Resilience and Improving Livelihoods of ITPs in Suriname	Suriname	$139,100	Joint SDG Fund	Sexual and Reproductive Health
Joint SDG Fund: Sustainable Pineapple Value Chain Development	Suriname	$100,000	Joint SDG Fund	Gender-based violence: Gender Equality and Women Empowerment

Joint SDG Fund: Roadmap for a Sustainable Financial System for Suriname	Suriname	$100,000	Joint SDG Fund	Gender-based violence: Gender Equality and Women Empowerment
UNPRPD - Disability JP with PAHO	Trinidad & Tobago	$99,729	UNPRPD	Disabilities; LNOB

Annex 10: Implementation risks and mitigating actions

Anticipated limitation	Planned anticipated mitigation measure	Actual limitation and mitigation measures
Unavailability of stakeholders due to holidays, elections, or competing priorities	Develop an early outreach plan to secure commitments; request support from UNFPA SROC to facilitate access; adapt modalities where necessary.	**Not a significant limitation**. When needed SROC facilitated contacts
Limited data collection time	Prioritize a purposeful sampling strategy to maximize representativeness; combine primary data collection with desk review and use of subregional data to ensure breadth and depth.	**Moderate limitation.** Mitigation measures applied as planned.
Overburden of informants due to multiple concurrent UNFPA and UN evaluations	Prioritize key stakeholders to interview, Coordinate with UNFPA SROC to avoid duplication and streamline requests; use shorter and more focused data collection tools; triangulate across sources to reduce reliance on the same stakeholders.	**Not a significant limitation.** Mitigation measures applied as planned.
Limited time and resources to travel and restricted access to remote areas	Optimize field mission itineraries through close coordination with LOs; use hybrid methods as possible.	**Moderate limitation**. Mitigation measures applied as planned.
Humanitarian emergencies disrupting fieldwork or scheduled meetings	Maintain flexibility in evaluation design; ensure safety protocols for the evaluation team.	**Not a significant limitation.** Data collection was completed before Hurricane Melissa struck.
Challenges in implementing a gender-responsive and human rights-based evaluation	Ensure all data collection tools are designed with gender, human rights, and LNOB considerations; triangulate perspectives of marginalized groups through alternative sources; document limitations transparently	**Not a significant limitation.** Mitigation measures applied as planned.
Difficulty in extracting sufficient data from only two country case studies to draw conclusions about the SRP overall	Adopt a complementary design where country studies are combined with subregional-level evidence; strengthen triangulation through document review, regional data, and interviews with subregional stakeholders.	**Not a significant limitation.** Mitigation measures applied as planned. An extra effort was made to conduct a significant number of interviews online.

Anticipated limitation	Planned anticipated mitigation measure	Actual limitation and mitigation measures
Institutional changes within UNFPA linked to UN 80 and business model adjustments	Maintain regular communication with the SROC and LACRO to monitor organisational changes	**Relevant limitation.** UNFPA new business model and UN 80 processes are still ongoing. Recommendations presented are scoped and aligned with existing corporate guidance.
Limited direct participation of people left behind and furthest behind.	Engage with representative organisations and ensure that a diverse set of stakeholders are consulted.	**Relevant limitation**. Mitigation measures applied as planned.

UNANTICIPATED RISKS	Mitigation action
Stakeholder mapping and contact details were not available at the outset of data collection	**Mitigated**. The evaluation team developed an initial stakeholder map for SROC validation and began data collection with the contacts available. Continuous follow-up and tracking with SROC ensured that additional stakeholders were promptly added and immediately reached out to.
Monitoring documents contained conflicting or incomplete information, with reports presenting aggregated numbers without identifying the specific countries involved	**Mitigated**. Data were cross-checked with interviewees whenever possible to ensure consistency, and information that could not be reliably verified was excluded from the analysis.
Constraints on fully disclosing triangulated sources, as in some countries only one interviewee was available for certain stakeholder profiles. This constrained transparency in indicating when similar views were expressed across countries, given the risk of compromising anonymity.	**Mitigated**. As reflected in the findings, although country attribution was not included, triangulation across institutional profiles and systematic document review remained satisfactory.
Limited quantitative disaggregated data. Consolidated figures on the reach of interventions were scarce, which significantly hampered quantitative analysis. Limited disaggregated data hampered the evaluation	**Partially mitigated.** Mitigation consisted of systematically searching for additional UNFPA reports that might contain relevant figures and exploring alternative sources to fill critical gaps.

capacity to assess results to those furthest behind.

Annex 11: Terms of reference

Terms of Reference

United Nations Population Fund (UNFPA) Sub-Regional Caribbean Office (SRO)

7th Sub-Regional Programme

(2022-2026)

Sub-Regional Country Programme Evaluation

May 2025

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BBE	Build Back Equal
CCA	Common Country Assessment/Analysis
CO	Country Office
SRP	Sub-Regional Programme
SRPD	Sub-Regional Programme Document
SRPE	Sub-Regional Programme Evaluation
CPE	Country programme evaluation
CSE	Comprehensive Sexual Education
DSA	Daily Subsistence Allowance
EQA	Evaluation Quality Assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation Reference Group
GBV	Gender-based violence
HFLE	Health and Family Life Education
HRP	Humanitarian Response Plan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
LACRO	United Nations Population Fund Latin America and Caribbean Regional Office
M&E	Monitoring and Evaluation
RHCS	Reproductive Health Commodity Security
SDGs	Sustainable Development Goals
SRHR	Sexual And Reproductive Health And Reproductive Rights
SROC	United Nation Populations Fund Sub-regional Caribbean Office
ToR	Terms of Reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".[239]

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind", and emphasizing "reaching those furthest behind first".

UNFPA has been operating in the Caribbean since 1969. The support that the UNFPA, Sub-regional Office for the Caribbean (SROC) provides to the Governments in the region under the framework of the 7th Sub-regional Programme (SRP) for the years 2022-2026 focused on supporting both regional and national priorities as articulated in the United Nations Multi-CountrySustainable Development Framework for the period 2022-2026; under the framework of the Caribbean Common Multi-Country Analysis (CMCA) 2021; builds on relevant national development needs and priorities articulated in various policy frameworks that contribute to and give shape to SROC's objectives and goals. These include the second generation United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, the International Conference on Population and Development (ICPD), the UNFPA Strategic Plan (2022-2025), the 2030 Agenda for Sustainable Development, the Montevideo Consensus on Population and Development, the Modalities for Accelerated Action for Small Island Developing States (SAMOA Pathway), and the relevant national priorities of supported countries and territories. (See Table 1 for a list of some of the relevant strategic documents in the region).

The 2024 UNFPA Evaluation Policy encourages Country Offices to carry out Country Programme Evaluations (CPEs) every programme cycle, and as a minimum every two cycles.[240] In the case of the

[239] UNFPA Strategic Plan 2022-2025

[240] UNFPA Evaluation Policy 2024, p. 22.

Sub-Regional Office Programme Evaluation (SRPE), the evaluation will provide an independent assessment of the performance of the UNFPA 7th Sub-Regional Programme (SRP) (2022-2026) in the English—and Dutch-speaking Caribbean region, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The SRPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[241] It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the SRPE manager perform during the different evaluation phases. The evaluators, the SRPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA 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; (ii) the Government and public authorities within the countries and territories; (iii) implementing partners of the UNFPA; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Teams (UNCTs)/UN Sub-regional Team (UNST); (vi) UNFPA Latin America & the Caribbean Regional Office (LACRO) ; and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the SRPE manager within the SROC, in Jamaica in close consultation with the 6 Liaison Offices located in Barbados, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago that coordinates the country programmes, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the LACRO Office, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

Sub-Regional Context

[241] UNEG, Norms and Standards for Evaluation (2016). The document is available at https://www.unevaluation.org/document/detail/1914

Demographics of the Caribbean region

The SROC serves 22 states and territories, with a total population of approximately 8.07 million. The demographic and economic structures of these states are being impacted by three key trends: declining fertility rates, an aging population, and fluctuating net migration rates, with implications for future economic gains and costs.

Total fertility rates have declined consistently across almost every state in the region and, as of 2023, are below replacement level in all but three of them (Belize, Guyana and Suriname). Declines have occurred consistently since 2000. Correspondingly, there is a relative increase in elderly populations and broad changes in total dependency ratios. Since 2014, the proportion of the population that is 65 or above has increased in every state. Accelerated growth is highest in smaller island states where fertility rates have been below replacement level since 2000.

Further, sustained emigration has shaped the economic and demographic structures of many states in the Caribbean. In 2023, 11 states in the sub-region exhibited rates of migration that were net zero or negative, including 4 of the 6 largest countries by population. The outflow of many younger and skilled workers from Caribbean economies directly affects domestic economic output and the evolution of national dependency ratios (ILO, 2023). These younger skilled workers are also emigrating with their children, thus further reducing the share of children in the populations in the countries. These changes indicate that most Caribbean states are currently progressing through the intermediate to advanced stages of the demographic transition, in which reduced fertility rates and rising life expectancies will change the economic gains and costs that their populations will face.

