

## Country Programme Performance Summary

<b>A. Country Information</b>		
<b>Region and countries' names:</b> English & Dutch Speaking Caribbean (Anguilla; Antigua and Barbuda; Aruba; The Bahamas; Barbados; Belize; Bermuda; British Virgin Islands; Cayman Islands; Curaçao; Dominica; Grenada; Guyana; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Saint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands)		
<b>Category per decision 2013/31:</b> Pink	<b>Current programme period:</b> 2017-2021	<b>Cycle of assistance:</b> 6th

<b>B. Sub-Regional Programme Outputs Achievement</b>
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**Output 1: Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services targeting underserved populations, including in emergencies.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of countries with policies and programmes to deliver integrated sexual and reproductive health including family planning and HIV prevention services for underserved people</li> </ul>	<i>6</i>	<i>12</i>	<i>12</i>
<ul style="list-style-type: none"> <li>• Number of countries supported to integrate MISP in national disaster risk reduction and response plans.</li> </ul>	<i>8</i>	<i>13</i>	<i>13</i>
<ul style="list-style-type: none"> <li>• Number of countries that adopt and apply the concept of quality of care.</li> </ul>	<i>1</i>	<i>2</i>	<i>2</i>
<ul style="list-style-type: none"> <li>• Number of regional institutions with capacity to support countries to integrate MISP in national disaster risk reduction and response plans.</li> </ul>	<i>0</i>	<i>1</i>	<i>1</i>

Under this output, the SRO conducted policy dialogue and provided technical assistance to national and regional entities to ultimately enhance the capacity of health institutions to increase investments and operationalize quality-care-related policies with the required accountability mechanisms, including reaching the most marginalized population groups. As a result, the SROC was able to support governments of Guyana, Suriname, and Trinidad and Tobago to successfully launch comprehensive national SRH policies. Also, evidence-based advocacy strategies were conducted to adopt and apply the concept of 'quality care' in Guyana and to ensure a humanitarian - development continuum, UNFPA supported countries to integrate MISP in national and regional preparedness, with emphasis on most-at-risk countries to particularly hurricanes (16 countries and territories) and impacted by the Venezuelan crisis (Guyana, Trinidad & Tobago, Aruba and Curacao).

**Key Achievements**

The SRO enabled the environment to provide **SRH in humanitarian settings** with the robust contribution to the relief assistance to the most affected populations by the Hurricanes Irma and Maria in 5 countries in 2017. In this regard, over **US\$695,000** (\$330,000 internally through emergency funds and SRO ceiling) **was mobilized** in response to life-saving sexual and reproductive health needs of women and girls and provide comprehensive survivor-centred and multi-sectoral care for GBV survivors. The support included surge of humanitarian experts in GBV and SRH, coordination and communication; emergency reproductive health kits and dignity kits; capacity building and IEC materials. Similarly, in 2019, UNFPA successfully **mobilized USD 202,150 for life-saving interventions** in the aftermath of Hurricane Dorian in the Bahamas.

Following the eruption of the La Soufriere Volcano in Saint Vincent and the Grenadines, UNFPA provided technical support to the Family Planning/Maternal health coordinator of the Ministry of Health to identify and

address the sexual and reproductive health needs. **RH kits** were also approved as a part of UNFPA's support response, which also included supporting the **rapid needs assessment in 40 shelters**.

During 2019, two MISP for RH workshops were supported. For the Eastern Caribbean, participants from key line Ministries and NGOs were trained from St Lucia, Grenada, Saint Vincent and the Grenadines and St Kitts and Nevis and another workshop took place in Trinidad and Tobago. These workshops included analysis of their preparedness plan which revealed that MISP for RH was absent in their plans and the need for such integration. This was followed by the MISP readiness assessments in Dominica, Grenada, Saint Vincent and the Grenadines, and St. Lucia as well as Trinidad and Tobago in 2021.

In Belize, a series of capacity building sessions in 2018 delivered to UNFPA partners via the MISP training and in partnership with UNICEF and the UNETT to support the National and City Emergency Management Organizations (NEMO and CEMO), underscored the importance of sexual and reproductive health (SRH) and gender based violence (GBV) in emergencies such that SRH and GBV in emergencies were included in the **SRH Policy** developed for Belize.

The SROC prioritised providing support for the development of **SRH policies in the region**. In Belize, the SRH Policy was revised and includes ending all forms of violence against women and children as a policy goal, with specific commitments for universal access to SRH services including MISP for SRH in times of emergency. In Trinidad and Tobago, after years of advocacy, the national SRH Policy was finally approved and adopted by the Ministry of Health. The SRH Policy seeks to address SRH integration, SRH in emergencies as well as universal access to SRH, including for vulnerable groups such as young people. In Suriname, the National Sexual Reproductive Health and Rights Policy 2020-2030 was endorsed by the government and available on the website of the Ministry of Public Health and the UN. Guyana also approved a national policy during the period. Jamaica, supported by UNFPA drafted a SRH policy within the time period as well.

During 2019, the Guyana **SRH Policy was approved by Cabinet** and launched in a public event. Additionally, the **Adolescent Quality of Care Standards for Guyana** were drafted, tested and validated in various health facilities in Administrative Regions 1 and 9 (under the India Funds project). These standards are in full alignment with WHO standards and the UNFPA/PAHO regional standards. These standards are expected to be formally approved by the Ministry of Health in 2021 and will be of national scope. This represents an important milestone in advancing the quality of care of SRH services for adolescents. Under the India Funds project, health workers were also sensitized to the existence of the Cabinet approved National Sexual and Reproductive Health Policy, approved in 2019, which seeks to strengthen delivery of integrated services to various underserved segments of the population inclusive of adolescents.

In Trinidad and Tobago, the **Minor's Access to SRH services (2019)** was published. Key results and products produced to support advocacy efforts include: advocacy plan to support the amendment of the Children's Act to facilitate Minor's Access to SRH produced; capacity of young people and other key stakeholders built in advocacy; health practitioners sensitized, fact sheet produced and shared and call to action developed and disseminated; infographic for the engagement of young people; and a script for video and presentation developed for the engagement of parliamentarians.

