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UNFPA – Country programmes and related matters

United Nations Population Fund

Subregional programme document for English-speaking and Dutch-speaking Caribbean

[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; Saint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands]

Proposed indicative UNFPA assistance: \$16.8 million: \$5.8 million from regular resources and \$11.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2017-2021)

Cycle of assistance: Sixth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.2	7.5	9.7
Outcome 2	Adolescents and youth	1.6	1.5	3.1
Outcome 3	Gender equality and women's empowerment	0.7	1.0	1.7
Outcome 4	Population dynamics	0.7	1.0	1.7
Programme coordination and assistance		0.6	-	0.6
Total		5.8	11.0	16.8



I. Situation analysis

1. The 22 English-speaking and Dutch-speaking Caribbean countries and territories are classified among the middle-income to high-income countries; they are affected by small physical boundaries and population size, insularity, limited resource base and vulnerabilities to natural disasters. This is exacerbated by accumulated debt, with debt levels surpassing 100 per cent of gross domestic product (GDP) in some countries, including Jamaica, Barbados and Grenada. The population for the Caribbean subregion is estimated at 7.5 million, with 73 per cent concentrated in Jamaica (2.7 million), Trinidad and Tobago (1.3 million), Guyana (0.7 million), Suriname (0.5 million) and Belize (0.3 million). Most of the Millennium Development Goals and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) have been achieved in the region, but they are at risk in countries where financial austerity measures divert resources away from social development programmes. These gains will support the 2030 Agenda for Sustainable Development and implementation of the Montevideo Consensus for which UNFPA pursues advocacy and policy dialogue.

2. The scarcity of reliable disaggregated data in the Caribbean hampers decision-making and policy development. Many countries have low dependency rates due to declining fertility rates and improvements in health care. Young people aged 10-24 years constitute a large portion of the Caribbean population (25.8 per cent in 2015 and 21.5 per cent estimated in 2025). The Caribbean Community (CARICOM) Strategic Plan 2014-2019 recognizes the importance of youth employment and resilience for sustainable development.

3. The prevalence of non-communicable diseases is the primary health challenge in the region, affecting well-being and maternal health outcomes. Maternal mortality levels remain low; a significant decrease is evident in Belize, declining from a ratio of 150 per 100,000 live births in 2013 to 45 per 100,000 live births in 2015. However, Guyana and Suriname still show ratios beyond 100 per 100,000 live births, mainly due to the lack of skilled birth attendants in the hinterlands.

4. Existing data indicate a decrease in unmet need for family planning in some countries and persistent levels in others. In Jamaica, unmet need decreased from 22 per cent in 2008 to 12 per cent in 2013; in Guyana, it is still around 28 per cent. The chief cause is limited access to sexual and reproductive health commodities, mainly for adolescents and the poor. This situation is compounded by the Zika virus outbreak.

5. Adolescent pregnancy is a public health, policy and human rights concern for the region. Recent data show that Guyana has the highest level of adolescent birth rates, with 97 per 1,000 births, followed by Belize at 90 and Jamaica at 72. A 2009 study highlighted the median age of sexual initiation to be 12 years or younger in the Caribbean. Some factors are barriers to sexual and reproductive health for adolescents younger than 18 years, while the age of sexual consent is 16 years; poverty, sexual violence and a reluctance to teach comprehensive sexuality education aggravate the situation. The CARICOM integrated strategic framework to reduce adolescent pregnancy in the Caribbean addresses comprehensive sexuality education, sexual violence, sexual and reproductive health, and knowledge management. However, cultural and legal barriers, as well as institutional weaknesses, obstruct implementation in all countries.

6. The Caribbean has the second highest HIV prevalence in the world; the highest levels are in the Bahamas, Jamaica, and Trinidad and Tobago, where young people account for nearly 60 per cent of new infections. Lead causes are stigma, discrimination and, in some countries, laws that restrict access to services for vulnerable populations.

