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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft multi-country programme document for the English-speaking and Dutch-speaking Caribbean countries

Proposed indicative UNFPA assistance:	\$17.5 million: \$10 million from regular resources and \$7.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2012-2016)
Cycle of assistance:	Fifth
Category per decision 2007/42:	B: Belize, Guyana, Jamaica, Suriname, Trinidad and Tobago C: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Turks and Caicos Islands

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

	Regular resources	Other	Total
Reproductive health and rights	4.5	5.5	10.0
Population and development	2.5	1.0	3.5
Gender equality	2.5	1.0	3.5
Programme coordination and assistance	0.5	-	0.5
Total	10.0	7.5	17.5

I. Situation analysis

1. The 22 countries of the English-speaking and Dutch-speaking Caribbean have made significant progress in terms of economic and human development. However, these achievements are in danger of being jeopardized by the global financial crisis, high exposure to natural disasters, limited natural resources, a lack of economic diversification and limited institutional capacity.

2. There is a lack of reliable data in most Caribbean countries. The region lacks the necessary capacity to analyse and disseminate census results. Hence, strategic plans and frameworks tend to be based on assumptions and not on empirical evidence.

3. A recent study by the International Monetary Fund indicates that the Caribbean countries have one of the highest out-migration rates (in the top 20 worldwide) of people with tertiary educations. The health sector is particularly affected, experiencing the loss of 400 nurses per annum through emigration to Canada, the United Kingdom and the United States. The region is also facing an accelerated increase in the percentage of the population that is older than 60 years of age (ranging from 11 per cent in Jamaica, to 12 per cent in Antigua and Barbuda, to 10 per cent in Trinidad and Tobago).

4. The Caribbean countries are extremely vulnerable to natural disasters. The region experiences hurricanes and flooding, with the potential for an accelerated sea level rise, which can trigger destructive storm surges.

5. Unwanted fertility is pervasive among the poor, pointing to the high unmet need for family planning. In Jamaica, for instance, the unmet need is approximately 22 per cent. While overall levels of maternal mortality remain relatively low in the region (only Suriname and Guyana have maternal mortality ratios higher than 100 maternal deaths per 100,000 live births), maternal mortality ratios have shown no significant decrease over the last 20 years. Guyana has the highest maternal

mortality ratio within the subregion (270 maternal deaths per 100,000 live births), primarily because of a lack of skilled human resources.

6. Nearly 20 per cent of live births in the region occur to adolescent mothers. Guyana has the highest adolescent fertility rate (90 births per 1,000 women aged 15-19). In other Caribbean countries, more than 17 per cent of girls have had children or are currently pregnant. Lack of access to high-quality sexual and reproductive health services, especially for adolescents younger than 18 years, is a concern. Overall, the region lacks legislation on the sexual and reproductive health and rights of adolescents.

7. The Caribbean region has the second highest adult HIV prevalence rate in the world (1 per cent), second only to sub-Saharan Africa. In some countries the rates are higher for young people, especially young girls. For example, in Belize and Jamaica, young girls aged 15-19 have three times the levels of infection of boys the same age.

8. Violence against women is one indicator of the continuing differentials in power between men and women in Caribbean societies. Despite their increasingly higher educational attainment, Caribbean women are less likely than men to hold positions of power and are more susceptible to acts of violence. This has led some to suggest that there is a crisis of masculinity in the subregion – a crisis in which men, especially young men, feel that their status in society is threatened. This may be a factor in rising levels of crime and violence.

II. Past cooperation and lessons learned

9. UNFPA assistance to the English-speaking and Dutch-speaking Caribbean countries began in 1969. Under the fourth country programme, which covered the period 2007-2011, an amount of \$6 million was approved from regular resources and \$12 million from other resources. Total resources are expected to reach \$18.4 million by the end of 2011, with \$12.2 million coming from regular resources and \$6.2 million from other resources.

10. Achievements in the area of reproductive health and rights included support for: (a) the development of an adolescent reproductive health policy in Saint Lucia and a sexual and reproductive health policy in Trinidad and Tobago and in Suriname; (b) the development of the adolescent reproductive health strategic plan for Jamaica and the revision of the sexual and reproductive health policy in Belize; and (c) health services to integrate sexual and reproductive health and HIV services and programmes within the region.