Caribbean states reflect significant diversity in their progress through the demographic transition and their potential to reap the benefits of a demographic dividend. The total dependency ratios continue to decline in almost all the most significant states, except in Trinidad and Tobago. Population projections from UNDESA suggest that most of these states currently exhibit the conditions that would enable a demographic dividend, while smaller island states with relatively older populations, such as Barbados, are exiting that phase. Most notably, larger states with younger populations, such as Suriname, Belize, and Guyana, are estimated to have just entered the window at which a demographic dividend could occur. To maximize the potential gains from these conditions, these states must strengthen the technical capacities, healthcare, and social services that could fully allow their populations to realize their potential (ECLAC, 2024).

The largest economies of the region depend on tourism and natural resource sectors. External shocks to both sectors over the past five years have led to uneven economic growth rates, varying levels of public debt, and inflationary pressure on consumer prices. It is in this context of economic uncertainty and exposure to shocks that the aging process will accelerate for the sub-region's population over the next fifteen to twenty years, with essential effects on national capacities to sustain income growth and to allocate additional expenditures towards elderly care (ECLAC, 2024).

Economic situation

The Caribbean, composed of predominantly upper-middle and high-income countries, is projected to experience moderate economic growth of 2.2% and 2.4% in 2024 and 2025, respectively (ECLAC, 2024). While this exceeds the 2015-2024 average of 1.0%, it remains insufficient to significantly narrow the development gap with more advanced economies. Despite the sub-region's income status, poverty, vulnerability, and inequality levels are significant. At least one in five individuals live below the poverty line, a situation potentially exacerbated since the 2007 financial crisis (Caribbean Development Bank, 2016). Poverty rates are particularly high in countries such as Belize, Grenada, Guyana, Saint Lucia, and St. Vincent and the Grenadines. Conversely, inequality is lowest in the British Virgin Islands, Anguilla, and Guyana. Adding to these challenges the sub-region's economies are often heavily reliant on tourism and natural resources, and are particularly vulnerable to external shocks. These are inclusive of climate change, natural disasters, and economic downturns. These vulnerabilities worsen existing inequalities and impact access to essential services, including sexual and reproductive health and rights (SRHR) services.

Inequality, as measured by the Gini coefficient, shows relative stability across the Caribbean sub-region, with the British Virgin Islands (2002) exhibiting the highest in the region. However, some positive trends in consumption distribution are evident, with the poorest 20% of the population experiencing increased shares in Jamaica, Dominica, and Saint Lucia. Intersecting with poverty and inequality are factors such as gender disparities, household composition (with female-headed and larger households often being more vulnerable), the education and employment sector of the household head, and geographic location, including access to infrastructure and exposure to environmental shocks. Indigenous populations also face heightened levels of disadvantage.

Maternal/child health:

Maternal and child health indicators in the Caribbean present a diverse picture, with notable achievements alongside persistent challenges and inequalities. While antenatal care coverage is generally high, exceeding 86% across most countries, and skilled birth attendance is also substantial, ranging from 94% to 100%, disparities based on socioeconomic factors and wealth quintile are evident (UNFPA, 2021).

Maternal mortality ratios (MMR) remain a significant concern, with several countries at or above the Sustainable Development Goal (SDG) target of 70 deaths per 100,000 live births (See subregional programme document - SRPD). For instance, in Suriname, women of Maroon ethnicity experience disproportionately high MMR and stillbirth rates, with a significant proportion of maternal deaths occurring in hospitals, often due to delays in diagnosis. Data from Guyana also indicates regional and wealth-based disparities in antenatal care coverage. The primary causes of maternal deaths vary across the sub-region. In most Caribbean countries, non-communicable diseases (NCDs) such as chronic hypertension, obesity, diabetes, and HIV are leading contributors. This contrasts with Guyana, Jamaica, and Suriname, where direct obstetric causes, including obstetric sepsis, postpartum hemorrhage, and pregnancy-induced hypertension, are more prevalent (SRPD). Underreporting of maternal deaths and data scarcity further complicate the accurate assessment of the situation. However, available data suggests that most maternal deaths occur in health facilities and disproportionately affect women from low-income backgrounds and specific ethnic groups (UNFPA, 2021).

High levels of intimate partner violence during pregnancy, excessive caesarean section rates, elevated stillbirth rates, and negative childbirth experiences contribute to maternal morbidity and mortality across the sub-region. The ongoing migration of health workers and healthcare workforce shortages further strain the quality of care provided in several Caribbean nations (UNFPA, 2021).

Prevalence of diseases that affect sexual and reproductive health:

Inequities in adolescent pregnancy rates and access to family planning persist across Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Disparities in income, geography, and education suggest that sub-populations within each country lack access to information and services in family planning. In Belize and Jamaica, disparities are most significant by wealth quintile and education, which often jointly indicate the existence of economically marginalized groups. In Belize, these groups are more likely to reside in rural areas to the west and south. In Guyana and Suriname, adolescent fertility rates are much higher in the hinterlands, harder-to-reach communities of Indigenous and, in Suriname, tribal descent, particularly for those who are not in the primary or secondary schooling system.

Sexual behavior and knowledge of sexual and reproductive health issue

Integrating comprehensive sexuality education (CSE) into school curricula faces strong resistance across the Caribbean, though Belize, Suriname, and Jamaica have made some progress in content and teacher training. Resistance to CSE and gender mainstreaming, alongside teacher training gaps and low GBV reporting (e.g., in Jamaica), remain key barriers. Faith-based organizations exert significant influence, often opposing CSE in schools, and implementation is frequently inconsistent. Teachers also show resistance to delivering CSE, hindering comprehensive implementation within Health and Family Life Education (HFLE) curricula across the CARICOM region. However, collaborative work in the area of CSE has shown more success in out-of-school settings in some countries.

Data from Guyana's 2016 survey indicates a high rate of early sexual debut, with 71% of students who had intercourse doing so before age 14. A significant percentage of young women (11.8%) reported partners 10 or more years older (UNICEF, 2014). Condom use with non-cohabitating partners was higher among young men (87.5%) than young women (57.2%) (UNICEF, 2014). Older data from the 2003 Health Sector Analysis in the sub-region revealed alarmingly early sexual debut, with 50% of children having intercourse by age 13 and 90% by 15. Multiple partners were common, and overall contraceptive use was low among adolescents (PAHO & WHO, 2003).

Contraceptive prevalence rate and unmet need for family planning:

A persistent gap exists between relatively constant unmet needs for family planning (since 2020) and modern contraceptive use, indicating challenges in reaching specific populations with information, commodities, and services. Sub-national inequalities are significant, with poorer, rural, less educated, and indigenous/tribal (Maroon) women and girls experiencing higher adolescent fertility, unmet needs, and lower contraceptive use.

The regional unmet need for family planning was estimated at 16.3% in 2015, with considerable variations among countries (e.g., Bahamas 5.6%, Jamaica 5.8%, Trinidad and Tobago 19%). Age-based disparities are also stark, with adolescents in Guyana (61.9%) and Suriname (59.7%) showing much higher unmet needs compared to older women. Unmet needs exceeding 20% persist in Dominica, Saint Vincent and the Grenadines, and Turks and Caicos. Limited contraceptive method mix, particularly of long-acting reversible methods, and supply chain weaknesses exacerbated by COVID-19, contribute to low availability and use of modern contraceptives across age groups.

Prevalence of GBV and harmful practices:

GBV is a significant challenge across the Caribbean, with intimate partner violence and sexual violence being prevalent. Studies in several countries show that 27-40% of women report experiencing intimate partner violence over the course of their lives, rooted in gender inequality and male dominance. A culture of silence and victim-blaming hinders survivors' access to services. While most nations have laws against domestic and sexual violence, the definition of GBV is often narrow, with marital rape not universally criminalized (exceptions: Dominica, Guyana, Jamaica, Trinidad and Tobago).

Progress in women's empowerment is hampered by a misconstrued concept of male marginalization, leading to resistance. GBV prevention and response are often not integrated into national emergency response and climate change strategies, limiting support during crises, particularly for marginalized groups. Engaging men and boys in challenging harmful social norms is crucial.

Relatively higher rates of child marriage and early unions also persist across many Caribbean states. Surveys over the past decade suggest that in Barbados, Belize, Guyana, and Suriname, over 25% of young women were married before turning 18. National laws contextualize relatively higher rates of early unions, as many states only mandate parental consent or consent of the court for them to occur. Across the sub-region, women who were first married or in a union before 18 were much likelier to experience intimate partner violence at some point in their lives, highlighting the importance of addressing both phenomena simultaneously.

Climate change vulnerability increases the incidence of gender-based violence and harmful practices, while placing additional pressures on systems for prevention and response.Infrastructure and institutions are increasingly fragile due to climate impacts, further straining resources for addressing GBV and other social issues.

Capacity of national statistical systems

Most Caribbean countries face challenges in producing adequate and timely official statistics due to factors like a lack of independent or coordinated National Statistical Offices (NSOs), limited authority to source data within National Statistical Systems (NSS), and insufficient technical capacity (small size, scarce expertise, high staff turnover, inadequate funding). This has historically prioritized economic statistics over social and environmental data.