7. Gender equality remains a challenge despite the countries having signed international and regional conventions that recognize women's rights and the recent

Joint Statement on Gender Equality anchored in the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway. Despite their higher education attainment, women are less likely than men to hold positions of power, and are more at risk of being subjected to violence. According to the University of the West Indies, domestic violence accounts for 30-50 per cent of murders in many Caribbean countries. A study in six countries revealed that boys and girls consider aggression a normal aspect of masculinity. Public policies on gender equality integrating sexual and reproductive health and rights are limited, and weak regulatory frameworks and religious objections often derail their implementation.

II. Past cooperation and lessons learned

8. Due to resource constraints and the prohibitive cost of a full-fledged evaluation of the multi-country programme, a self-assessment was conducted with key stakeholders to inform the new programme in accordance with the UNFPA Evaluation Policy.

9. Key achievements included strengthened regional and national coordination and strategic planning capacity through a number of efforts: (a) sexual and reproductive health policies in seven countries; a policy for reintegration of adolescent mothers into the formal school system in three countries; a model legislation on adolescent sexual and reproductive health for the Organization of Eastern Caribbean States (OECS); and legislation on gender equality in five countries; (b) the CARICOM strategic framework to reduce adolescent pregnancy and for HIV prevention and a regional parenting education strategy; (c) protocols on sexual violence and adolescent sexual and reproductive health for service providers in four countries; (d) building capacity to use the Minimum Initial Service Package (MISP) for reproductive health in emergencies and prevent HIV through delivery of health and family life education in four countries; (e) use of the sex worker implementation tool to implement comprehensive condom programming in eight countries; and (f) partnerships for population situation analyses in two countries and capacity-building for 18 countries to process census data in line with the CARICOM Census Strategy.

10. Lessons learned include: (a) evidence-based and high-level political engagement are critical for reducing adolescent pregnancy; (b) there is need to promote institutionalization and sustainability of actions in support of the ICPD Programme of Action; and (c) resource mobilization and strategic partnerships require innovative approaches adapted to the evolving economic contexts and peculiarities of the Caribbean middle-income countries.

11. Key recommendations include: (a) positioning UNFPA as a convener and broker in dealing with controversial human rights issues; (b) strengthening capacities of institutions for implementation and monitoring of 2030 Agenda; (c) partnering with United Nations organizations to develop sustainable models for gender-based violence prevention, empowerment of women and girls, and disaster response; and (d) prioritizing resource mobilization.

III. Proposed programme

12. The subregional programme will contribute to regional and national priorities as reflected in the United Nations Multi-Country Sustainable Development Framework 2017-2021, which was guided by the CARICOM Strategic Plan, the SAMOA Pathway and the 2030 Agenda. The programme is informed by the self-assessment of the previous programme cycle and reflects Sustainable Development Goals 1 through 5, 8, 13 and 16.

13. The programme will apply a human rights and culturally sensitive approach, supported by evidence-based advocacy and policy dialogue to empower the most vulnerable through: (a) universal access to sexual and reproductive health and rights; (b) prevention of adolescent pregnancy and sexual violence; and (c) integration of

population dynamics into policies and programmes. Upstream institutional support and resource mobilization will effect sustainable change.

A. Outcome 1: Sexual and reproductive health

14. Output 1: Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies. Interventions aim to support: (a) evidence-based advocacy for countries to adopt and apply the concept of ‘quality care’; (b) policy dialogue and technical assistance to enhance the capacity of health institutions to increase investments and operationalize quality-care-related policies with the required accountability mechanisms, including the lack of skilled birth attendants and unmet need for family planning for underserved groups; and (c) integrating MISP in national and regional preparedness, with emphasis on most-at-risk countries.

