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United Nations Population Fund

Subregional programme document for the English- and 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

Proposed indicative UNFPA assistance:	$28 million: $8.6 million from regular resources and $19.4 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Seventh
Category:	Tier I, II, III
Alignment with the UNSDCF Cycle	United Nations Multi-Country Sustainable Development Framework in the Caribbean, 2022-2026

I. Programme rationale

1. The 22 English-speaking and Dutch-speaking Caribbean countries and territories are home to an estimated 7.6 million people. The region is a global leader in tourism but also prone to natural and man-made disasters and climate change. The Caribbean is coping with four major humanitarian challenges at once: the Venezuelan migrant and refugee crisis, which has become the largest regional human displacement crisis in recent history, with an estimated 150,000 Venezuelan migrants/refugees having settled in Aruba, Curacao, Guyana and Trinidad and Tobago; the annual Atlantic hurricane season, putting 16 out of 22 countries and territories at risk; other natural disasters, such as the volcanic eruption in Saint Vincent and the Grenadines and the extreme flooding in Guyana; and the COVID-19 pandemic.

2. Most Caribbean countries have a high median population age, resulting from both population contractionary policies and international migration, especially of young educated and skilled professionals. The total fertility rate is below replacement levels in most countries, with the British Virgin Islands reporting the lowest estimate on record for the region (0.86); Belize (2.6) and Suriname (2.8) are among the few countries with rates above replacement level. In general, fertility rates show slight differences between rural and urban settings, with the exceptions of Guyana (4.3 versus 2.4 respectively) and Suriname (5.2 versus 2.5 respectively).

3. However, adolescent birth rates remain unacceptably high, with 69 per cent of the countries having an adolescent birth rate above 40 births per 1,000 girls aged 15-19 years, above the estimated global average for middle-income countries (37.2), and with huge disparities among socioeconomic and ethnic groups. The ratio between the top and bottom wealth quintiles is estimated to be 14 in Jamaica; the adolescent birth rate of those with the lowest educational level is 97 times those with a higher educational level in Suriname; and in Guyana, it is highest among women living in households with an Amerindian household head and lowest among women living in households with an African-descendant household head (148 vs 59). Despite the aspirational and progressive 2014 Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean, agreed on by Caribbean Community (CARICOM) member states, adolescents in the Caribbean still face legal, societal, policy and health system-related barriers that limit their access to high-quality integrated sexual and reproductive health services and information. Most of the Caribbean countries and territories require adolescents below the age of 16 or 18 to obtain parental consent. Also, in many countries the minimum age for marriage falls below the age of 18. Child marriage and early unions vary across the Caribbean, from below 10 per cent in Jamaica to as high as 33.5 per cent in Belize and 36 per cent in Suriname, with girls from the poorest wealth quintiles more likely to be married or in a union. Conservative attitudes towards sex in the region give rise to discrimination, stigma and silence around the topic of adolescent sexuality, resulting in resistance towards comprehensive sexuality education, including through the Health and Family Life Education curriculum, and in accessing sexual and reproductive health services. Other identified underlying causes include inadequate reproductive health commodity security, early/forced sexual debut, sexual grooming, incest and age-disparate sex.

4. The regional unmet need for family planning is estimated at 16.3 per cent (2015), with substantive disparities among countries and, within countries, among age groups. The unmet need in The Bahamas is estimated at 5.6 per cent and in Jamaica at 5.8 per cent, while in Trinidad and Tobago, it is 19 per cent. The unmet need in Guyana is 61.9 per cent among adolescents aged 15-19 years, compared to 21.4 per cent among persons aged 29-35 years, and 59.7 per cent and 20.3 per cent, respectively, in Suriname. In most countries, the contraceptive method mix offered is very limited, especially of long-acting reversible methods. Moreover, the COVID-19 pandemic has exposed the weaknesses of the supply chains and logistics management information systems, contributing to low availability, and often stock-outs, of modern contraceptives at the “last mile”, which often contributes to the low demand for and use of modern contraceptive methods among all age groups.