The reporting on SDG indicators have highlighted issues with data lags in the region. While regional statistical production capacity has increased, on average, only 31% of global indicators are produced, rising to 46% with existing primary data. Only a few countries produce over 50% of the indicators. The extensive data demands of the SDGs pose a significant challenge given these limitations. A general absence of timely, relevant, and high-quality statistics hinders evidence-based policymaking, often leading to reliance on anecdotal evidence or international estimates. There is a critical need for better data integration, improved management systems, and enhanced collaboration among regional organizations, NSOs, and international partners to strengthen data capacities in the Caribbean.

UNFPA Sub-Regional Programme

UNFPA has been working with the Governments and authorities of the Subregion of the Caribbean since 1969 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development,UNFPA is currently implementing the 7th Sub-Regional Programme (SRP) for 2022-2026 for the Caribbean.

The 7th SRP 2022-2026 is aligned with national development plans and strategies, the Multicountry United Nations Sustainable Development Cooperation Framework (MSDCF) for the Caribbean, and UNFPA's own strategic plans. This alignment ensures that UNFPA's efforts are in harmony with the broader development goals of the region. The programme was developed through extensive consultations with governments, civil society organisations, bilateral and multilateral development partners, including UN organisations, the private sector, and academia. These consultations ensure a comprehensive and inclusive approach to programme design and implementation.

Table 1. Alignment with national and regional development plans

Country/ Region	Strategy/Policy/ Action Plan
Caribbean Region	CARICOM Standards for Comprehensive Sexuality Education (CSE)
Caribbean Region	Gender Based Violence (GBV) Essential Services Package
Caribbean Region	Inter-agency GBV in Emergency Minimum Standards
Caribbean Region	Montevideo Consensus on Population and Development
Caribbean Region	United Nations Multi-Country Sustainable Development Cooperation Framework (UNSDCF)
Guyana	National SRH Policy
Trinidad and Tobago	MISP integrated into Tobago Emergency Management Agency (TEMA) disaster plan
Guyana	National AIDS Programme Secretariat
Jamaica	National Population and Sustainable Development Policy (NPSDP) 2022-2030
Barbados	National Population Policy

Montserrat	National Population Policy
Grenada	Population policy
Guyana	National Population Trends: National Size and Growth
Caribbean Region	SRHR policies developed with the support of UNFPA
Caribbean Region	Adolescent-friendly standards based on WHO/PAHO standards

The SROC delivers its country and regional programmes through various modes of engagement, such as advocacy and policy dialogue, which aims to influence policies and practices related to SRHR and gender equality. Capacity development initiatives focus on strengthening the abilities of local institutions and communities to address these issues effectively. Technical assistance provided by UNFPA experts/specialists support and guide governments and partners towards meeting mutual targets. Knowledge management ensures that lessons learned and best practices are documented and shared. Partnerships and coordination efforts enhance collaboration among different stakeholders, and service delivery aims to provide direct support to individuals and communities.

The overall goal of the UNFPA SRP (2022-2026) is to achieve universal access to sexual and reproductive health, realise reproductive rights, and accelerate progress on the implementation of the ICPD. This goal directly contributes to the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The country programmes contribute to national priorities, UNSDCF outcomes, and UNFPA's Strategic Plan 2022-2025 outcomes.

The UNFPA 7th Sub-Regional Programme (SRP) for the Caribbean (2022-2026) has six interconnected outputs that contribute to achieving strategic outcomes: (i) Policy and Accountability, focused on enhancing the capacity of government and regional institutions to integrate SRHR into their legal and policy frameworks. (ii) Quality of Care and Services aims to strengthen ministries of health in managing SRH commodities and fostering collaboration with civil society for the delivery of SRHR information and services. (iii) Gender and Social Norms, centers on building national and regional capacity to address structural inequalities and promote the advancement of marginalized groups. (iv) Population data and demographic intelligence drive inclusive and human rights-based sustainable development, resilience building and humanitarian action; (v) Humanitarian Action, which aims to strengthen mechanisms and capacities to address discriminatory gender and social norms that contribute to GBV and undermine SRHR. (vi) Adolescents and Youth focuses on enhancing the capacity of regional entities, national governments, and civil society organizations to deliver comprehensive sexual education and integrated GBV response services.

All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with the outcomes.

Output 1: Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies, and plans.

Significant strides have been made in advancing sexual and reproductive health (SRH) policies and fostering partnerships across the Caribbean. Since the programme's inception, six countries have developed comprehensive SRHR policies with UNFPA's support, marking a critical step towards ensuring accessible and inclusive healthcare. These policies establish frameworks for national SRH services and extend to humanitarian contexts, where comprehensive SRH services are increasingly integrated into emergency responses. A notable example of progress is Guyana, where workshops and training sessions have been conducted to familiarize healthcare providers with the National SRH Policy. These initiatives focus on sensitizing healthcare workers to the policy's practical application, ensuring they are well-equipped to deliver high-quality SRH services. The dissemination and operationalization of these policies among healthcare providers represents a significant achievement, laying the groundwork for sustainable and impactful improvements in SRH services across the region. SROC has supported the development of adolescent-friendly standards based on WHO/PAHO standards in five countries to improve the quality of adolescent-friendly services. These standards will be key in guiding the provision of quality adolescent-friendly services

Ensuring a Minimum Initial Service Package (MISP) is critical to humanitarian preparedness and response. Since the programme's inception, support has been provided to 7 countries in MISP, including MISP readiness assessment, MISP action plan, and capacity building. In all the countries supported to develop comprehensive SRHR policies, MISP is an integral part of these policies. In Trinidad and Tobago, MISP has been integrated into the Tobago Emergency Management Agency (TEMA) disaster plan.

Output 2: Ministries of health are better able to effectively forecast, procure, distribute, and track sexual and reproductive health commodities and collaborate with civil society organizations to create demand and deliver sexual and reproductive health information and services.

Capacity Building and Reproductive Health Commodity Security (RHCS). The programme has prioritized strengthening supply chain management for reproductive health commodities, focusing on forecasting, quantification, and procurement processes. Through a strategic partnership with ForoLAC (Reproductive Health Supplies Coalition), innovative business intelligence tools like SEPREMI have been introduced to improve access to family planning commodities. Key collaborations, such as with the Organisation of Eastern Caribbean States (OECS) Pool Procurement Unit, have enhanced supply chain systems in small countries with fragile healthcare infrastructures that struggle to procure reproductive health commodities independently due to economies of scale. This approach has improved cost-effectiveness and expanded access in countries such as Suriname, Belize, and Trinidad and Tobago.

Strengthening HIV/AIDS and SRH Integration. Efforts to integrate SRH and HIV/AIDS services have gained momentum, driven by partnerships with UN agencies like UNAIDS, PAHO, and WHO, as well as national entities like Guyana's National AIDS Programme Secretariat. These initiatives emphasize community-led responses and capacity building, with a particular focus on supporting HIV-positive women and their families. A key achievement has been the progress made toward eliminating mother-to-child transmission, underscoring the importance of a holistic approach to SRH and HIV/AIDS integration.

Integrated SRH and GBV Services. The programme has implemented integrated service delivery models in regions like Guyana, Trinidad, and Tobago to ensure that SRH and GBV services reach the most vulnerable populations, including Venezuelan migrants. Mobile centers, developed in collaboration with agencies like UNICEF and PAHO, have played a pivotal role in expanding access to essential services such as counseling, psychosocial support, and legal advice. These initiatives address significant service gaps, particularly in hard-to-reach areas, while also responding to the heightened needs exacerbated by the COVID-19 pandemic. By embedding GBV support within SRH service delivery, the programme has enhanced its capacity to serve marginalized communities effectively and holistically.

Output 3: National Governments and regional institutions have increased capacity to collect, analyze, and utilize data and information to address structural inequalities and ensure the advancement of those at risk of being left furthest behind.

Strengthening data systems and evidence. UNFPA has prioritized strengthening national statistical systems and generating actionable evidence across 13 Caribbean countries to drive sex- and age-disaggregated data (SADD) and improve operational data for humanitarian outcomes. This has been achieved through strategic partnerships at the sub-regional level, principally with the Caribbean Community (CARICOM) and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), enabling targeted technical support to selected national statistical offices, including for Multiple Indicator Cluster Surveys (MICS). Funding has been raised in Belize and Suriname by working with sister UN agencies and strategically collaborating with partners such as the Inter-American Development Bank (IADB). This will enable UNFPA to bolster national statistical systems further and further inform cross-country sharing in the Caribbean.

Advancing population policies towards demographic resilience. Significant progress has been made in supporting strategic countries in preparing population policies, from two baseline countries, Jamaica and Suriname, to six countries adopting new frameworks. This shift reflects a growing recognition of the importance of demographic resilience in addressing challenges such as aging populations, low fertility rates, and care needs. Strategic collaboration with CARICOM and ECLAC has reinforced these efforts and is central to strengthening the sub-regional approach to demographic resilience. In 2023, as an example, ECLAC and UNFPA provided technical inputs to CARICOM on a concept note on establishing a Regional Population Commission (still to be adopted). Initiatives to train government staff on National Transfer Accounts in Jamaica and Barbados have provided critical insights into the economic implications of demographic shifts on Gross Domestic Product (GDP), offering strategies to maximize demographic dividends and strengthen financial resilience. UNFPA is currently supporting the preparation of a Population Situation Analysis with special attention to aging in Guyana and a Population policy in Grenada, reflecting the continuous demand from countries in response to the rapid demographic transition facing the Caribbean.