B. Outcome 2: Adolescents and youth

15. Output 1: Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on vulnerable and marginalized groups. Interventions will focus on advocacy, policy advice and technical support to: (a) generate evidence on the rights and needs of adolescents to sexual and reproductive health; (b) develop and implement national comprehensive sexuality education programmes, in line with international standards; (c) establish participatory advocacy platforms for the integration of rights and needs of young people in policies and programmes; and (d) strengthen institutions to advocate for implementation of the CARICOM Integrated Framework to reduce adolescent pregnancy, with the required accountability mechanisms.

C. Outcome 3: Gender equality and women’s empowerment

16. Output 1: Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings. Key interventions include: (a) strengthening the capacity of multiple sectors to advocate for reproductive rights and protection for the most vulnerable people, including adolescent girls; (b) promoting gender-transformative approaches through engagement of men and boys; and (c) advocating for improvement and implementation of gender-sensitive legislation and policies.

D. Outcome 4: Population dynamics

17. Output 1: Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development. This will be achieved through advocacy, policy dialogue and technical support, focusing on: (a) generation, analysis, dissemination and use of data for decision-making and for preparation of the 2020 census round; (b) accessibility of data on demographic disparities and socioeconomic inequities that affect women and adolescents sexual and reproductive health and rights, including in disaster-prone areas; and (c) analysing the demographic transition trends in the region to support empowerment of youth and girls to pave the way to the demographic dividend.

IV. Programme management, monitoring and evaluation

18. UNFPA will implement the subregional programme in collaboration with Governments, regional entities and civil society organizations, including CARICOM, OECS and the United Nations Economic Commission for Latin America and the Caribbean. It will be managed in line with UNFPA guidelines and procedures, as well as established accountability frameworks, using a results-based management approach. Programme performance will be monitored through the mechanisms of the United Nations Multi-Country Sustainable Development Framework, which promotes the ‘Delivering as One’ approach and national ownership. UNFPA has developed a resource mobilization strategy and a partnership plan to engage Governments, the

private sector and donors through public-private partnerships in support of the programme.

19. The UNFPA subregional office comprises staff performing management and development effectiveness functions funded through the institutional budget. Programme resources will be allocated for technical, programmatic and administrative expertise to implement the programme. The Regional Office for Latin America and the Caribbean will provide technical and programmatic support, including facilitating South-South cooperation. In the event of an emergency, UNFPA may, in consultation with the concerned Government, reprogramme activities to better respond to humanitarian situations.

RESULTS AND RESOURCES FRAMEWORK FOR ENGLISH-SPEAKING AND DUTCH-SPEAKING CARIBBEAN (2017-2021)