UNFPA commissioned a **report on SRH legislative review of the 22 English and Dutch speaking Caribbean countries**, reviewing the countries' international obligations and national laws and giving appropriate recommendations where gaps were identified with respect to laws and policies impeding SRH rights. The following conceptual issues, and respective recommendations where applicable, were covered in the report: (1) minimum age of consent to sexual activity – remove discriminatory provisions based on gender and sexual orientation, and enact close in age defences; (2) minimum age for accessing SRH services without parental consent – guarantee adolescent access to SRH services without parental consent, and legislatively recognize the Gillick competency test; (3) contraception – same recommendations as for issue 2; (4) termination of pregnancy –

decriminalize abortion; (5) HIV and STIs – decriminalize the non-disclosure, exposure or transmission of HIV; (6) marriage – increase the minimum age of consent to marriage to 18 years without exception and difference as to gender; (7) protection from discrimination – decriminalize same sex sexual relationship and sex work; (8) sexual abuse and violence including incest, sexual abuse of minors, statutory rape, grooming, child pornography, rape within marriage, sexual harassment, female genital mutilation, domestic violence and emotional violence; (9) trafficking in persons; (10) transactional sex; (11) comprehensive sexuality education – enact provisions guaranteeing comprehensive sex education; and (12) pregnant learner retention and re-entry laws and policy – guarantee the reintegration of pregnant or maternal adolescents into formal education institutions.

In Jamaica, UNFPA, UNAIDS, and TransWave Jamaica, the country’s first non-profit organization solely dedicated to focusing on promoting the health and well-being of the transgender and gender non-conforming communities, collaborated to develop a **five-year comprehensive health** strategy. A desk-based review and needs assessment were conducted as part of the formative research for the development of **National Transgender Health Strategy** and the findings were instructive in highlighting the critical health issues, including the social determinants of health, that are specific to the transgender community in Jamaica. In the needs assessment exercise, sixty-eight (68) respondents aged 16-34 who identified as transgender, from urban and rural areas across Jamaica were surveyed. Focus group discussions were also conducted among 28 trans people aged 19-40. The key findings indicated that the trans community is youthful, with a varied mix of people, many of whom had escaped their homes and families as a result of stigma and discrimination and migrated from rural to urban areas for survival.

The National Comprehensive Transgender Health Strategy for Jamaica, includes six (6) strategic areas and ten (10) goals, with a mission to promote evidence-based care, education, research, public policy, and respect and dignity for trans, transgender and gender non-conforming Jamaicans so they are free to pursue all aspects of their civic, social, economic, emotional, and intellectual lives.

The SROC conducted an **assessment of the RHCS situation** in 16 countries across the Caribbean to analyze RHCS maturity and identify strengths, weaknesses, threats and opportunities in each country. The assessment included an analysis of the extent to which the COVID-19 pandemic is adversely impacting supply chains, including potential stock-outs, and an estimate of the impact of the pandemic on key SRH indicators (unplanned pregnancies, abortion, maternal and neonatal deaths) and Couple Year Protection lost. The purpose of the assessment is to inform future interventions at national and sub-regional level to achieve strong and resilient reproductive health supply chain systems. The assessments reveal that countries that achieved the highest score are Belize, Trinidad and Tobago, Jamaica, Saint Vincent and the Grenadines, and Guyana. However, and although their maturity is better when compared with other countries, every one of them have several RHCS areas that need significant improvements.

The SROC supported the introduction of a **logistics management information system (SALMI)** for the Ministry of Health in Trinidad and Tobago. Important milestones were achieved including: the development of the SALMI-NH (National Warehouse) and its different modules (Warehouse, administrator) and development of the SALMI-RW (Regional Warehouse with two modules, sub-administrator and warehouse) to address warehouse management at the national and regional level within SALMI. Development of the SALMI Ministry of Health (SALMI-MOH), which is a central module that enables the MOH to monitor nationwide the availability of commodities and take necessary actions, this module has also the ability to generate national reports. The proof of concept was also verified whereby the MOH is able to view the stocks and balances at each health facility where SALMI is installed. The SALMI was also an opportunity to trigger changes in the management of the Family Planning Programme as this was a parallel system with substantive inefficiencies. As a result, FP commodities management has been integrated and streamlined administrative processes of distribution and dispensing contraceptives in health facilities. To this end, the SALMI HF module was updated to integrate the management needs of the FP programme. The SALMI Health facility module (SALMI-HF) is now operating in seven (7) facilities of the Ministry of Health which allows monitoring balances, consumption, inventory and other logistical data. A virtual installation of SALMI-HF in the Couva Health Center was held, and several updates during 2020 resulted in improved and streamlined administrative processes in the registration of the information in the

pharmacies and warehouses where SALMI has been implemented. This included the development of additional modules (sub-store). The user guidelines for the SALMI -HF administrator module, back store and pharmacy module was updated. A proposal of indicators and reports was elaborated and submitted to the MoH. Lastly, the procurement module of the SALMI-NW was developed.

The UNFPA SROC developed and implemented a **COVID-19 response plan**; re-prioritizing activities and reprogramming resources in support of government response plans. This involved providing technical and financial support to governments and CSOs to promote the continuity of essential GBV and SRH services. The support provided included resources for the establishment and scaling up of hotlines, tele-services and mobile service units; PPE to facilitate continuation of face-to-face services; support to midwifery associations through the Caribbean Midwives Association; development of SRH and GBV service mappings and referral pathways; and sharing of guidance and tools where needed.

To enhance the capacity of IPPF affiliates across the Caribbean in remote service provision, the UNFPA SROC approved a collaboration with Reprolatina, an IP whose mandate centers around the improvement of sexual and reproductive health with an emphasis on young women and adolescents. Reprolatina conducted a series of webinars targeting members of all IPPF Associations across the region with the goal of preparing them to ensure the continuation of quality SRH counselling and care during the COVID-19 pandemic. UNFPA also supported several IPPF affiliates to start providing remote counselling on SRH and in some cases home deliveries of contraceptives. In Suriname, UNFPA supported the Lobi Health Center (national IPPF affiliate) to ensure continued delivery of SRH services, including: psychosocial support, home delivery of contraceptives, online counselling and intake interviews, as well as necessary in-person services, such as HIV counselling and testing and IUD insertion.

Through the Caribbean Family Planning Affiliation and Barbados Family Planning Association, UNFPA supported seven countries (Barbados, Antigua and Barbuda, Aruba, Curacao, Dominica, St. Lucia, and St. Vincent and the Grenadines) to **strengthen SRH service delivery during the pandemic**, including through expanding and strengthening remote modes of service delivery, such as telemedicine. In Belize, the Belize Family Life Association (national IPPF affiliate), with the support of UNFPA, provided mobile SRH services to rural communities. The initiative reached a total of 983 persons through 51 mobile outreaches, and the services provided included: family planning services, contraceptive commodities, HIV testing, counselling services (including HIV counselling), emergency contraceptives, gynaecological services, pap smears and breast exams, and GBV safe identification and referrals as well as counselling. UNFPA also supported Guyana, Jamaica and Trinidad and Tobago IPPF affiliates to ensure the provision of SRH services targeting the most vulnerable populations.