UNFPA's emphasis on capacity building has also been transformative. The organization has empowered national stakeholders to better understand and utilize demographic data by implementing data literacy programmes and providing technical training. These efforts are particularly evident in initiatives like capacity building in using and producing registered-based census results and the Montevideo Consensus monitoring and SDG alignment, where UNFPA has ensured that population data directly informs and shapes development priorities. Donor investments through the SDG Joint Fund were strategically

leveraged to influence high-level policy discussions, demonstrating UNFPA's ability to maximize impact through efficient resource use for convening and high-level policy dialogue.

The Caribbean Forum on Population and Development, held in 2023 in Antigua and Barbuda, brought together 15 countries and territories to assess progress on implementing the Montevideo Consensus on Population and Development. Organized by the Economic Commission for Latin America and the Caribbean (ECLAC), the Government of Antigua and Barbuda, and UNFPA. Discussions, informed by five-year national reviews from seven countries, highlighted key issues such as migration, aging, climate change, adolescent pregnancy, gender-based violence, and violence affecting youth. Specific concerns included high child marriage rates, maternal mortality, especially among Afro-descendent women, and strategies to reverse these trends. In Trinidad and Tobago, as in many other countries, UNFPA supported the Ministry of Planning and Development in updating its Montevideo Consensus Reporting for 2023 through consultancy services, staff training, and capacity building. Jamaica, Guyana, Belize, Suriname, Antigua & Barbuda were all supported similarly. Assistance was provided to the Central Statistical Office of Trinidad & Tobago for gathering up-to-date demographic data and strengthening institutional frameworks for monitoring and implementing priority measures. Efforts also included reviewing the National Population and Development Policy (2015-2021), drafting a revised public policy, and enhancing research and data analysis capacities within the Population and Development Unit.

The recently concluded Joint SDG Fund Programme for Integrated Population Data and Policy Solutions, led by UNFPA in partnership with UN Women, marked a milestone in advancing sustainable development in Barbados and Montserrat. By enhancing national data collection and analysis capacities, the initiative fostered gender equality and inclusive health and social policies, directly addressing SDGs 3 (Good Health and Well-being) and 5 (Gender Equality). In Montserrat, the programme supported drafting a National Population Policy under public review, and significant advancements in civil registration and vital statistics systems. The 2023 Census also provided new insights into unpaid domestic and care work, with enhanced data disaggregation by sex, age, and disability. In Barbados, achievements included a baseline study on SDG indicators and the first national measurement of unpaid care work.

Strategic partnerships and regional collaboration. UNFPA is a long-standing partner of CARICOM in statistics. It is strengthening its cooperation with OECS, CDB, IMF/CARTAC (building on the recently organized training in Panama), and IADB with key regional organizations. UNFPA is, in many ways, recognized as a leader in the UN system in the Caribbean, advancing the UN's joint effort to strengthen data coordination and working closely with UNICEF and ECLAC. The SROC is collaborating with UN Women on gender statistics and WFP to support Caribbean Disaster Emergency Management Agency (CDEMA) in data and emergency preparedness, with great potential for further positioning UNFPA in the climate change space. UNFPA's approaches to supporting South-South learning collaboration have facilitated knowledge exchange, enhanced census implementation processes, and promoted more sustainable development practices across the region.

UNFPA's Positioning and Capacity Building. UNFPA has solidified its reputation as a trusted technical partner in the Caribbean by actively engaging in the census, demographic resilience, and high-level decision-making platforms. Capacity-building initiatives, grounded in the ICPD framework, emphasize the importance of accessible data and institutional strengthening. These efforts have expanded regional knowledge-sharing and created robust mechanisms to ensure data-driven decision-making, advancing UNFPA's mission to foster resilient and inclusive development across the Caribbean. The data and demographic change issue was highlighted in the outcome of the recent 4th International Conference on

Small Island Developing States (SIDS4) in Antigua and Barbuda in May 2024, opening further opportunities for strategic positioning of UNFPA as a convener jointly with other UN agencies on data in SIDS.

Output 4: Health facilities and service providers can provide high-quality maternal health services better.

In the Caribbean Sub-region, midwives play a crucial role since midwives in the public sector attend most normal deliveries and antenatal and postnatal care. To strengthen midwifery programming in the sub-region, SROC collaborates with the Caribbean Regional Midwives Association (CRMA), focusing on education, regulation, and association.

UNFPA provided technical support in capacity building of CRMA members through educational sessions and webinars held to enhance midwives' knowledge and skills on key areas to improve quality of care; the topics covered include perinatal outcomes of cancer in pregnancy, respectful maternity care postpartum hemorrhage, and disaster preparedness. A total of 700 participants from approximately 16 states benefitted from these continued learning sessions. A total of 8 countries were supported to develop midwifery country profiles. These country profiles provide information on how midwives are distributed, their qualifications, and years of service. This is essential evidence for planning human resources for health in terms of distribution, deployment, and training. Additionally, in Antigua and Barbuda, a review of the existing midwifery curriculum to bring it in line with international standards was supported through CRMA. UNFPA is part of a broader policy discussion with CARICOM on the harmonisation of midwifery curriculum across the sub-region in collaboration with PAHO and other stakeholders.

The other part of this output has presented critical implementation challenges, including getting government buy-in to strengthen the Maternal and Perinatal Death Surveillance and Response (MPDSR) system. Currently, an assessment is underway after dialogue with respective governments. It is envisioned that this Assessment will be instrumental in identifying key challenges and gaps in the MPDSR system.

In line with its ongoing efforts to support vulnerable populations—such as refugees, migrants, women and girls, and persons with disabilities—UNFPA has worked closely with the government of Trinidad and Tobago to provide life-saving services and enhance local capacity to respond to gender-based violence (GBV) and neonatal and antenatal sexual and reproductive health (SRH) needs. As part of this initiative, UNFPA continues to engage the Trinidad and Tobago Association of Midwives (TTAM) to provide antenatal and postnatal care services to the most at-risk populations, particularly refugee and migrant women. The 2024 period has seen 185 pregnant refugees benefiting from essential services such as antenatal care (ANC), ultrasound scans (USS), medical referrals, and comprehensive sexual and reproductive health (SRH) and gender-based violence (GBV) awareness-raising activities.

Output 5: Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive health and reproductive rights.

UNFPA has partnered with the University of the West Indies (UWI) to develop the Caribbean Model for Cultural and Behavior Change, which aims to build capacity among government and civil society to inform transformative gender and social norms programming tailored for the Caribbean context. While this is in the rollout process and would benefit from further refinement leveraging global and regional approaches, this is a good foundation to reinforce UNFPA's work in gender and social norms change. In

Belize, a social and behavior change communication strategy developed by UNFPA is recognized as a critical element for implementing the country's national gender policy and GBV plan of action, which will serve as a model for cross-country sharing in this context.

In collaboration with governments, UNFPA has supported the development and revision of CSE curricula, fostering strong partnerships with Ministries of Education, such as in Belize. Strategic advocacy, led by influential figures like the Prime Minister's spouse, the Special Envoy for Families and Children in Belize, and the CARICOM Action Network, has advanced initiatives like the National Adolescent Health Strategy and various technical working groups involving ministries and umbrella organizations. Challenges persist while progress has been made in adolescent health strategies, such as Belize's National Adolescent Health Strategy. Integration of CSE into school curriculum remains a challenge with strong pushback in the sub-region. Some countries have made progress in improving CSE content within the school curriculum and capacity building for teachers in Belize, Suriname, and Jamaica. Resistance to CSE and gender mainstreaming, coupled with gaps in teacher training and the lack of robust GBV reporting mechanisms, particularly in Jamaica, highlight ongoing barriers.

Comprehensive sexual education (CSE) has proven more effective in out-of-school contexts. UNFPA's Caribbean CSE Toolkit for out-of-school has been instrumental in these efforts, as demonstrated in several countries: Guyana, Dominica, St Lucia, St Vicent, Grenadines, and Grenada, where trainers were equipped with the toolkit and cascaded their training to benefit adolescents and youth. These initiatives emphasized comprehensive sexual and reproductive health services and provided critical information and guidelines to improve access and quality of care for adolescents.

UNFPA is well positioned in the humanitarian space to integrate GBV into emergency response, including targeting migrant and refugee population groups; however, the space is complicated given UN Women's lead role in protection in the Caribbean humanitarian space as of 2024. This requires further coordination to clarify roles and responsibilities between the two agencies.