5. In most Caribbean countries, the maternal mortality ratio is somewhere between 27 (Barbados) and 169 (Guyana) maternal deaths per 100,000 live births, with a few countries at or above the SDG target of 70. Except for Guyana, Jamaica and Suriname, where direct causes – particularly obstetric sepsis, postpartum hemorrhage and pregnancy-induced hypertension – are leading causes of maternal deaths, non-communicable diseases, such as chronic hypertension, obesity, diabetes and HIV, are the main causes of maternal deaths in the Caribbean. Data is scarce and underreporting of maternal deaths is common. However, where data exists, it reveals that maternal deaths occur within health facilities and are higher among low-income women and certain ethnic groups. In Suriname, women of Maroon ethnicity have the highest maternal mortality ratio (184 per 100,000 live births) and the highest stillbirth rate (25 per 1,000 babies born) and the majority of maternal deaths occur in hospitals (85 per cent), with the most important substandard care factor being delay in diagnosis (59 per cent) and, less frequently, due to patient delay (15 per cent). Although access to antenatal care is above 86 per cent in most countries – except for Suriname at 68 per cent – and skilled birth attendance is high, ranging from 94 per cent in Belize, 96 per cent in Guyana and 98 per cent in Suriname to 100 per cent coverage in Jamaica, inequalities are found when comparing the antenatal care coverage by socioeconomic characteristics and wealth quintile. In Guyana, the lowest coverage of at least four antenatal care visits is, at subnational levels, found in Region 1 (67 per cent), compared to Regions 2 and 6 (95.7 per cent and 96.3 per cent, respectively); and the coverage among the poorest quintile is 83.4 per cent, compared to 90.1 per cent among the richest quintile. While maternal health is well reflected in national policies, high levels of intimate partner violence during pregnancy, excessive rate of caesarean sections – 34 per cent (Belize), 21 per cent (Suriname) and 19 per cent (Jamaica), respectively – high levels of stillbirth rates – (13.8 (Guyana), 13.7 (Dominica) and 12.7 (Jamaica) stillbirths per 1,000 total births, respectively) – and negative childbirth experiences have been documented, which are important determinants for maternal morbidity and mortality. The long and persistent trend of international migration of health workers stands alongside substantial healthcare workforce shortfalls and impacts the delivery of high-quality care in several Caribbean countries.

6. The women's health surveys completed in five countries in the Caribbean indicate that intimate partner violence prevalence rates are comparable with global estimates, with 30 per cent for Trinidad and Tobago and 27.8 per cent for Jamaica. Adolescent girls who were married or who lived with a partner had higher prevalence rates than those whose first union was at 19 years old or older; 45 per cent and 24.5 per cent in Jamaica, respectively. Gender-based violence takes place in the context of deeply rooted patriarchal systems and high levels of crime and violence, exacerbated by recurrent humanitarian emergencies. Deeply-rooted patriarchal norms sustain a strong culture of silence and acceptance surrounding gender-based violence, based on gender inequality and power imbalance, and it is not uncommon for blame to be placed on the survivor rather than the perpetrator. Most countries have comprehensive laws on domestic and sexual violence, though the definition of gender-based violence is restricted. In Antigua and Barbuda and The Bahamas, the definition of rape is, for instance, limited to forced sexual intercourse outside marriage. Most countries have a limited capacity to ensure a multisectoral response and survivor-centred services adhering to international minimum standards.

7. Sexual and reproductive health and gender-based violence prevention and response are generally not integrated into the existing national emergency response plans and climate change adaptation and resilience-building strategies, which limits the capacity of countries and territories to ensure that sexual and reproductive health and gender-based violence life-saving interventions are offered during emergencies, especially to most marginalized groups.

8. The Caribbean largely lacks anti-discrimination laws to protect particularly vulnerable communities, including people with disabilities and migrants; and in many countries sex workers and people of diverse sexual orientation or gender identities are criminalized and discriminated against, hindering them from fully realizing their sexual and reproductive health and rights, including bodily autonomy. In addition, discriminatory attitudes of health workers also affect most-at-risk groups, resulting in poor health-seeking behaviours. All

these factors contribute to driving an increase in HIV infection rates, including among young people. In 2016, one-third of new HIV infections in the Caribbean was recorded among young people aged 15-24 years.