The UNFPA SROC also developed key **communication messages** addressing critical issues, including gender-based violence, sexual and reproductive health and rights, family planning, pregnancy and after delivery care for mothers and new-borns, and protecting health care workers in the COVID-19 context; these messages were disseminated through various media platforms (traditional and social media) across the region, including the platforms of strategic partners. Some communication materials were also designed to specifically target people living with HIV, members of the LGBTIQ communities, sex workers, adolescents and duty bearers, and were translated into Spanish, Dutch and Papiamentu. With the help of the Barbados Council for the Disabled, messages were also adapted specifically for people living with disabilities to mitigate the secondary impacts of the pandemic. UNFPA SROC had directly reached over 228,000 people with its COVID-19 communication and risk mitigation products, which took various formats including podcasts, dramatizations, leaflets, videos, posters, and infographics. The various liaison offices of the UNFPA SROC also successfully engaged young people through a #YouthAgainstCOVID campaign consisting of videos created in collaboration with partners and youth groups in the region. Over 75,000 engagements were made over the course of the campaign.

In Guyana, in addition to our collaboration to ensure the continuation of SRH services during the COVID-19 outbreak, with the allocation of UBRAF grant funding, the delivery of integrated services was supported through GRPA (IPPF affiliate) targeting marginalized and underserved segments of the population, such as the LGBTIQ

community, benefiting from the delivery of integrated SRH services inclusive of **HIV combination prevention programming**.

UNFPA also supported the continuity of SRH and GBV services through the provision of Personal Protection Equipment (PPE) to government counterparts and CSOs. Between April and December of 2020, PPEs worth of USD 504,520 were procured throughout the region and distributed to the governments, IPPF affiliates and other CSOs. The equipment procured included medical masks (FFP2/N95, surgical mask type IIR, surgical mask type I), face shields, gloves, gowns, hand sanitizers, alcohol gels and disinfectants among others. 37,712 surgical masks were procured in Jamaica, including 37,000 for the Ministry of Health, along with other PPEs. In Guyana, 8,164 gloves, 9,034 masks, 8150 googles and other PPEs including sanitizing materials were procured and distributed. In Trinidad and Tobago, about 15,841 masks and 2,380 sanitizing materials (e.g. hand sanitizers, liquid soap, alcohol gel, and disinfectants) were procured along with other PPEs. In Suriname, a total of 35,900 masks were procured for an IPPF affiliate along with other PPEs. 3,550 masks were procured in Barbados & OECS among other PPEs.

UNFPA supported the **Caribbean Regional Midwives Association (CRMA)** with the capacity building of midwives across the Caribbean during the pandemic, including on the following topics: infection control measures, updates and training on guidelines related to COVID-19 and maternal care. UNFPA has especially supported the CRMA’s production of relevant materials and its facilitation of monthly webinars, which highlighted an overview of COVID-19’s impact on and implications for SRH care in the Caribbean and approaches to maintain continuity of maternal and new-born care and other SRH services. The webinars also focused on mental health and infection prevention in maternal settings, as well as family planning service continuity. The webinar series successfully hosted almost 600 participants.

In 2020, the Caribbean participated in the **Investment Case “Health and Economic benefits of achieving UNFPA’s transformative results in small islands developing states in the Pacific and the Caribbean” which will be published by ‘The Lancet’**. The following countries were part of this investment case: Barbados, Jamaica, Guyana and St Lucia. This study for Small Islands and Developing States will inform actions towards accelerating achievement of the transformative results. This includes providing evidence for governments on how to prioritize interventions in the context of disrupted health systems in the wake of the COVID-19 pandemic and in the years to follow. This investment case considers the potential impact, investment requirements, and return on investment for scenarios whereby coverage targets are met.

**Output 2: Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with focus on vulnerable and marginalized groups.**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>Number of organizations that advocate for the needs and rights of vulnerable young people in policies and programmes</li> </ul>	<i>1</i>	<i>6</i>	<i>25</i>
<ul style="list-style-type: none"> <li>Number of countries that have implemented the CARICOM Integrated Strategic Framework to reduce adolescent pregnancy.</li> </ul>	<i>1</i>	<i>2</i>	<i>13</i>
<ul style="list-style-type: none"> <li>Number of countries that have implemented CSE in line with international standards</li> </ul>	<i>0</i>	<i>1</i>	<i>0</i>

Under this output, the SRO systematically implemented advocacy, policy advice and technical assistance strategies to generate evidence on the rights and needs of adolescents to sexual and reproductive health, in collaboration with civil society organizations, with a particular focus on CSE. While most countries currently implement CSE through the Health Family Life Education curriculum, these programmes do not yet meet international standards. This will be taken forward in the 2022-2026 programme The SROC furthermore collaborated intensely with regional entities, PAHO and other UN organizations, and other key stakeholders to advocate for implementation of the CARICOM Integrated Framework to reduce adolescent pregnancy. Consequently, all countries in the region worked towards the strategic framework’s objectives.

## **Key Achievements**

UNFPA has supported countries in advancing **Comprehensive Sexuality Education**. South-South Cooperation between **Belize** (Ministry of Education) and Cuba (CENESEX) via an exploratory mission to Belize resulted in identified and agreed programme of capacity building sessions and technical guidance resulting in 30 persons with capacity to deliver CSE to in and out of school youth available in country after completing a Training of Trainers (ToT) Course.

Within the framework of the Regional Spotlight Initiative, the SROC conducted a formative assessment in the Caribbean, of the comprehensive sexuality education (CSE) component of the Health and Family Life Education (HFLE) curriculum against international best practices, specifically, the International Technical Guidance Sexuality Education (ITGSE). This assessment provided recommendations and identified CSE gaps within the HFLE curriculum and is a critical tool for strengthening regional capacities to advocate for and deliver quality, evidence-based CSE, as well as to design a regional CSE strategy for the formal education sector in the Caribbean.

UNFPA also spearheaded the process of adapting and contextualizing international guidance on out-of-school Comprehensive Sexuality Education (CSE) to the Caribbean context, which will also result in a Caribbean Toolkit in line with international guidance to support civil society organisations (CSOs) in implementing out-of-school CSE. UNFPA also hosted a Training of Trainers (ToT) with CSOs and youth across the region, which was oversubscribed and required the facilitation of a session.

The **Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR)** was launched by UNFPA in October 2021, which will be hosted by the Caribbean Family Planning Affiliation (CFPA), and will serve to strengthen regional cooperation to prevent and respond to family violence in the Caribbean, by promoting gender-equitable norms attitudes and behaviours, including in relation to women and girls' sexuality and reproductive rights.

In **Jamaica**, although delayed by the COVID-19 pandemic, UNFPA nonetheless advanced in the selection of the civil society organisation (CSO) that will roll out the Spotlight Initiative Activity 3.1.4 to support the Ministry of Education, Youth and Information (MOEYI) and CSOs to scale up and sustain the implementation of the Health and Family Life Education (HFLE) curriculum with a stronger focus on gender-based violence (GBV) and family violence (FV) for children and young people in and out of school.