11. Additional achievements in the area of reproductive health and rights included: (a) providing HIV-prevention services to groups that are most at risk, including sex workers; (b) undertaking advocacy to address the sexual and reproductive health needs of persons with disabilities, including disabled youth, especially in Jamaica and Barbados; (c) providing reproductive health commodities to most of the countries in the Caribbean; (d) training health-care providers in basic and comprehensive emergency obstetric care; and (e) updating the curricula for nursing and midwifery programmes and training nurses and midwives.

12. With regard to population and development, the programme focused on strengthening the institutional capacity of governments to conduct the 2010 round of censuses. UNFPA was able to provide support in this area to small island countries that had no other UNFPA-supported projects.

13. In the area of gender equality, UNFPA supported successful advocacy efforts for the development of gender policies in Anguilla, Belize, Jamaica and the Bahamas. UNFPA also supported the development of medical protocols on sexual violence in Barbados and the enactment of the sexual violence act in Guyana. Increasingly, UNFPA has supported interventions promoting men as partners in reproductive health and in preventing gender-based violence.

14. Lessons learned from the previous programme revealed a need to: (a) strengthen advocacy on population-related issues and to reposition family planning in the national development agenda; (b) enhance the use of results-based management and knowledge sharing; and (c) strengthen the institutional capacity of governments to provide reliable data for policy dialogue and development.

15. Another lesson, reflected in the current subregional programme evaluation, is that there is a need to develop a more focused and strategic approach that will yield better results. The programme therefore seeks to address the following priority concerns: (a) teenage pregnancies and teenage mothers; (b) HIV prevention among young people and groups that are most at risk; (c) gaps in maternal health care and in the analysis and dissemination of census data; and (d) gender-based violence.

III. Proposed programme

16. The proposed programme is based on the UNFPA strategic plan, the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals. The programme reflects the mandate and expertise of UNFPA in implementing the United Nations Development Assistance Frameworks (UNDAFs) that have been developed in Caribbean countries for the United Nations harmonized programming cycle, 2012-2016. UNDAFs have been developed for Barbados and the Eastern Caribbean, Guyana, Jamaica, Suriname, and Trinidad and Tobago. The UNDAF for Belize will begin in 2013. The proposed programme has also benefited from the findings of the evaluation of the previous programme.

17. In order to achieve the following outcomes and outputs, the programme will adopt the following strategies: (a) the development of a strong advocacy strategy; (b) the use of a subregional approach to programme design to address the commonalities of the Caribbean

countries; (c) the strengthening of partnerships with other United Nations organizations and regional institutions; and (d) the utilization of a rights-based approach in programme and project design. The programme is based on the ICPD indicators within the subregion. It will support the collection and analysis of high-quality data in order to follow up on ICPD and Millennium Development Goal indicators.

Reproductive health and rights component

18. The expected outcome is: to increase the access to and utilization of reproductive health services, including family planning and services to promote maternal health and prevent HIV and sexually transmitted infections, especially for young people and vulnerable groups. This outcome has three outputs.

19. Output 1: Strengthened capacity of national and subregional institutions and organizations to advocate and deliver comprehensive and integrated sexual and reproductive health services, including in emergency situations, and particularly for vulnerable groups. UNFPA will support: (a) access to and the utilization of family planning services; (b) access to high-quality maternal health services; and (c) the availability and management of essential commodities, especially contraceptives. In addition, UNFPA will strengthen inter-agency collaboration to reduce maternal mortality.

20. Output 2: Enhanced capacity of national and subregional institutions and organizations to address the specific reproductive and sexual health needs of adolescents and young people. This will be achieved through: (a) advocacy aimed at removing legal barriers to sexual and reproductive health services; (b) support to the Caribbean Community to implement health and family life education; (c) support to institutions providing services targeting adolescents and youth, including young mothers and others at risk; and (d) advocacy efforts aimed at incorporating adolescent sexual and

reproductive health needs into reproductive health plans and strategies.

21. Output 3: Strengthened capacity of national and subregional institutions and organizations to advocate and scale up integrated interventions to prevent sexually transmitted infections and HIV, particularly for young people and vulnerable groups. UNFPA will support the development, implementation and evaluation of comprehensive sex education within the formal and non-formal educational system, and the promotion and protection of the human rights of young people and marginalized groups.