9. The lack of high-quality and timely data is a major challenge in the region, particularly in smaller island countries and territories in the Eastern Caribbean, due to weak national statistical systems that are operated with insufficient human and physical resources, largely due to limited financing. This has impacted the ability of the national entities to produce disaggregated data on a timely basis. Simultaneously, many potential users lack knowledge of the range of data produced and its uses, and the available data does not allow for a comprehensive analysis on the extent to which those most marginalized – women, adolescents and youth, persons living with disabilities, indigenous people, migrants and refugees, among others – are taken into consideration in development efforts, including climate change adaptation strategies, and emergency preparedness and response. As a result, there are critical data gaps that hinder countries and the region from adequately measuring progress against the Sustainable Development Goals, especially, towards family planning and gender equality.

10. The final evaluation of the previous subregional programme highlighted key achievements but also underscored the need to strengthen UNFPA programmes to support collection, analysis and dissemination of relevant sexual and reproductive health and population data; and to advocate for differentiated, decentralized and nondiscriminatory services to expand combination prevention and treatment coverage, especially for young people. The evaluation further identified critical lessons learned, including that (a) strategic alliances and partnerships, at both grassroots and policy levels, are key to sustainability and response to humanitarian crises; (b) joint risk analysis improves preparedness for humanitarian response and resilience-building strategies; and (c) collaboration with civil society organizations are instrumental to developing and successfully rolling out innovative approaches and technologies to engaging and reaching vulnerable groups.

11. The six Common Country Analyses, the Common Multi-Country Analysis and the corresponding consultations confirmed that all three UNFPA transformative results are relevant to the region. The proposed programme will therefore contribute to all three transformative results, with a special focus on addressing the very high adolescent fertility rates across the region. If the causes and current consequences of adolescent pregnancies are addressed, the three UNFPA transformative results on ending unmet need for family planning, maternal deaths and gender-based violence will be positively impacted. Adolescent pregnancy reduction will, therefore, be at the centre of the subregional programme, to allow for efficiencies and integrated approaches. Interventions that are not directly addressing the reduction of adolescent pregnancies but are critical for ending preventable maternal deaths and gender-based violence specifically will also be executed in this programme.

II. Programme priorities and partnerships

12. The goals and targets of the International Conference on Population and Development (ICPD); the UNFPA Strategic Plan, 2022-2025; the 2030 Agenda for Sustainable Development; the Montevideo Consensus on Population and Development; the Small Island Developing States Accelerated Modalities of Action (SAMOA Pathway); the relevant national priorities of 22 countries and territories; the second generation Multi-Country Sustainable Development Cooperation Framework; and the evaluation of the subregional interventions, 2017-2021, provide the basis for the new subregional programme.

13. UNFPA will specifically support government and civil society organizations in Barbados Grenada, Saint Kitts and Nevis, Suriname and Trinidad and Tobago to achieve their voluntary commitments delivered at the ICPD+25 Summit in Nairobi with the majority focusing on improved access to adolescent sexual and reproductive health and rights and reduced gender-based violence.

14. The subregional programme is based on the assumption that integrated sexual and reproductive health and gender-based violence interventions are more effective, efficient and sustainable if they comprehensively address the interdependent and mutually supportive supply, enabling environment and demand dimensions to ensure (a) accessibility, availability and high quality of integrated sexual and reproductive health and gender-based violence services; (b) an enabling environment for sexual and reproductive health and rights and positive gender norms and standards; and (c) the demand for integrated sexual and reproductive health and gender-based violence. UNFPA will, therefore, apply all modes of engagement in the programme, with a focus on the 13 countries for direct capacity strengthening investments through the annual United Nations country implementation plans, while advocacy, partnerships and humanitarian assistance interventions will be executed in all 13 countries and nine territories. The commitment of the new UNFPA subregional programme in the Caribbean is twofold: (a) all countries will achieve a maternal mortality ratio below the global target of 70 per 100,000 live births; (b) three-quarters of all Caribbean countries have recorded a decrease in adolescent birth rates to below 40 births per 1,000 girls aged 15-19 years.