In **Trinidad and Tobago**, the Primary and Secondary School HFLE Curriculum was assessed by the Institute of Gender and Development Studies of the University of the West Indies (UNFPA Implementing partner) in conjunction with the University's School of Education. This project funded through the Joint EU-UN Spotlight Initiative was launched virtually and included representation from the Ministry of Education.

In Trinidad and Tobago, the **Collaborative HIV and AIDS Adolescent Mental Health Programme (CHAMP)**, implemented by UNFPA IP FPATT, primarily focuses on the engagement of community-based youth and adult caregivers. Developed by psychologists and experts in HIV and AIDS, Sexually Transmitted Infections (STIs), GBV, and Communication, FPATT's CHAMP programme concentrates on influencing parenting as a means to heighten youth awareness of cultural norms and values that negatively impact sexual choices and the risk for GBV. The CHAMP work plan was signed; funds transferred to the Implementing Partner, the Family Planning Association of Trinidad and Tobago; and activities initiated.

The SROC invested in generating evidence to inform policies and programmes with particular focus on addressing adolescent pregnancy. In Suriname, UNFPA led the review and **analysis of social determinants impacting Maroon vulnerability to adolescent pregnancy**, which generated relevant evidence for awareness and advocacy actions as well as guidance for targeted interventions. The review included the analysis of data from MICS 2018, the Civil registry and the national statistical office, the desk review of research papers and focus group meetings with the target group.

In Guyana, the SROC conducted an **assessment of the economic impact of adolescent pregnancy and early motherhood** in collaboration with LACRO and ECLAC. The document emanating from the assessment can serve as a critical advocacy tool. The study reveals the considerable costs and losses to the economy and the State related to the disparities in education and labour between the adolescent mothers and those who delayed childbearing and the benefits to be derived from investing in the preventative measures.

The SROC also conducted a **youth rapid needs assessment** to systematically gather and analyse information relating to the comprehensive SRH/HIV/GBV needs of young women, men, girls, and boys in all their diversity and vulnerability, to determine the needs and gaps that have emerged or have been exacerbated by the COVID-19 pandemic in the Caribbean. The results of the assessment will be used to inform interventions to effectively address the needs and gaps identified and improve the health and wellbeing of young people across the region.

The **India - UN Development Partnership Fund project** [being executed in Guyana by UNFPA] to reduce adolescent pregnancy in Regions 1 and 9 in Guyana was rolled-out. The project has achieved the following results: Adolescent Health Standards and Monitoring Tools were developed [adapted from WHO/UNAIDS Global Standards and UNFPA LACRO Standards of quality adolescent health care] and Validated by Health Care Providers in 4 Health Facilities, in Regions 1 and 9; Adolescent Health Service Delivery Guidelines were developed and pretested by health care workers in Training workshops; capacity building training workshops in adolescent sexual and reproductive health were conducted for Health Care Workers in Regions 1 and 9; and sensitization meetings were held with key stakeholders. The implementation of the India Funds project to reduce adolescent pregnancy in Guyana, serves to support the implementation of the CARICOM Integrated Strategic Framework for the reduction of adolescent pregnancy.

The first annual **Adolescent pregnancy prevention week** in the Caribbean organized by UNFPA and PAHO, was held in 2020. The launch of the Caribbean Roadmap for Adolescent and Youth Health: Championing Our Wealth: Promoting the Health and Well-Being of Adolescents and Youth in the Caribbean, started the week.

The SROC has partnered with and invested in **Youth Advisory Groups** across the Caribbean to voice the young people's needs and work with them in advancing their SRHR. In **Belize**, the Youth Advisory Group Plan for 2020 guided engagement and empowerment of YAG members through participation in (i) YAG meetings, (ii) partner forums (e.g. SCLAN Adolescent Health and Wellness High Level Forum for which one YAG member was a panellist), (iii) Regional Youth-Led Events (e.g. Belize YAGee moderated Suriname's RCO & YAG UN75 youth forum, and (iv) development of video advocacy messages, e.g. Youth Against COVID-19 and the Power of YOU to Launch the Spotlight Initiative for ending violence against women and girls in Belize ] .

In **Suriname**, the YAG's transition from a YAG to a Youth Advocacy Panel was implemented. The YAG participated in high level meetings including: the High level Intergenerational dialogue observing UN@75 with Ministers of Education, Youth and Foreign Affairs (broadcast via national television and 15000 views social media); meeting with the Government administration after elections; GBV dialogue with the representative of the Dutch Embassy and; the first Caribbean Adolescent Pregnancy Advocacy week and organized the Regional IYD dialogue: "Youth engagement for global action" (65 active participants via zoom and 1000 Facebook)

Members of UNFPA's YAG in **Trinidad and Tobago** participated in the Caribbean-wide COVID-19 youth assessment. They also supported the development of an advocacy plan to facilitate minor's access to SRH services.

Coordination and customizing the **YouthAgainstCOVID Campaign** to the Caribbean context was also a key achievement. These coordinated efforts resulted in videos in English and four Suriname languages; Dutch; Surinamese; Sarnami and Aucaans. **34 videos were produced, covering 6 thematic areas, and 1,400 views for the most popular video.** Suriname LO with the support of the YAG coordinated the YouthagainstCOVID-19 efforts and translated the different surveys to allow capturing the voices of young people from the Dutch speaking Caribbean. All LOs facilitated participation of Caribbean Youth in the SRO #Caribbean Youth Against COVID-19 campaign and COVID-19 Youth Assessment.

Approximately 70 participants, including adolescent girls 11-24 years of age and their parents/caregivers, were sensitized on **menstrual hygiene management** by UNFPA in collaboration with Barbados Family Planning Association, Gems in the Rough, Barbados Council for the Disabled and Barbados Association for Endometriosis and PCOS in commemoration of 2020 Menstrual Hygiene Day. The session helped girls to understand how best to use menstrual products, created a safe space for teenage girls to discuss menstrual hygiene and empowered teenage girls to educate other girls with acquired knowledge.

**Output 3: Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings.**

Indicators	Baseline	Target	End-line data
Number of countries supported to develop and advocate for the implementation of multi-sectoral protocols and norms to address sexual violence including during emergencies	6	8	19
Number of civil society organizations supported to advocate for policy implementation and monitoring for reproductive rights and protection of the most vulnerable people from sexual violence, including adolescent girls.	1	10	20

The SROC led the United Nations collective effort in the prevention of and response to gender-based violence in the Caribbean, in both development and humanitarian contexts. UNFPA has supported six countries in the roll-out of the essential service package for GBV survivors, which was accelerated under the Spotlight Initiative programme that started in 2020. The SROC also led the IASC area of responsibility on GBV in humanitarian crises, such as hurricanes Irma, Maria and Dorian most notably, but also in the response for Venezuela (R4V) in four countries as well as in response to the volcano eruption in St Vincent and the Grenadines in 2021. Furthermore, the capacity of at least 20 civil society organizations were strengthened to effectively address sexual violence through social mobilization, direct service delivery and joint advocacy efforts.