Population and development component

22. The expected outcome is: national and subregional institutions incorporate reliable data and analyses on emerging population issues, including ageing and migration, to develop evidence-based policies, plans and programmes. This outcome has two outputs.

23. Output 1: Strengthened institutional capacity to improve the availability and utilization of data disaggregated by sex, age and country in national planning and national processes. This will be achieved by: (a) providing technical assistance to national statistical offices and planning institutes to manage and analyse the data generated by national censuses; (b) advocating the need to use census data when developing policies and strategic frameworks; and (c) identifying subregion-specific indicators to support policy dialogue and development during subregional and regional forums.

24. Output 2: Subregional institutions are strengthened to address emerging population issues, including ageing and migration, in subregional and national agendas. This output will be achieved through partnerships with institutions working in these areas and support to governments during the development of policies related to these issues.

Gender equality component

25. The outcome of the gender equality component is: to increase the capacity of governments and civil society to address gender-based violence, with an emphasis on sexual violence, and to support women's empowerment, including by addressing issues related to masculinity and male involvement.

26. Output 1: Strengthened legal and social service-delivery frameworks and medical protocols to address gender-based violence, including sexual violence. UNFPA will support: (a) policy development to address gender-based and sexual violence; (b) education, communication and awareness strategies to promote and protect the rights of women and girls; and (c) the development of medical protocols for the provision of services to victims of sexual violence.

27. Output 2: Enhanced capacity of governments and civil society to support women's empowerment as a means of reducing gender-based violence, with an emphasis on sexual violence. This will be achieved by: (a) advocating with governments to support income-generating programmes for women; and (b) promoting work on issues of masculinity to engage men to halt violence against women.

28. Output 3: Support for national communication campaigns to increase public awareness regarding gender-based violence and sexual violence and the development of appropriate response and behaviour modification mechanisms. UNFPA will support: (a) training initiatives to address violence against women; and (b) the development of advocacy and communication materials on gender-based violence to foster appropriate societal responses to issues related to gender-based violence.

IV. Programme management, monitoring and evaluation

29. UNFPA will use a results-based approach to monitor the performance of the programme, and will implement the programme within the context of the ongoing United Nations reform. At the request of its government, Suriname has become a 'delivering as one' country. The programmes of the United Nations organizations in Suriname will therefore be carried out through joint annual workplans agreed with the Government at an annual joint meeting. It is likely that more countries will choose this option during the upcoming cycle; this will need to be reflected in the planning, monitoring and evaluation processes of UNFPA.

30. As in the previous programme, UNFPA and the governments will implement most of the programme through national execution modalities. UNFPA will continue to provide training for all partners, both governmental and non-governmental, on harmonized United Nations financial reporting formats and on accountability standards, including audit requirements.

31. The UNFPA office for the English-speaking and Dutch-speaking Caribbean countries consists of a director, a deputy director, an assistant representative in each of the six branch offices, an international operations manager, experts in the areas of sexual and reproductive health, censuses and gender, and relevant programme and administrative personnel, as per the approved country office typology. UNFPA will earmark programme funds for national project personnel, a part-time information technology manager and other support staff.