15. The primary target beneficiaries of the programme are women and young people, particularly adolescent girls and socio-economically marginalized youth, young people with disabilities; women and girls in humanitarian crises, migrants, young people with HIV, young people of diverse sexual orientation or gender identities and indigenous young people. However, government entities, particularly ministries of health, ministries of education, national statistics offices and related gender machinery; parliamentarians; civil society organizations; faith-based organizations and other gatekeepers will also benefit from and be active partners of this programme, in great recognition of the critical role that duty bearers have in creating the necessary conditions to overcome the existing legislative, policy and supply barriers. The programme will actively strive to collaborate with women and young people, particularly adolescent girls and vulnerable populations, through meaningful and periodic consultations at all stages of policy and programme development. This is acknowledging that a human rights-based approach truly involves them as essential actors in their development. UNFPA will further strengthen the collaboration with the Caribbean Development Bank, the Inter-American Development Bank and the Economic Commission for Latin America and the Caribbean on data availability and utilization in pursuit of the three transformative results. UNFPA will continue to work with key regional entities in the Caribbean, such as the Caribbean Disaster and Emergency Management Agency, the Caribbean Community Secretariat and the Organization of Eastern Caribbean States. UNFPA has a longstanding relationship with these organizations on preparing for and responding to humanitarian crises and developing regional standards, guidelines and tools for addressing gender-based violence, data collection and adolescent pregnancies.

16. The subregional plan will apply the following accelerators: (a) execute strategic interventions that are grounded in human rights-based and gender-transformative analyses and focus on ensuring benefits for “those left furthest behind”; (b) support ideation, prototyping, piloting and expansion of innovative approaches throughout each thematic area, to achieve greater programme efficiency, such as the roll-out of the data appreciation programme and the Caribbean Model for Cultural and Behavior Change, both of which were developed in the previous subregional programme; (c) prioritize support to multi-country interventions, intraregional cooperation and South-South cooperation with other Small Island development States to promote research, innovation, norms and standards; and (d) mainstream emergency preparedness and response interventions across programme outputs, focusing on enhancing the resilience of social service systems and communities.

A. Accelerated reduction of unmet need for family planning

17. UNFPA will directly contribute to outcome 4 (people in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services) of the Multi-Country Sustainable Development Cooperation Framework, through the interventions of outputs 1 and 2:

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

19. With a more focused look on issues facing the most vulnerable, UNFPA will provide advocacy, policy and technical support to (a) ensure that an essential, integrated service package of sexual and reproductive health interventions and reproductive health commodity security are integrated into policies, strategies and plans, including universal health coverage-related policies; (b) guided by the findings and recommendations of the regional sexual and reproductive health and rights legislation review, promote legislative and policy reform and accountability through the operationalization of inclusive multi-stakeholder platforms on sexual and reproductive health and rights at country levels, with effective participation of the most vulnerable population groups; (c) strengthen institutional capacity for the development and implementation of standards for high-quality health care services for adolescents; and (d) ensure that the minimum initial service package for sexual and reproductive health in emergencies is integrated into national health-sector emergency plans.

20. *Output 2. Ministries of health are better able to effectively forecast, procure, distribute and track sexual and reproductive health commodities and collaborate with civil society organizations to create demand and deliver sexual and reproductive health information and services*.

21. UNFPA will provide technical support to (a) reproductive health commodity security interventions, with particular attention to strengthening supply-chain management systems, including logistics management information systems; expansion of the modern contraceptive method mix and rights-based voluntary family planning; and capacity-strengthening interventions, to support demand and choice of a full range of methods; (b) the development and implementation of comprehensive condom programming strategies to accelerate HIV prevention efforts; (c) community-based organizations and youth groups in the design and implementation of youth resilience programmes aiming to strengthen their agency to make informed decisions regarding their sexual and reproductive health; and (d) strengthening the capacity of regional entities, national Governments and civil society organizations on family planning, HIV and sexually transmitted infections in emergencies.

22. This subregional programme output contributes directly to outcome 3 (national Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind) of the Multi-Country Sustainable Development Cooperation Framework.