**Key Achievements**

**The Essential Services Package (ESP)** for women and girls subject to violence was launched at the national level, including in Saint Lucia in 2021, with high level representation from the government through Honourable Gale Rigobert, Minister of Gender. The ESP will support a comprehensive framework for the coordination and delivery of quality services in the health, police, justice and social sectors, among others, to survivors of gender-based violence, and will reduce fragmentation in service provision and address the gaps in service delivery. Furthermore, the ESP has been made more effective through the existence of a functional and strengthened GBV referral and information system, also provided by UNFPA. The SROC supports Belize, Grenada, Guyana, Jamaica and Trinidad and Tobago since 2020 with the roll-out of the ESP through the national Spotlight Initiative programmes

At the regional level, UNFPA in collaboration with the Caribbean Community (CARICOM) Secretariat held an Inception Workshop to **launch the Caribbean Essential Services Package (ESP) Community of Practice** within the framework of the Regional Spotlight Initiative Programme. The workshop included key regional representatives of the four sectors of work under the framework of the Essential Services Package namely (Governance and Coordination, Social Services, Health, Justice and Policing).

**Service mapping & referral pathways**

UNFPA worked in collaboration with national authorities and key stakeholders across the region to **develop GBV service mappings and referral pathways updated to the COVID-19 context, strengthening the capacity of countries to better respond to GBV in both development and emergency settings**. This was carried out with the technical support of the SRO gender-based violence in emergencies (GBViE) Surge Specialist, who was recruited to respond to the COVID-19 emergency and the Venezuelan migrant and refugee crisis in the region.

Based on the service mappings, UNFPA also developed maps to outline the geographical coverage of services available by country for women and girls at risk of and survivors of GBV, and to facilitate the identification of gaps across countries and priorities for resource mobilization. **Referral pathways have been developed for the following 13 countries:** Belize, Guyana, Suriname, Trinidad & Tobago, Jamaica, Barbados, the Bahamas, British Virgin Islands, Grenada, St Vincent and the Grenadines, St Kitts and Nevis, Anguilla, and Saint Lucia.

Based on the service mappings, UNFPA also developed maps to outline the geographical coverage of services available by country for women and girls at risk of and survivors of GBV, and to facilitate the identification of gaps across countries and priorities for resource mobilization.

In Belize, 12,000 GBV pocket guidelines (constant companions) for non-GBV workers were printed and are available for dissemination across the country, and in Grenada the SOPs for the Services Pillar of the Grenada Spotlight Initiative Programme will integrate the UNFPA supported GBV Referral Pathways.

### **COVID-19 response**

UNFPA provided technical and financial support to governments and CSOs to promote the continuity of essential GBV services in the region, as a response to the COVID-19 pandemic. The support provided included: resources for the establishment and scaling up of hotlines and tele-counselling operations for GBV survivors in Belize, Jamaica, Trinidad & Tobago and Guyana; PPE to facilitate continuation of face-to-face services, including through mobile units in Belize; and sharing GBV guidance and tools, where needed. UNFPA has also been supporting the continuity of SRH and GBV services through the provision of Personal Protection Equipment (PPE) as reflected under Outcome 1.

UNFPA also facilitated several capacity-building initiatives to increase and strengthen GBV response in the Caribbean, including a regional webinar series on GBViE adapted to the COVID-19 context, which attracted 125 participants from over the region, and a virtual GBV Training-of-Trainers (ToT) for 18 GBV focal points from 8 countries.

The UNFPA SROC also initiated capacity building for UNFPA staff on Prevention of Sexual Exploitation and Abuse (PSEA), and has established PSEA focal points and reporting mechanisms in the region. Additionally, in Trinidad & Tobago 2 peer health navigators were trained by FPATT, 7 interpreters were trained in GBViE basics, and 5 social workers participated in the ToT. The UNFPA Liaison Office in Trinidad & Tobago also provided 60 Dignity Kits to the Tobago House of Assembly for distribution to vulnerable women and girls during COVID-19.

In response to the urgent need for adapting service provision to the new COVID-19 context, UNFPA SROC supported the Latin America and Caribbean Regional Office (LACRO) in the development and revision of guidelines for the provision of remote services for GBV survivors. The guidelines are now available in both Spanish and English, and the SROC facilitated a webinar to launch the guidelines in the Caribbean, attracting 56 participants from over the region. The SROC also collaborated with LACRO on the development of an Advocacy Brief on the criticality of GBV service provision during COVID-19.

In Guyana, UNFPA provided for instance implementing partners (IPs) with 9 mobile phones and data packages and 2 laptops to facilitate remote service provision and ensure continuation of GBV services during the pandemic. As a result, a total of 647 persons were reached with GBV information, GBV counselling and safe referrals. In Barbados and the OECS, a total of 3,339 persons received GBV counselling from IPPF-affiliates, of which 310 were adolescents.

UNFPA also developed key communication messages for the prevention and response to GBV, including access to SRH services, in the COVID-19 context and disseminated them through various media platforms across the region.

## **Shelters**

The SROC has also developed two shelter guidelines for use across the Caribbean sub-region; one for emergency shelters, and one for shelters for GBV survivors. Both documents provide guidance on managing GBV and SRH in shelters, and they build not only on global best practices and resources, but are contextualized to the Caribbean context and build on experiences and best practices from shelters across the region.

UNFPA in Jamaica, in collaboration with the EU, has successfully advocated for the establishment and operationalization of three state run shelters. In Barbados, COVID-19 GBV Shelter Guidelines were developed and disseminated in collaboration with PAHO and UN Women.

## **Early union & early marriage**

In Belize, UNFPA coordinated with UNICEF to advance the prevention of harmful practices against women and girls through the development and launch of a national roadmap to end child marriage and early unions, supplemented by a communications strategy. Furthermore, the Gender Equality and Diversity Seal was adapted and is available for implementation, and the Inception Report for the revision of the Belize Multi-Sectoral Response Protocol for Sexual and Gender Based Violence, and accompanying SOPs, was finalized. A mapping of state and non-state actors involved in the delivery of essential GBV services was also finalized and is available to inform the definition of an Essential Package of Services for Belize.