32. The UNFPA regional office in Panama City, Panama, will provide technical and programmatic support.

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

UNDAF outcomes: UNDAF outcomes related to the reduction of maternal mortality (Guyana), advancement of human rights and inequalities (Guyana), HIV/AIDS (Belize and Trinidad), and overall improvement of the health of the population (Jamaica and Suriname)				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: To increase the access to and utilization of reproductive health services, including family planning and services to promote maternal health and prevent HIV and sexually transmitted infections, especially for young people and vulnerable groups</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Unmet need for family planning among women in identified vulnerable groups • Percentage of women with obstetric complications who receive treatments according to standard protocols • HIV-prevalence rate among most-at-risk groups 	<p>Output 1: Strengthened capacity of national and subregional institutions and organizations to advocate and deliver comprehensive and integrated sexual and reproductive health services, including in emergency situations, and particularly for vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of countries that implement mechanisms to track supply and demand of sexual and reproductive health commodities at all levels • Percentage of women and girls receiving basic emergency obstetric care in health centres supported by UNFPA • National disaster preparedness plans include sexual and reproductive health care and services to prevent sexual violence <p>Output 2: Enhanced capacity of national and subregional institutions and organizations to address the specific reproductive health needs of adolescents and young people</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of countries that integrate adolescent sexual and reproductive health into their reproductive health policies and plans • Number of countries that include health and family life education within school curricula • Number of youth-friendly centres supported by UNFPA that provide sexual and reproductive health services for adolescents and young people <p>Output 3: Strengthened capacity of national and subregional institutions and organizations to advocate and scale up integrated interventions to prevent sexually transmitted infections and HIV, particularly for young people and vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of institutions and organizations able to provide non-discriminatory information, counselling and services to young people and vulnerable groups on HIV prevention • Number of countries using a comprehensive condom programming approach as part of their sexually transmitted infection and HIV-prevention strategies • Number of organizations advocating and implementing HIV prevention strategies for young people and most-at-risk groups 	<p>Ministries of Education; Health; Sports; and Youth; parliamentarians</p> <p>Caribbean Community; civil society organizations; University of the West Indies</p> <p>Organization of Eastern Caribbean States; United Nations system organizations</p>	\$10 million (\$4.5 million from regular resources and \$5.5 million from other resources)

UNDAF outcomes: UNDAF outcomes related to safety, security and justice (Jamaica) and poverty reduction (Belize)				
Population and development	<p>Outcome: National and subregional institutions incorporate reliable data and analyses on emerging population issues, including ageing and migration, to develop evidence-based policies, plans and programmes</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of national policies, plans and programmes that incorporate data from the 2010-2012 round of censuses and other relevant sources 	<p>Output 1: Strengthened institutional capacity to improve the availability and utilization of data disaggregated by sex, age and country in national planning and national processes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of regional and national databases that include disaggregated, gender-sensitive data on population, sexual and reproductive health, and gender Number of specific subregional sets of indicators available for planning interventions by the end of the programme cycle Number of studies and surveys conducted using information generated by the censuses and disseminated with UNFPA support <p>Output 2: <u>Subregional institutions are strengthened to address emerging population issues, including ageing and migration, in subregional and national agendas</u></p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of countries with policy-oriented, published reports and/or research on emerging population issues South-South networks and partnerships established on emerging issues among national and subregional institutions 	<p>Bureaux of Statistics; Ministries of Planning</p> <p>HelpAge International; University of the West Indies</p> <p>Organization of Eastern Caribbean States; United Nations system organizations</p>	<p>\$3.5 million (\$2.5 million from regular resources and \$1.0 million from other resources)</p>
UNDAF outcomes: UNDAF outcomes on empowered individuals and strengthened human rights (Guyana); poverty reduction (Belize, Jamaica) and social empowerment and equity (Jamaica)				
Gender equality	<p>Outcome: To increase the capacity of governments and civil society to address gender-based violence, with an emphasis on sexual violence, and to support women's empowerment, including by addressing issues related to masculinity and male involvement</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of countries with national and/or sectoral programmes addressing gender-based violence Number of countries with national mechanisms in place to monitor, prevent and reduce violence against women 	<p>Output 1: Strengthened legal and social-service delivery frameworks and medical protocols to address gender-based violence, including sexual violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of proposals to enact or revise laws that include key measures to prevent and punish sexual violence and provide social support for its victims Number of national mechanisms in place for reporting sexual violence Number of protocols developed to address the needs of victims of sexual violence <p>Output 2: Enhanced capacity of governments and civil society to support women's empowerment as a means of reducing gender-based violence, with an emphasis on sexual violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of UNFPA-supported capacity-building activities supporting efforts to prevent and address sexual and gender-based violence in the Caribbean Number of government and civil society initiatives aimed at providing comprehensive services to victims of sexual and gender-based violence Number of UNFPA-supported initiatives aimed at supporting women's empowerment <p>Output 3: Support for national communication campaigns to increase public awareness regarding gender-based violence and sexual violence and the development of appropriate response and behaviour-modification mechanisms</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of advocacy materials developed to address gender-based violence Percentage of men supporting or involved in UNFPA-supported interventions that address gender-based violence 	<p>Ministries of Health; National Gender Bureaux</p> <p>Non-governmental organizations; uniformed corps; University of the West Indies</p> <p>Economic Commission for Latin America and the Caribbean</p>	<p>\$3.5 million (\$2.5 million from regular resources and \$1.0 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>