Youth engagement has been an integral part of the sub-regional programme, specifically enabling strong national youth groups in Suriname and Belize and individual youth leaders in other countries such as Antigua & Barbuda. UNFPA's youth empowerment initiatives have prioritized awareness, advocacy, and leadership development, equipping participants with essential skills in Sexual and Reproductive Health (SRH), Gender-Based Violence (GBV), and other health-related topics through Training of Trainers (ToT) programmes. These efforts have enhanced youth leadership, communication, and problem-solving capacities, enabling young people to address socially taboo issues and actively contribute to their communities.

Through spotlight funding, the Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR) was established. The Observatory is a civil society-led platform to strengthen the region's positioning to deliver on key advocacy to eliminate GBV and promote SRHR through galvanizing movements to advance legislative and policy changes. The Observatory is an impetus for social monitoring and advocacy to improve SRHR and GBV. During the programme period, through the observatory and, with support from UNFPA, seven policy briefs were produced to inform advocacy and policy dialogue with a focus on adolescent pregnancy prevention. An interactive website with all the evidence produced was developed. International Planned Parenthood Federation (IPPF) Americas and

the Caribbean regional office host the Observatory. However, the sustainable functioning of this platform beyond UNFPA support remains a challenge.

Adopting inclusive and culturally responsive approaches, the programmes reached diverse groups, including young mothers and tribal and Indigenous populations, ensuring accessibility and relevance. Youth-led initiatives, supported by innovative tools such as podcasts and satellite Youth Advisory Groups, bridged gaps in marginalized areas, fostering dialogue and creating safe spaces to discuss sensitive topics. Moreover, these programmes established scalable, sustainable solutions that serve as a model for broader regional dissemination, amplifying the impact and adaptability of youth-driven projects across diverse contexts.

Despite these efforts, more significant investment in sensitization, capacity building, and advocacy is needed to overcome societal and institutional resistance and ensure the effective implementation of CSE across the region.

Output 6: Regional entities, national Governments, and civil society organizations have improved capacities to deliver comprehensive and integrated gender-based violence response services.

UNFPA's active engagement with the Spotlight Initiative to end violence against women and girls and interagency collaboration allowed it to produce evidence, studies, and protocols to address GBV. This initiative's achievements have provided a solid basis for continuing to work on GBV prevention and response at different levels and with a multi-stakeholder perspective.

GBV continues to be a relevant issue in Caribbean countries and territories, and the adaptation of tools and protocols, the use of the studies carried out incorporating the perspective of new masculinities, and the participation of boys and men in the eradication of GBV and the change of social norms is significant. Critically, UNFPA has led the accelerated rollout of the GBV Essential Services Package, in line with international standards, in a two-pronged strategy: regionally through the ESP Community of Practice established with CARICOM and at the country level in selected countries including Guyana, Jamaica, Belize, and Trinidad & Tobago. These tools are relevant and available, whereas governmental commitment and dissemination are crucial in implementing follow-up and ownership measures to ensure gains from the previous phase.

UNFPA has made significant strides in integrating Gender-Based Violence (GBV) considerations into humanitarian action, disaster preparedness, and response strategies while addressing the challenges of climate change. Rapid on-the-ground actions, including advocacy with CDEMA and the government of Grenada, have facilitated the incorporation of GBV assessments and psychosocial support services into emergency responses. These efforts were further strengthened by empowering Gender Bureaus to advocate for GBV integration through task force discussions and capacity-building initiatives for responders.

Substantial progress has been made in integrating the Minimum Initial Service Package (MISP) into disaster preparedness policies across four Build Back Equal (BBE)[242] countries in sexual and reproductive health (SRH). Technical capacities within the Ministries of Health have been reinforced through clinical management training and the development of a regional pool of trainers in countries such as Guyana and Jamaica. These initiatives enhance the region's emergency preparedness and align SRH policies with international standards.

Resource mobilization and strategic collaborations have been crucial in advancing emergency response efforts. UNFPA's engagement with national entities—including Ministries of Health, disaster management bodies, and civil society organizations—in Suriname, Belize, and Trinidad and Tobago has bolstered the capacities of national actors. In Belize, efforts have extended to include non-traditional emergency response stakeholders at national and sub-national levels, ensuring comprehensive preparedness.

Awareness and sensitization around MISP have expanded through training initiatives conducted in countries like Belize, Guyana, Jamaica, and Suriname, with further advancements expected in Trinidad and Tobago in 2024. These training programmes, particularly the Training of Trainers (ToT) conducted in 2022, have proven pivotal in addressing technical expertise gaps. Developing a roster of regional experts to provide training across the Caribbean could further strengthen this approach.

Despite these advancements, integrating emergency planning into broader institutional frameworks remains a complex, long-term process influenced by political dynamics, leadership structures, and inter-departmental coordination. For instance, closer collaboration with the Ministry of Health has highlighted the need for harmonizing emergency planning across various units and leadership structures in Belize. Addressing these challenges will ensure that disaster preparedness and response efforts are sustainable, cohesive, and impactful in the long term.

UNFPA has provided technical support in health stem strengthening about GBV response within the health sector. During the programme period, a total of 7 countries have been supported to develop GBV protocols on clinical management of sexual violence and intimate partner violence. Additionally, more than 100 healthcare workers were trained in the clinical management of rape. In collaboration with PAHO, UNFPA supported the development of training on strengthening the regional health sector's capacity to prevent and respond to violence against women in the Caribbean. This course is designed explicitly for policymakers in the Caribbean to build their skills in public health approaches to preventing and responding to violence against women and girls. The free, open-to-the-public course on self-study is available on the PAHO virtual campus.

Through these initiatives, UNFPA continues demonstrating its commitment to building resilient systems and fostering collaboration to address the unique humanitarian and environmental challenges the Caribbean region faces.

The UNFPA Sub-Region also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the SROC participates in Humanitarian Country Teams (HCTs) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled, and

[242] This project is being implemented in Dominica, Grenada, St. Lucia, and St. Vincent and the Grenadines.

effective. The aim is to alleviate human suffering and protect the lives, livelihoods, and dignity of people affected by humanitarian crises. Through these initiatives, UNFPA continues to demonstrate its commitment to building resilient systems and fostering collaboration to address the unique humanitarian and environmental challenges the Caribbean region faces.

Evaluation Methodology and the SRP Theory of Change

The central tenet of the SRPE is the Sub-Regional programme theory of change and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the Sub-Regional programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The Sub-Regional programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the Sub-Regional programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next Sub-Regional programme's theory of change.

The UNFPA SRP (2022-2026) is based on the following results framework presented as follows:

Sub-Region of the Caribbean/UNFPA 7th Sub-Regional Programme (2022-2026) Results Framework
RESULTS AND RESOURCES FRAMEWORK FOR THE ENGLISH- AND DUTCH-SPEAKING CARIBBEAN (2022-2026)

REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.				
MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated.				
MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: ● Number of countries with the proportion of women of reproductive age who have their need for family planning	Output 1. Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies and plans.	● Number of countries that have a comprehensive national sexual and reproductive health and rights policy in place that incorporate an essential, integrated service package of sexual and reproductive interventions, including in humanitarian contexts *Baseline: 3; Target: 13* ● Number of countries that have a legislative/policy framework that allows	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; National Planning Offices; National Disaster Management Units; academia; national family planning associations and other civil society	$5.7 million ($1.6 million from regular resources and $4.1 million from other resources)

satisfied with modern methods above 77 per cent *Baseline: 4; Target: 13* ● Number of countries with an adolescent birth rate below 40 per 1,000 girls aged 15-19 years *Baseline: 4; Target: 10*		adolescents to access sexual and reproductive health services without parental consent, based on their maturity and level of risk *Baseline: 3; Target: 12* ● Number of ministries of health with standards for high-quality health care services for adolescents in place, in line with WHO standards, including for the most marginalized adolescent groups *Baseline: 2; Target: 10* ● Number of countries and territories where the MISP is integrated into national health sector emergency plans *Baseline: 0; Target: 18*	organizations, including faith-based and community-based organizations; youth networks; Inter-American Parliamentarians Group; international development partners; national statistics offices; and United Nations organizations	
	Output 2. Ministries of health are better able to effectively forecast, procure, distribute and track sexual and reproductive health commodities and collaborate with civil society organizations	● Number of countries with a costed reproductive health commodity security strategy in place *Baseline: 0; Target: 9* ● Number of countries with a reproductive health commodity security maturity score of at least		$5.0 million ($1.6 million from regular resources and $3.4 million from other resources)

	to create demand and deliver sexual and reproductive health information and services.	3.5 *Baseline: 2; Target: 9*		
	Output 3. National Governments and regional institutions have increased capacity to collect, analyse and utilize data and information to address structural inequalities and ensure the advancement of those at risk of being left furthest behind.	● Number of countries and territories with disaggregated population data, by age and sex, for each enumeration area, from the 2020 round of census *Baseline: 2; Target: 22* ● Number of countries and territories that produce (a) a common operational data set on population statistics; and (b) population projections at subnational levels *Baseline: 6; Target: 22* ● Caribbean population data appreciation index populated with information from at least 13 countries *Baseline: No; Target: Yes* ● Number of countries with population policies in place that explicitly integrate the ICPD Programme of Action		$2.6 million ($0.9 million from regular resources and $1.7 million from other resources)

		goals and strategies *Baseline: 2; Target: 11*		
REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.				
MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction of preventable maternal deaths has accelerated				
MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: ● Number of countries with a maternal mortality ratio below 70 per 100,000 live births *Baseline: 6; Target: 13*	Output 4. Health facilities and service providers are better able to provide high-quality maternal health services.	● Number of countries with functioning maternal death surveillance and response systems, with UNFPA support *Baseline: 0; Target:3* ● Number of countries with a midwifery workforce profile to inform sexual and reproductive health workforce needs and plans *Baseline: 0; Target:10*	Ministries of Health; regional and national midwives associations; academia; and United Nations organizations;	$2.6 million ($0.9 million from regular resources and $1.7 million from other resources)