## **Data on Gender-based violence**

To strengthen evidence informed decision-making and the provision of key services to survivors of GBV, UNFPA supported the testing of the GBV database and the adoption of a new Case Management GBV System for Trinidad and Tobago, using the Antigua and Barbuda database as a model. UNFPA also supported the re-establishment of the GBV Registry housed by OPM Gender and Child Affairs. Stakeholders were trained and a draft SOP for information sharing was developed. UNFPA also supported a first responder assessment of IT systems, for which a list of first responders was produced and agreed to by the OPM Gender and Child Affairs Division, and the OPM is presently reviewing the proposal for implementation.

## **New GBV partnerships**

In Guyana, UNFPA provided technical support to the national Spotlight programme, serving as the technical coherence lead for the programme as well as the only RUNO under Pillar 4. The Guyana Liaison Office has also seen a significant increase from one to six active implementing partner agreements in 2020, resulting in more organizations to support advocacy for policy implementation and monitoring for protection of the most vulnerable people from sexual violence, including adolescent girls.

In Suriname, UNFPA partnered with UNDP and the National Domestic Violence Counsel to implement the GBV project under the Regional EnGenDer programme resulting in: (1) continuation of essential GBV services during COVID-19, (2) increased knowledge on GBV and available support services among the general public and vulnerable target groups, (3) increased knowledge of stress coping mechanisms to prevent GBV/DV, and (4) establishment of the GBV referral pathways.

In Trinidad & Tobago, UNFPA partnered with ILO, the National Trade Union Centre and the Employers Consultative Association on GBV on the work floor and its impact of family violence. A collaboration that will be scaled up at a regional level with the regional trade union and employers' organization.

**Output 4: Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development.**

Indicators	Baseline	Target	End-line data
Number of countries with evidence based policies and programmes to address population dynamics, sexual and reproductive health and HIV and their linkages to sustainable development.	0	4	4
Number of countries supported to develop implementation plan for the 2020 Census Round.	1*	10	22
Number of statistical offices with technical capacity to use disaggregated data for mapping demographic disparities and socio-economic inequalities including for emergency preparedness.	1	1	7

\*Bermuda decided to allow their 2016 Census to be their 2020 Round of Census because of the pandemic.

Technical assistance was provided to all 22 governments for the preparation of the 2020 round of census through direct technical and financial support, regional training activities and South South Cooperation with the Pacific, United States, West African countries, Indonesia and Philippines. The SROC furthermore prioritized supporting countries in the formulation and design of population policies that explicitly integrate the ICPD programme of Action goals and strategies. While several countries have made significant progress in this regard, Jamaica and Suriname formally adopted their population policy within the programme cycle.

### **Key Achievements**

#### **Census - financial & technical assistance**

In 2019, the SROC **strengthened the statistical capacity for Census** and the SDGs in the Caribbean through a census workshop held in collaboration with CARICOM and ECLAC. The workshop covered key aspects of each of the different stages of the census process: planning, data collection, producing census outputs and the utilization of census data and through discussions on best practices, **bolstered preparation for the 2020 round of censuses** in the Caribbean. The Census workshop also led to increased collaboration between the UNFPA Haiti CO (and the UNFPA Pacific SRO) and **consequently South-South Cooperation has been established** between the NSOs of Belize and Haiti.

UNFPA provided technical assistance to all 22 countries and territories in the Caribbean region on the population and housing census. The SROC with technical support from LACRO and financial support from HQ was able to implement specific technical assistance activities in 2020, including:

- In Belize, the National Statistics Office was able to (i) complete the mapping exercise for Belize through the recruitment of 5 technical staff; (ii) update the census questionnaire, (iii) complete the training of trainers manual; (iv) develop the field operations manual; (v) develop seven IT web/mobile applications including a Census Operations Dashboard, a GIS dashboard, and a Census Training App, among others; and (vi) completed procurement of promotional items for recruitment campaign in 2021 (i.e. recruitment of 640 enumerators, 131 field supervisors, 40 office editors, and 46 drivers for the enumeration phase of the census);
- In Jamaica, a comprehensive review and revision of the census plan and support the revision of overall census operations plan; the calendars of activities; the Field operations plan; the Tabulation plan, including formats; the Publication plan; the Analysis plan; the Manual and computer data processing plans; and the quality control plan. Also, UNFPA provided quality review to a set of identified census documents: Administrative guidelines; Questionnaire and related forms; Training manual; Enumerators and Supervisors manuals; Coding and editing instructions, to develop control programme and procedures for pre-enumeration and enumeration activities;

- In Grenada, financial and technical support resulted in the Statistical Office being able to align and update all Enumeration Districts boundaries and ED maps. Furthermore, EDs were adequately split and merged in preparation for census 2021, ensuring that public boundaries are publicly accessible. The NSO staff's capacities was significantly enhanced in editing and producing ED maps using ARCGIS Software;
- In Dominica, more than 50% of buildings in all Enumeration Districts were mapped and geo-referenced by 31st December through UNFPA support
- Through an IP agreement with the OECS - Organization of Eastern Caribbean States (Antigua and Barbuda, Dominica, Grenada, Montserrat, St. Kitts and Nevis, Saint Lucia and St. Vincent and the Grenadines), a OECS PHC Toolkit was developed to bring together a range of tools, guidelines and resources to guide all stages of the census – from pre-census planning and advocacy to dissemination of census results. The primary users of the Toolkit will be the OECS Member States engaged in implementing the 2020 round of the population and housing census. As such, the tools contained in the Toolkit are expected to be adaptable and responsive to national needs and priorities.

### **Census - partnerships**

In addition to the collaboration with National Statistics Offices in the region, the SROC strengthened collaboration with Statistics Canada, US Census Bureau, Economic Commission for Latin America and the Caribbean, the Caribbean Development Bank and the Inter-American Development Bank. Whereas the collaboration with Statistics Canada is in relation to the Project for the Regional Advancement of Statistics in the Caribbean, strong support by the PRASC team was provided to the development of the OECS PHC Toolkit.

UNFPA and OECS Commission facilitated a virtual dialogue that brought together more than 40 statistical experts from 17 countries to discuss challenges and opportunities of the new normal for statistical operations for population censuses.

### **Data appreciation**

UNFPA has partnered with The University of the West Indies to examine and promote a culture of data appreciation in the English and Dutch- Speaking Caribbean. Here, data appreciation is conceptualized as valuing the form, features, function, and use of data to transform and improve the well-being of populations to achieve a better and more sustainable future for all. To apply this definition of data appreciation and develop a conceptual framework for the Caribbean sub-region a literature review was completed and is currently available.

### **Population policies**

UNFPA continued supporting the Government of Suriname and Barbados with the process to develop a population policy. In Suriname, a technical team with members of key ministries, NSO and Planning Bureau continued work started in 2018 (workshop PSA and Population Policy) and 2019 (drafting of the PSA). The result is a semi-final population policy.