<p>National priority: A healthy Caribbean. UNDAF outcome: Universal access to high-quality health care services and systems improved. Indicator: Number of countries that achieve their family planning targets.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health 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</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of countries that have reduced family planning unmet need Baseline: 3; Target: 6 Number of countries that have integrated the MISP into national disaster risk plans Baseline: 0; Target: 7 	<p><u>Output 1:</u> Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services targeting underserved populations, including in emergencies</p>	<ul style="list-style-type: none"> Number of countries with policies and programmes to deliver integrated sexual and reproductive health, including family planning and HIV-prevention services, for underserved people. Baseline: 5; Target: 10 Number of countries that adopt and apply the concept of quality care Baseline: 0; Target: 6 Number of regional institutions with capacity to support countries to integrate MISP in national disaster-risk reduction and response plans Baseline: 0; Target: 4 Number of countries supported to integrate MISP in national disaster-risk reduction and response plans Baseline: 7; Target: 14 	<p>Ministries of Health; Education; and Youth; regional and national family planning associations; United Nations organizations; the private sector</p>	<p>\$9.7 million (\$2.2 million from regular resources and \$7.5 million from other resources)</p>
<p>National priority: An inclusive, equitable and prosperous Caribbean. UNDAF outcome: Access to high-quality education and life-long learning increased, for enhanced employability and decent and sustainable economic development. Indicator: Number of children, boys and girls living below national poverty line or in multidimensional poverty.</p>				
<p>Outcome 2: Adolescents and youth 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.</p> <p><u>Outcome indicator(s):</u> Number of countries that have laws and policies that allow adolescents access to sexual and reproductive health services Baseline: 0 Target: 6</p>	<p><u>Output 1:</u> 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</p>	<ul style="list-style-type: none"> Number of countries that have implemented comprehensive sexuality education programmes in line with international standards Baseline: 0; Target: 6 Number of countries that have implemented the CARICOM Integrated Strategic Framework to reduce adolescent pregnancy Baseline: 0; Target: 6 Number of organizations that have advocated for the needs and rights of vulnerable young people in policies and programmes Baseline: 0; Target: 5 	<p>Ministries of Health; Education; and Youth; regional and national family planning associations; youth networks; United Nations organizations; the private sector; academia</p>	<p>\$3.1 million (\$1.6 million from regular resources and \$1.5 million from other resources)</p>
<p>National priority: A safe, cohesive and just Caribbean. UNDAF outcome: Equitable access to justice, protection, citizen security and safety reinforced. Indicator: Number of countries with functioning mechanisms (to systematically collect, analyse and use disaggregated data and other forms of information) that use regionally established tools for monitoring and reporting on the situation of women and children.</p>				
<p>Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including</p>	<p><u>Output 1:</u> Strengthened legal and protection systems for the implementation of laws,</p>	<ul style="list-style-type: none"> Number of civil society organizations supported to advocate for policy implementation and monitoring for reproductive rights and protection from sexual violence for the most vulnerable people, including adolescent girls 	<p>Ministries of Gender; and Social Affairs; parliamentarians</p>	<p>\$1.7 million (\$0.7 million from regular resources and</p>

<p>for the most vulnerable and marginalized women, adolescents and youth</p> <p><u>Outcome indicator(s)</u>:</p> <ul style="list-style-type: none"> Number of countries with national mechanisms to monitor, prevent and reduce violence against women and adolescent girls. Baseline: 0; Target: 6 	<p>policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings</p>	<p>Baseline: 0; Target: 6</p> <ul style="list-style-type: none"> Number of countries supported to develop and advocate for the implementation of multisectoral protocols and norms to address sexual violence, including during emergencies Baseline: 3; Target: 8 	<p>; faith-based organizations; male networks; United Nations organizations; academia; the private sector</p>	<p>\$1.0 million from other resources)</p>
<p>National priority: An inclusive, prosperous and equitable Caribbean. UNDAF outcome: Access to equitable social protection systems, quality services and sustainable economic opportunities improved. Indicator: Percentage of eligible population covered by social protection floors/systems, disaggregated by sex and distinguishing children, unemployed, old age, people with disabilities, pregnant women, newborns, work injury victims, poor and vulnerable.</p>				
<p>Outcome 4: Population dynamics 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</p> <p><u>Outcome indicator(s)</u>:</p> <ul style="list-style-type: none"> Number of countries that have national development plans that address population dynamics in setting development targets Baseline: 0; Target: 8 	<p><u>Output 1:</u> Strengthened national capacity to generate, analyse and utilize data and evidence for national policies and programmes linked to sustainable development</p>	<ul style="list-style-type: none"> Number of national statistical offices with technical capacity to use disaggregated data for mapping demographic disparities and socioeconomic inequalities, including for emergency preparedness. Baseline: 0; Target: 5 Number of countries with evidence-based policies and programmes to address population dynamics, sexual and reproductive health, HIV and their linkages to sustainable development. Baseline: 0; Target: 5 Number of countries supported to develop implementation plans for the 2020 round of census. Baseline: 0; Target: 6 	<p>National statistical offices; Caribbean Community, Organization of Eastern Caribbean States; United Nations organizations; the private sector; donors; academia</p>	<p>\$1.7 million (\$0.7 million from regular resources and \$1.0 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.6 million from regular resources</p>