NATIONAL PRIORITY: Promotion of rule of law, justice and transnational safety and security and eradication of the culture of violence, including gender-based violence.				
MSDCF OUTCOME: Regional and national laws, policies, systems and institutions improve access to justice and promote peace, social cohesion and security.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: ● Number of countries with 2021 baseline data that report on a proportion of ever-partnered women and girls aged 15 years and older	Output 5. Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive	● Number of government and civil society organizations with the skills to design and implement positive social norms change interventions in line with the Caribbean Model for Cultural and Behavior Change. *Baseline: 0; Target: 12* ● Number of evidence-based advocacy materials produced by the Caribbean Observatory on Sexual Reproductive Health and Rights that	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units, academia; national family planning associations; civil society organizations, including faith-based and	$6.4 million ($1.7 million from regular resources and $4.7 million from other resources)

subjected to physical, sexual, verbal or psychological violence by a current or former intimate partner in the previous 12 months below 5 *Baseline: 0; Target: 5*	health and reproductive rights.	were used for legislative or policy reform interventions by civil society organizations and parliamentarians *Baseline: 0; Target:9* ● Number of countries with comprehensive sexuality education integrated into the national Health and Family Life Education curriculum, following international standards *Baseline: 0; Target:9* ● Number of countries in which civil society organizations deliver out-of-school comprehensive sexuality education, following international standards *Baseline: 3; Target:9*	community-based organizations; youth networks, international development partners; and United Nations organizations	
	Output 6. Regional entities, national Governments and civil society organizations have improved capacities to deliver comprehensive and integrated gender-	● Number of countries that implement the essential service package for survivors of gender-based violence, in line with international standards. *Baseline: 2; Target: 13* ● Number of countries in which standard operating procedures and protocols	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units,	$5.8 million ($1.9 million from regular resources and $3.9 million from other resources)

	based violence response services.	are in place in the health sector for the provision of high-quality care to women subjected to intimate partner violence or sexual violence, in line with WHO tools and guidelines *Baseline: 3; Target:13* ● Number of countries and territories that have coordination mechanisms for gender-based violence in emergencies as a result of UNFPA guidance and leadership *Baseline: 3; Target:8*	academia; national family planning associations; civil society organizations, including faith-based and community-based organizations; youth networks, international development partners; and United Nations organizations	

The above Results Framework was revised following the Mid-Term Review exercise conducted at the end of 2024, keeps the original outputs; however, two output indicators have been discontinued and most of the targets have been adjusted. An updated version will be shared with the selected Evaluation team as part of the programming documents.

Evaluation Purpose, Objectives and Scope

The scope of UNFPA's Subregional Office 7th Programme Evaluation aligns with the UNFPA Independent Evaluation Office guidance. It encompasses a comprehensive analysis of the organization's strategic geographical coverage and thematic areas and aims to provide a better understanding of UNFPA's overall performance and strategic positioning within the region, contribution to evidence-based decision-making that is reflective of the subregional needs and priorities through the advancement of the three transformative results in the the context of demographic and social change of countries of the region.

4.1. Purpose

The SRPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) enhance oversight and accountability to stakeholders by assessing progress towards results and resource use; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) promote organizational learning by identifying what works, what does not, for whom, under what circumstances, and why; and (iv) empower community, national, sub-regional and regional stakeholders.

4.2. Objectives

The objectives of this SRPE are:

4 To provide the SROC, national stakeholders and rights-holders, the LACRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the SROC 7th SRP (2022-2026).
5 To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this SRPE are:

1 To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
2 To provide an assessment of the role played by the SROC in the coordination mechanisms of the UNCTs, with a view to enhancing the United Nations collective contribution to national development results.
3 To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the 6 liaison offices within the Caribbean region and territories served by the SROC where UNFPA implemented interventions. The Evaluation team will determine a sampling strategy across relevant countries that considers interventions and activities based on relevance, data availability, and contextual considerations. Criteria for relevance may include the distribution of disbursed core and non-core funds, the distribution of activities that are most important to the outputs of the SRP7 Results Framework, and the distribution of key cross-cutting policy dialogues (such as those related to human rights, gender equity, and disability inclusion) that inform activities at the national and sub-regional levels.

Thematic Scope

The evaluation will cover the following thematic areas of the 7th SRP: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; (v) humanitarian action; and (vi) adolescents and youth. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships, etc.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current SRP: 2022-2026.[243].

Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs/SRPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[244]

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?

[243] The evaluators data collection phase will be finalised by the end of Aug 2025.

[244] The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the Sub-regional programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the SROC has generated a set of preliminary evaluation questions that focus the SRPE on the most relevant and meaningful aspects of the SRP. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the SRPE manager at the SROC and the Evaluation Reference Group (ERG). In particular, they will ensure that each evaluation question is accompanied by a number of "assumptions for verification". Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory's internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

6 To what extent has the SRP addressed the **diverse needs and priorities of multiple countries** in the Caribbean, and what **adaptive and differentiated strategies** could enhance its responsiveness to sub-regional complexities in the future?
7 To what extent has the SRP leveraged **data as a catalyst for policy and programmatic change**, and what strategies can strengthen data-driven decision-making and impact in the future?
8 To what extent has the SROC played a relevant role in advancing **resilience building**, and what improvements are needed to enhance UNFPA's **added value** across its transformative results in the Caribbean region?

Coherence

9 How effectively has the SRP leveraged complementarity, synergies and **joint programming approaches** with other UN agencies or partners at the national and sub-regional level?
10 How can the SROC support an **integrated programmatic approach** to achieving the 3 transformative results, while enhancing coordination, cooperation and maintaining a **context-specific , differentiated approach**?

Effectiveness

11 To what extent has the **SRP achieved its intended outcomes and outputs**, particularly in strengthening national SRH policies and programmes, GBV services, data and evidence generation, and social norms change?
12 What key factors have influenced the **acceleration of results** under the SRP, and what strategies can be implemented to further enhance the pace and scale of impact in the next programme cycle?

Efficiency

13 Have there been any significant delays or bottlenecks in programmatic and operational implementation? If so, what were the main causes and how were they addressed?
14 To what extent has the internal configuration of the SROC enabled the efficient achievement of results?

Sustainability

15 How effective is the SRP's business model in mobilizing resources, fostering partnerships, and ensuring programmatic and financial sustainability for long-term impact in the Caribbean, and what strategic shifts are needed to enhance its effectiveness in the future?

A purposive sampling strategy will guide case studies country selection, considering distribution of resources, relevance to SRP outputs, data availability, and cross-cutting policy engagement.

Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The SRPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Liaison Offices (LOs) of the Sub-Region of the Caribbean are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Sub-Region of the Caribbean 7th (2022-2026), (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the SROC been during the period of the 7th Sub-Regional country programmes. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Sub-Region of the Caribbean 7th (2022-2026) made.

Participatory approach

The SRPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The SROC has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programmes in the region, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The SRPE manager in the SROC has established an Evaluation Reference Group (ERG) comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA LACRO – See Handbook: section 1.5. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including information and communication technologies) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. This will help the evaluators develop a

methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the SROC, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes, in particular, the Evaluation Handbook and the evaluation quality assurance and assessment principles.

The SRPE will be conducted in accordance with the UNEG Norms and Standards for Evaluation,[245] Ethical Guidelines for Evaluation,[246] Code of Conduct for Evaluation in the UN System[247], and Guidance on Integrating Human Rights and Gender Equality in Evaluations.[248] When contracted by the SROC, the evaluators will be requested to sign the UNEG Code of Conduct[249] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in the Sub-region of the Caribbean. The methodological design of the evaluation shall include in particular: (i) a critical review of the sub-regional programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The SRPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

[245] Document available at: http://www.unevaluation.org/document/detail/1914.

[246] Document available at: http://www.unevaluation.org/document/detail/102.

[247] Document available at: http://www.unevaluation.org/document/detail/100.

[248] Document available at: http://www.unevaluation.org/document/detail/980.

[249] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the SRPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The SROC will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the SROC has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the SRP.