The Barbados National Population Policy was formulated and awaiting cabinet approval. In addition, the SROC supported the Dominica legislative review of older persons and a migration study. These products for Dominica will feed into the development of the National Population Policy.

C. Regional Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the countries have seven life-saving maternal/reproductive health medicines from the WHO priority list	See Annex 1				
Contraceptive prevalence rate (total)					
Proportion of demand for contraception satisfied (total)					
Percentage in which at least 60% of service delivery points in the countries have no stock-out of contraceptives in the last six months					
Percentage in which at least 80% of live births in the countries are attended by skilled health personnel					
Number of adapted and implemented protocols for family planning services in the countries that meet human rights standards including freedom from discrimination, coercion, and violence					
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)					
Has the countries increased their national budget for sexual and reproductive health by at least 5 per cent?					
<p><b>Summary of Regional Progress</b></p> <ol style="list-style-type: none"> <li>Some countries in the sub-region have made great progress in reducing the unmet need for family planning. Unmet need is low in the Bahamas (5.6 per cent) and Jamaica (5.8 per cent). However, it is estimated to be high in other countries, such as St Lucia (17); Trinidad and Tobago (19 per cent), Belize (22.2); Guyana (28.0); Suriname (28.4).</li> <li>The prevalence of contraceptive use varies widely in the sub-region. Guyana reports that less than 35 per cent of married women, or in unions, of reproductive age use any contraceptive methods. Less than 50 per cent of women are using modern methods of contraception in Guyana, Trinidad and Tobago, Suriname, and Belize.</li> <li>Number of countries with the proportion of women of reproductive age who have their need for family planning satisfied with modern methods above 77 per cent. Only 4 Countries currently have met this target: Antigua &amp; Barbuda-78%; Bahamas- 80%; Jamaica- 78% and St Vincent &amp; the Grenadines- 80%</li> <li>The countries in the sub-region have made significant strides to reduce the total fertility rate. Currently most countries have a fertility rate below replacement levels: British Virgin Islands (0.86); Aruba (1.5); Montserrat (1.7); Trinidad &amp; Tobago (1.7); Dominica (2.0). However, Jamaica (2.2), Belize (2.6), Guyana (2.6) and Suriname (2.8) still have rates above replacement level.</li> <li>Latest estimates from countries reveal the following percentage of ‘Births attended by skilled health personnel’: Guyana (96), Belize (94), Suriname (98), St. Lucia (99), Jamaica (100), and Trinidad &amp; Tobago (100). Access to antenatal care is above 86 per cent in most countries, with the exception of Suriname at 68 percent.</li> </ol>					

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

6. Maternal mortality ratio, which captures the number maternal deaths per 100,000 live births, has been reported by countries as 0(British Virgin Islands); 12.3 (Trinidad & Tobago); 27 (Barbados); 52.63 (St Lucia); 61.17 (Suriname); 116.2 (Jamaica); 138.1 (Belize); and 169 (Guyana).
7. For the 2020 Fast Track 90-90-90 testing and treatment cascade targets: Guyana achieved the first 90 (in terms of proportion of persons living with HIV who know their HIV status); Suriname achieved the second 90 (in terms of proportion of persons who know their status and are retained in anti-retroviral treatment); and Barbados and Suriname each achieved the third 90 (in terms of proportion of persons retained in treatment who have achieved viral suppression).

### **UNFPA's Contributions**

See Sub-Regional Programme Outputs Achievement Output 1

### **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	See Annex 1				
Do the countries have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	NA	2017	3	2020	Number of countries that have a legislative/policy framework that allow adolescents to access SRH services without parental consent based on their maturity and level of risk.

### **Summary of National Progress**

1. According to estimates, only for the countries in the sub region, only 4 countries currently have an adolescent birth rate below 40: The Bahamas (30), Barbados (33.6), Grenada (29.2) and Trinidad & Tobago (30).
2. According to the latest estimates, child marriage and early unions was below 10 per cent in Jamaica but was 33.5 per cent in Belize and 36 per cent in Suriname.
3. Aruba, Belize and Guyana have laws that allow adolescents of all ages to access SRH services.

### **UNFPA's Contributions**

See Sub-Regional Programme Outputs Achievement Output 2

### **Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Do the countries have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	See Annex 1
Proportion of taken actions by the countries on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	
Percentage of women aged 15-49 who think that a husband/partner is justified in	

hitting or beating his wife/partner under certain circumstances	
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**Summary of Regional Progress**

1. Most Caribbean countries have comprehensive laws on domestic and sexual violence, however, marital rape in the Caribbean is limited to specific circumstances, with the exception of Dominica, Guyana, Jamaica, and Trinidad and Tobago; while in Antigua and Barbuda, and the Bahamas, the definition of rape is limited to forced sexual intercourse outside marriage.
2. For the Third in the Cycles of the Universal Periodic Review (2017-2022) The Bahamas, Belize, Dominica, St Kitts and Nevis, St Lucia, Barbados, Guyana, and Jamaica have reported on the adoption and implementation of signed international human rights commitments.

**UNFPA’s Contributions**

See Sub-Regional Programme Outputs Achievement Output 3

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Have the countries had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?

Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?

Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?

Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets

See Annex 1

**Summary of Regional Progress**

1. 2010 Round of Census was conducted in all 22 Countries.
2. 2 Countries have also done censuses for the 2020 Round (Bermuda, Aruba)
3. Suriname and Guyana conducted MICS Surveys in 2018

**UNFPA’s Contributions**

See Sub-Regional Programme Outputs Achievement Output 4

**D. Sub-regional Programme Resources (2017-2020\*)**

SP Outcome  Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	2.2	2.88	7.5	1.65	9.7	4.53

Youth policies and programmes, and increased availability of comprehensive sexuality education	1.6	1.22	1.5	0.14	3.1	1.36
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.7	1.93	1.0	3.48	1.7	5.41
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	0.7	1.76	1.0	0	1.7	1.76
Programme coordination and assistance	0.6	1.26	-	-	0.6	1.26
<b>Total</b>	<b>5.8</b>	<b>9.05*</b>	<b>11.0</b>	<b>5.27**</b>	<b>16.8</b>	<b>14.32</b>

\* Annual ceiling was set at USD 1.16 million in 2016, though increased steadily on an annual basis and therefore also the expenditure. For 2021, a projected implementation rate of 99 per cent was used.

\*\* 2021 OR implementation is based on projected 80% implementation rate of cash available. The total amount mobilized is almost equal as what was planned. However, some of the main financial commitments are for programmes that run beyond the 2017-2021 programme cycle.

**Annex 1: indicator table**

<b>C. Regional Progress on Strategic Plan Outcomes</b>	<b>Anguilla</b>	<b>Antigua and Barbuda</b>	<b>Aruba</b>	<b>Bahamas</b>	<b>Barbados</b>	<b>Belize</b>	<b>Bermuda</b>	<b>British Virgin Islands</b>	<b>Cayman Islands</b>	<b>Curacao</b>	<b>Dominica</b>	<b>Grenada</b>
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list												
*Contraceptive prevalence rate (total)*modern method		Start value: 60 End value: 43		Start value: 65 End value: 43	Start value: 57 End value: 47	Start value: 54 End value: 42					Start value: 60 End value: NA	Start value: 61 End value: 42
*Proportion of demand for contraception satisfied (total)		Start value: 78 End value: 78		Start value: 82 End value: 80	Start value: 75 End value: 76	Start value: 72 End value: 71					Start value: 78 End value: NA	Start value: 78 End value: 76
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months												

Percentage in which at least 80% of live births in the country are attended by skilled health personnel		Start value:100 (Year 2014) End value: NA	Start value: 96 (Year 2002) End value: NA	Start value: 100 (Year 2014) End value: NA	Start value:99 (Year 2015) End value: NA	Start value: 96.8 (MICS, 2015) End value: NA		Start value: 100 (Year 2005) End value: NA	Start value: 100 (Year 2005) End value: NA		Start value: 96 (2016) End value: NA	Start value:99 (2016) End value: NA
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence												
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)					Start value: 55.9% (women, MICS 2012) End value: NA	Start value: 49.7 (women-2015, MICS); 58.8 (men-2015, MICS) End value: NA						
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?												

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)												
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?			Start value: No End value: Yes									
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?												



Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances												Neglect children:6.3% Goes outside without telling him:1.1% Refuses to have sex with him:0.9% Argues with him:0.9% Burns the food:1.5% If he suspects she has an outside relationship:4% At least one act:9% Source: Grenada Women’s Health and Life Experiences Survey (2018)
Has the country had at least one census of good quality that was processed, analyzed and disseminated following	Yes (2011)	Yes (2011)	No (2010)	No (2010)	No (2010)	No (2010)	Yes (2016)	No (2010)	No (2010)	Yes (2011)	Yes (2011)	Yes (2011)

internationally agreed recommendations (during the last 10 years)?												
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?												
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?												
Proportion of new national development plans that address population dynamics by accounting for		Start value:2012 End value: NA	Start value: NA End value: 2020	Start value: NA End value: 2017	Start value: 2005 End value: NA	Start value: 2010 End value: NA		Start value: NA End value: 2019		Start value: NA End value:2015	Start value: NA End value: 2016	Start value: NA End value:2019

population trends and projections in setting development targets										
<b>C. Regional Progress on Strategic Plan Outcomes</b>	<b>Guyana</b>	<b>Jamaica</b>	<b>Montserrat</b>	<b>St Kitts and Nevis</b>	<b>St Lucia</b>	<b>St Maarten</b>	<b>St Vincent and the Grenadines</b>	<b>Suriname</b>	<b>Trinidad and Tobago</b>	<b>Turks and Caicos Islands</b>
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list										
*Contraceptive prevalence rate (total)* <i>modern method</i>	Start value:44 End value:32	Start value:68 End value:40		Start value:55 End value: NA	Start value:54 End value:46		Start value:62 End value:48	Start value:51 End value:33	Start value:44 End value:36	
*Proportion of demand for contraception satisfied (total)	Start value:62 End value:63	Start value:83 End value:78		Start value:74 End value: NA	Start value:73 End value:76		Start value:80 End value:80	Start value:72 End value:68	Start value:64 End value:66	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months										
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	Start value: 92.4 (2014, MICS 2015) End value: NA	Start value: NA End value: 99.7 (Year 2016-MOHV Vitals, 2018)		Start value: 100 (Year 2014) End value: NA	Start value: NA End value: 99 (Year 2017-VNR, 2019)		Start value: 99 (Year 2014) End value: NA	Start value: NA End value: 98.4 (Year 2018-MICS,2019 )	Start value:100 (Year 2015-VNR, 2020) End value: NA	Start value: NA End value: 100 (Year 2019-Vital Stats Report, 2020)

Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence										
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	Start value: 42.2 (women-2014 MICS); 59.0 (men-2014 MICS) End value: NA				Start value: 48 (women-2012 MICS) End value: NA			Start value: 37.2 (women-2010 MICS) End value: 51 (women-2018 MICS); 50 (men-2018 MICS)	Start value: 44.2 (women-2011 MICS) End value: NA	
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?										
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)										
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Start value: No End value: Yes							Start value: No End value: Yes		

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?										
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle		42% of all recommendations were related the Nairobi Summit on ICPD25		56% of all recommendations were related the Nairobi Summit on ICPD25	47% of all recommendations were related the Nairobi Summit on ICPD25					

<p>Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances</p>	<p>Neglect children:16.8% Goes outside without telling him:6.3% Refuses to have sex with him: 3.5% Argues with him: 5.8% Burns the food: 3.7% If he suspects she has an outside relationship :10.8% At least one act:23.0% Source: Guyana Women’s Health and Life Experiences Survey (2018)</p>	<p>For at least one act: 9.9% Neglect children:9% Goes outside without telling him:0.5% Refuses to have sex with him: 0.6% Argues with him: 0.7% Burns the food: 0.9% Source: Women’s health survey for Jamaica 2016</p>						<p>Neglect children:8.9% Goes outside without telling him:3.2% Refuses to have sex with him: 0.6% Argues with him: 2.0% Burns the food: 1.5% Source: National women’s health survey for Suriname (2019)</p>	<p>Neglect children: 7.6 % Goes outside without telling him:1.7% Refuses to have sex with him: 1.2% Argues with him: 1.1% Burns the food: 0.5% Source: National women’s health survey for Trinidad and Tobago: final report (2018)</p>	
<p>Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?</p>	<p>Yes (2012)</p>	<p>Yes (2011)</p>	<p>No (2010)</p>	<p>Yes (2011)</p>	<p>No (2010)</p>	<p>Yes (2011)</p>	<p>Yes (2012)</p>	<p>Yes (2012)</p>	<p>Yes (2011)</p>	<p>Yes (2012)</p>

Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Start value: MICS 2014 End value: MICS 2018							Start value: MICS 2010 End value: MICS 2018		
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?										
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	Start value: NA End value:2020	Start value: 2009 End value: NA	Start value: 2008 End value: NA	Start value: NA End value: NA	Start value: 2011 End value: NA	Start value: NA End value: NA	Start value: 2013 End value: NA	Start value: NA End value: 2017	Start value: NA End value: 2016	Start value: NA End value: 2020 (Draft)