Building on the initial stakeholder map and based on information gathered through document review and discussions with staff of the country offices, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The SROC will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the SRPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs/SRPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the SROC in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 4-5 weeks *and ensure that it is aligned with the indicative timeframe in Section* 10 *and in the evaluation work plan in Annex B* weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the SRPE manager. During a debriefing meeting with the SROC and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPE/SRPEs

AI technologies cannot be used in the management and conduct of the CPE/SRPE unless a prior written agreement is obtained from the SRPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- Prior approval for utilization of AI tools: The use of AI tools must be explicitly agreed upon and approved in writing by the SRPE manager
- Declaration of the utilization of AI tools: If the use of AI tools in evaluation is agreed upon with the SRPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- Verification of accuracy: The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- Ethical and responsible use: The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

Evaluation Process

The SRPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The SRPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase *(Handbook, Chapter 1)*

The SRPE manager at the SROC leads the preparation phase of the SRPE. This includes:

- SRPE launch and orientation meeting for SROC staff
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the SRPE stakeholders
- Recruiting the evaluation team.

7.2. Design Phase (Handbook, Chapter 2)

The design phase sets the overall framework for the SRPE. This phase includes:

- Induction meeting(s) between SRPE manager and evaluation team
- Orientation meeting with SROC Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with SROC staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the

assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The design report presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the SRPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA LACRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (Handbook, Chapter 3)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the SROC and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the SRPE. A period of 3-4 weeks for data collection is planned for this evaluation. However, the SRPE manager will determine the optimal format and duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

4 Preparing all logistical and practical arrangements for data collection
5 Launching the field phase
6 Collecting primary data at national and sub-national level
7 Supplementing with secondary data
8 Collecting photographic material
9 Filling in the evaluation matrix
10 Conducting a data analysis workshop
11 Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a debriefing meeting with the SROC and the ERG to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase *(Handbook, Chapter 4)*

One of the most important tasks in drafting the SRPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the SRPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting SRPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of SRPE report version 1 and recommendations worksheet by the SRPE manager and RO M&E Adviser
- ERG meeting on SRPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting SRPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of SRPE report version 2 by the SRPE manager and RO M&E Adviser
- Final SRPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report.. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the SRPE manager in the SROC.

At the end of the reporting phase, the SRPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the SRPE results to targeted audiences and facilitating the use of the SRPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure SRPE leads to meaningful programme adaptation. While this phase is specifically about

dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the SRPE manager, SROC communications officer and other SROC staff. However, key responsibilities of the evaluation team in this phase include:

1. Taking photographs during primary data collection and during the evaluation process
2. Adhering to the editorial guidelines of the United Nations and the UNFPA editorial and style guide to ensure high editorial standards
3. Contribute to the SRPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

Expected Deliverables

The evaluation team is expected to produce the following deliverables:

1. Design report. The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the situation of the Caribbean sub-region situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
2. PowerPoint presentation of the design report. The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the SRPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
3. PowerPoint presentation for debriefing meetings with the SROC and the ERG. The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, SROC staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
4. Version 1 evaluation report. The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the SRPE manager, the SROC, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
5. Recommendations worksheet. The process of co-creating the SRPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
6. Final evaluation report. The final evaluation report *(maximum 80 pages, excluding opening pages and annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
7. PowerPoint presentation of the evaluation results. The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the SRPE manager, in collaboration with the communication officer in the SROC will develop an:

- Evaluation brief. The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this SRPE will be undertaken in accordance with the IEO guidance and tools. An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the SRPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the SRPE report comply with the quality assessment criteria outlined in the EQA grid[250] before submission to the SRPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

7. Executive summary: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation

[250] The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.

8. Background: The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
9. Purpose, Objectives and Scope: The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
10. Design and Methodology: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
11. Findings: They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
12. Conclusions: They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
13. Recommendations: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
14. Structure and presentation: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
15. Evaluation Principles/cross-cutting issues: Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this SRPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the SRPE manager in the SROC, (iii) the regional M&E adviser in UNFPA LACRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the SRPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the SRPE[251]

[251] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Main tasks	Responsible entity	Deliverables	Estimated Duration
Preparation Phase			
Launch and orientation meeting for SROC staff	M&E Adviser, Dep. Director, SRPE Manager		4-6 weeks
Evaluation questions workshop	M&E Adviser, Dep. Director, SRPE Manager	Revised Evaluation Questions	
Establishing the Evaluation Reference Group (ERG)	M&E Adviser, Dep. Director, SRPE Manager		
Drafting the terms of reference	SRPE Manager, M&E Adviser,SROC Staff	Final version of evaluation ToR	
Assembling and maintaining background information	SRPE Manager, SROC Staff	Document repository with preliminary documents	
Mapping the SRPE stakeholders	SROC staff	Stakeholder Map	
Recruitment of the evaluation team	SROC Senior Management	Call for Evaluators	
Design phase			
Induction meeting with the evaluation team	SRPE Manager and evaluation team		4-5 weeks
Orientation meeting with SROC staff	SROC Representative, SRPE Manager, SRPE staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with SROC staff	Evaluation team		

Main tasks	Responsible entity	Deliverables	Estimated Duration
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, SRPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, SRPE Manager	Field work agenda	
Developing the initial communications plan	SRPE Manager and SROC communications officer	**Communication plan** *(see Evaluation Handbook, Chapter 5)*	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	SRPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, SRPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	SRPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	**Final design report** (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	SRPE Manager		3-4 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	

Main tasks	Responsible entity	Deliverables	Estimated Duration
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with SROC and ERG	Evaluation team and SRPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	9-10 weeks
Drafting SRPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of SRPE report version 1	SRPE Manager and RO M&E Adviser		
ERG meeting on SRPE report version 1	Evaluation team and SRPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, SRPE manager, ERG members	Recommendations worksheet	
Drafting SRPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of SRPE report version 2	SRPE Manager and RO M&E Adviser		
Final SRPE report	Evaluation team	Final SRPE report *(see Evaluation Handbook, section 4.5)* with powerpoint presentation and audit trail	

Management of the Evaluation

The **SRPE manager** in the UNFPA SROC, in close consultation with LOs that coordinates the programme at national level, will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The SRPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the SRPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the SRPE manager, for each phase of the SRPE, are detailed in the Handbook.

At all stages of the evaluation process, the SRPE manager will require support from staff of the UNFPA SROC. In particular, the **SROC office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the sub-regional programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the SRPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **ERG**, which is composed of relevant UNFPA staff from the SROC, UNFPA LACRO, representatives of the national Governments of Sub-Region of the Caribbean, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the SRPE manager in the development of the ToR, including the validation of evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in LACRO will provide guidance and backstopping support to the SRPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the SRPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of

the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the SRPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

Composition of the Evaluation Team

The evaluation will be conducted by a team of at least three (3) independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members, including a young and emerging evaluator if possible, who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; gender equality and women's empowerment; and population dynamics). In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the SRPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA Sub-Regional Caribbean programme.

The evaluation team leader will be recruited internationally (including within the region or sub-region), while the evaluation team members could be recruited at the local level to ensure adequate knowledge of the Sub-region's context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation Team Leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and guarantee the quality of all outputs at each stage of the process. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the SROC. The team leader will also liaise with the SRPE manager. The team leader will also serve as technical expert for one of the thematic areas of the evaluation

Evaluation Team Members

The other team members of the evaluation team will bring complementary thematic expertise in areas including, but not limited to, SRHR, adolescent and youth, gender equality and women's empowerment, population data and dynamics. Collectively, the team will ensure coverage of all the thematic areas deemed relevant to the SRP.

Team members will contribute to the development of the evaluation design, participate in data collection and analysis and ensure high-quality inputs to all deliverables in their respective areas of expertise, as agreed with the team leader. Team members will also participate in internal and external meetings, including those with the SRPE manager, SROC staff and the ERG, to provide substantive inputs throughout the evaluation process.

12.2. Qualifications and Experience of the Evaluation Team

The evaluation team will combine technical expertise, thematic knowledge and regional experience necessary to conduct a high-quality, independent evaluation in line with UNFPA and UNEG standards.

The team should include professionals with:

- Advanced degrees (Master's degree or higher) in relevant fields such as public health, social sciences, demography or population studies, statistics, or development studies.
- A minimum of 15 years of combined experience in designing, conducting and managing complex evaluations in international development and/or humanitarian settings with a strong record of complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated thematic expertise across the key thematic areas relevant to the SRP, including SRHR (maternal health, family planning), gender equality and women's empowerment, gender-based violence, population dynamics and data for development.
- Proven ability to apply theory-based evaluation designs and mixed-methods approaches, with skills in both qualitative and quantitative data collection and analysis.
- Capacity to uphold the ethics and integrity of the evaluation process, integrating consistently human rights, gender equality and inclusivity throughout all phases of the evaluation
- Understanding of the development and humanitarian context of the Caribbean sub-region, including institutional landscapes and national policy frameworks.
- Strong experience in working effectively within multidisciplinary teams, across sectors.
- Excellent analytical, interpersonal and communication skills .
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluency in English (written and spoken), with the capacity to engage with a wide range of stakeholders in the Caribbean sub-region.

The composition of the team will be aligned with the evaluation design proposed by the team, ensuring the expertise and struct

Budget and Payment Modalities

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	50%

Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	30%

The evaluators' lump sum budget will cover consultancy fees, travel expenses and the daily subsistence allowance (DSA).

Bibliography and Resources

- World Employment and Social Outlook: Trends 2023. Geneva: International Labour Office, 2023.
- United Nations Population Fund. (2021, June 9). Sub-regional programme document for English-speaking and Dutch-speaking Caribbean (DP/FPA/CPD/CAR/7)
- ECLAC (2024). Population and development in the Caribbean (2018–2023): Accelerating Implementation of the Montevideo Consensus. Economic Commission for Latin America and the Caribbean
- UNICEF (2018). Guyana - Situation Analysis of Adolescent Pregnancy 2018.
- PAHO & WHO (2003). Health Sector Analysis: Sub-regional Report on Adolescent Sexual and Reproductive Health. Washington, DC: Pan American Health Organization and World Health Organization.

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

2 UNFPA Strategic Plan (2018-2021) (incl. annexes)
3 UNFPA Strategic Plan (2022-2025) (incl. annexes)
4 UNFPA Evaluation Policy (2024)
5 UNFPA Evaluation Handbook
6 Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office
   1. Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022
   2. Regional Programme Evaluation
   3. Evaluation of UNFPA's Strategic Plan 2022 - 2025
   4. Formative evaluation of UNFPA support to adolescents and youth

The evaluation reports are available at: https://www.unfpa.org/evaluation

SROC programming documents

7 UNFPA Sub-Region of the Caribbean 7th Programme Document (2022-2026)
8 United Nations Common Country Assessment/Analysis (CCA)
9 Situation analysis for the Caribbean UNFPA 7th Country Programme (2022-2026)
10 SROC annual work plans
11 Joint programme documents
12 Reports on core and non-core resources
13 SROC resource mobilization strategy

UNFPA Sub-Region of the Caribbean M&E documents

14 Caribbean Sub-Region/UNFPA 7th Programme M&E Plan (2022-2026)
15 CO annual results plans and reports (SIS/MyResults/QuantumPlus)
16 CO quarterly monitoring reports (SIS/MyResults/QuantumPlus)
17 Previous evaluation of the UNFPA 6th Caribbean Subregional Programme (2017-2021), available at: https://web2.unfpa.org/public/about/oversight/evaluations/
18 Mid-Term Review Seventh Sub-Regional Programme for the English- and Dutch-speaking Caribbean (2022–2026),

Other documents

19 Implementing partner annual work plans and quarterly progress reports
20 Implementing partner assessments
21 Audit reports and spot check reports
22 Meeting agendas and minutes of joint United Nations working groups
23 Donor reports of projects of the SROC
24 HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/ [optional: for CPE with a humanitarian component]
25 RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans [optional: for SRPE with a humanitarian component]
26 Evaluations conducted by other UN agencies
27 IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations

Annexes

A	Theory of change
B	Stakeholder map (will be provided to the contracted consultants)
C	Analysis of UNFPA SROC interventions (will be provided to the contracted consultants)
D	Tentative evaluation work plan

Annexes B and C will be made available to the evaluation team upon recruitment.

Annex A: Theory of change

Sub-regional Programme for the Caribbean - Theory of Change

Annex B: Stakeholder map

SROC Directory of Stakeholders (N.B. Link to be added upon recruitment of Evaluation team)

Annex C

Analysis of UNFPA SROC interventions (N.B. Link to be added upon recruitment of Evaluation team)

Annex D: Tentative time frame and workplan

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design phase																																												
Induction meeting with the evaluation team																																												
Orientation meeting with SROC staff																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Desk review and preliminary interviews, mainly with SROC staff																																												
Developing the initial communicatio																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ns plan																																												
Drafting the design report version 1																																												
Quality assurance of design report version 1																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ERG meeting to present the design report																																												
Drafting the design report version 2																																												
Quality assurance																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
of design report version 2																																												
Submission of final design report to SRPE manager																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
design report)																																												
Fieldwork phase																																												
Inception meeting for data collection with SROC staff																																												
Individual meetings																																												

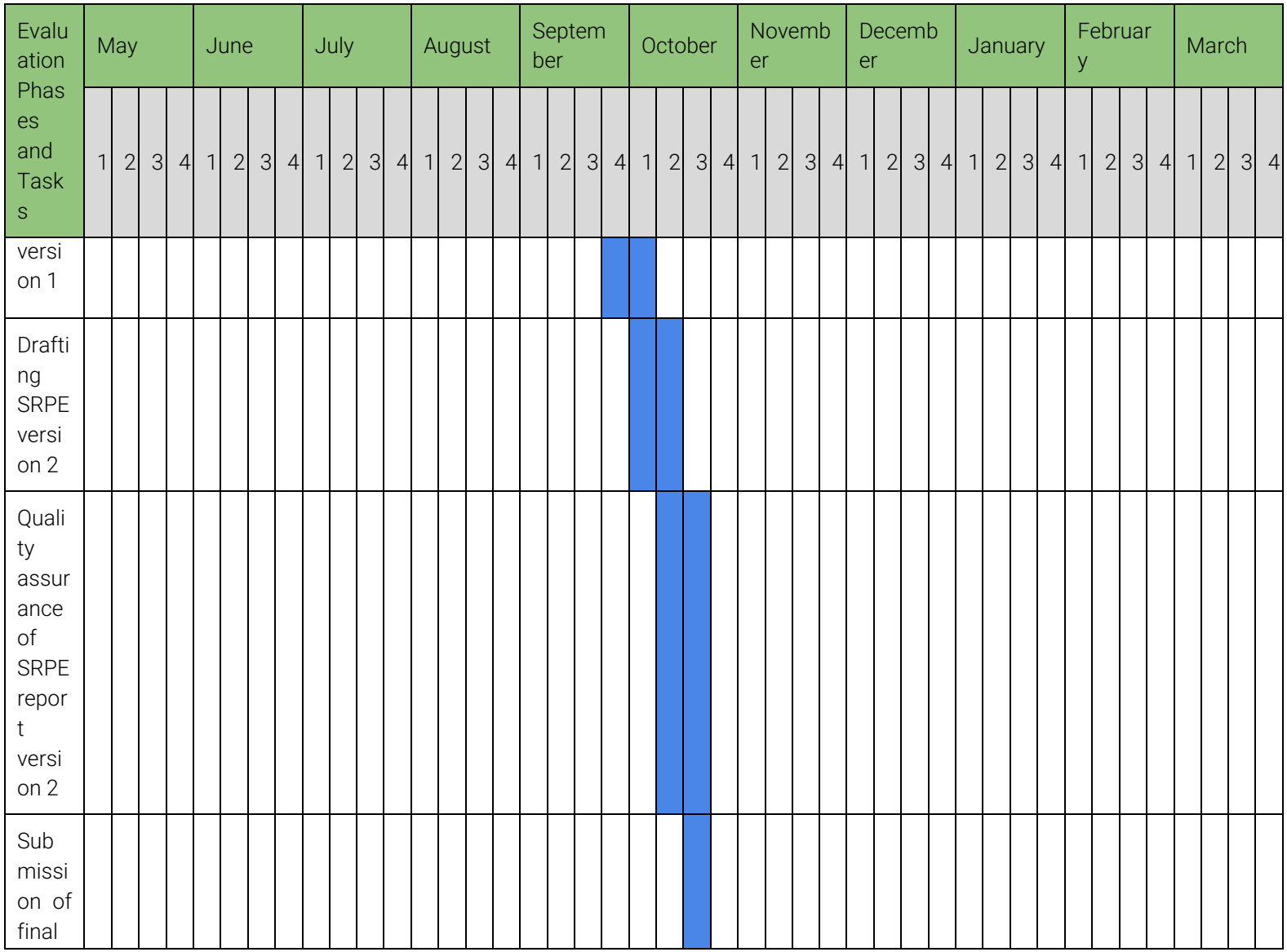
Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
of evaluators with relevant programme officers at SROC																																												
Data collection (document review, site visits, interv																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
iews, group discussions, etc.)																																												
Conducting a data analysis work shop																																												
Debriefing meeting with SROC																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
staff and ERG																																												
Update of communication plan (as required)																																												
Reporting phase																																												
Preparation of SRPE report versi																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
on 1 and recommendations work sheet																																												
Quality assurance of SRPE report version 1 and recommendations																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
work sheet																																												
ERG meeting on SRPE report version 1																																												
Recommendations work shop																																												
Revision of SRPE report																																												


Evaluation Phases and Tasks
May
June
July
August
September
October
November
December
January
February
March
1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
version 1
Drafting SRPE version 2
Quality assurance of SRPE report version 2
Submission of final

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
evaluation report to EO																																												
Development of independent EQA of final evaluation report																																												
Update of communi																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
cation plan (as required)																																												
Dissemination and facilitation of use phase																																												
Preparation of management response and submission to PSD																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Finalization of communication plan for implementation																																												
Development of PowerPoint presentation of key evalu																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ation results																																												
Development of evaluation brief																																											
Publication of final evaluation report, independent EQA and																																											

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
management response in UNFPA evaluation database																																												
Publication of final evaluation report, evaluation brief																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
and management response on SROC website																																												
Dissemination of evaluation report and evaluation brief to stake																																												

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
holders																																												

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