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

24. UNFPA will continue its partnership with the University of the West Indies to examine and promote a culture of population data appreciation in the English-speaking and Dutch-speaking Caribbean, with a particular focus on fertility. In collaboration with government entities, regional organizations and international development partners, this programme will establish a Caribbean population data appreciation index that will be used for advocacy, policy dialogue and capacity-strengthening efforts. UNFPA will further support the development of human rights-based population policies that reflect the existing population trends, including declining fertility, ageing and migration, and increase the long-term resilience of vulnerable groups to climate change. The capacity of national statistics offices will be further strengthened through South-South cooperation and technical assistance to (a) effectively conduct the delayed 2020 round of population and housing censuses; and (b) produce common operational datasets on population statistics and projections at subnational levels, to prevent and mitigate humanitarian and environmental risks. UNFPA will also support the use of disaggregated population data to monitor the implementation of national policies and progress towards the achievement of the ICPD Programme of Action and the Sustainable Development Goals.

B. Accelerated reduction of preventable maternal deaths

25. UNFPA will directly contribute to outcome 4 (people in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services) of the Multi-Country Sustainable Development Cooperation Framework through the interventions of output 4:

26. *Output 4. Health facilities and service providers are better able to provide high-quality maternal health services*.

27. To accelerate efforts in ending preventable maternal deaths, the programme will focus on supporting Guyana, Jamaica and Suriname in operationalizing maternal death surveillance and response systems; and strengthening the capacity of health care providers in emergency obstetric and newborn care, including postpartum family planning and COVID-19 response, in line with international guidelines and standards. UNFPA will support emergency obstetric and newborn care assessments in Guyana and Suriname. UNFPA will further regionally support the sensitization and training of health service providers, particularly midwives, on respectful maternity care. UNFPA will support nationally the update of post-abortion care guidance, according to the latest scientific evidence; midwifery associations to advocate for education, regulation and an enabling environment for practice while representing the profession in policy discussions on sexual and reproductive health; and data collection and utilization to inform sexual and reproductive health workforce needs and plans.

C. Accelerated reduction of gender-based violence and harmful practices

28. UNFPA will particularly build on progress made through the Spotlight Initiative regional and five national programmes in which UNFPA was the leading United Nations organization in pillar three on prevention or in pillar four on services. The interventions of outputs 5 and 6 will directly contribute to outcome 7 (regional and national laws, policies, systems and institutions improve access to justice and promote peace, social cohesion and security) of the Multi-Country Sustainable Development Cooperation Framework.

29. *Output 5. Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive health and reproductive rights*.

30. Key interventions include (a) strengthening partnerships with civil society organizations, community leaders, government entities and international development partners to work on changing social norms and behaviours that perpetuate gender inequality and abuse of power and empower women and young girls and boys, with skills to fulfil their potential, capacity to make decisions about one's body, personal life and future, express themselves freely and contribute to development; (b) strengthening the capacity of civil society organizations and parliamentarians on evidence-based policy dialogue to advocate legislative and policy reform for the reduction of gender-based violence and harmful practices through the civil society-led Caribbean Observatory for Sexual and Reproductive Health and Rights; and (c) evidence-based advocacy and programming to advance in-school and out-of-school comprehensive sexuality education to advance adolescents' agency and bodily autonomy.

31. Output 6. Regional entities, national Governments and civil society organizations have improved capacities to deliver comprehensive and integrated gender-based violence response services.

32. Key interventions include (a) supporting national authorities in rolling out the essential services package for survivors of gender-based violence and the inter-agency gender-based violence in emergency minimum standards, as part of shock-responsive national protection mechanisms; (b) supporting CARICOM and national gender machinery in operationalizing the Caribbean community of practice on the essential services package; and (c) fulfilling the global leadership of UNFPA in the area of responsibility of gender-based violence in emergencies, particularly in the Interagency Coordination Platform for Refugees and

Migrants from Venezuela, and following hurricanes and other natural disasters impacting the Caribbean.

III. Programme and risk management

33. The Governments and United Nations entities signatory to the United Nations Multi-Country Sustainable Development Cooperation Framework (MSDCF) in the Caribbean are accountable for its achievement on behalf of the intended beneficiaries, as part of the regional MSDCF Steering Committee. At the country level, the six United Nations country teams, together with their respective host Governments, will steer the implementation of the country joint workplans that reflect the output level indicators of this programme.

34. UNFPA will work with government and civil society implementing partners, through the harmonized approach to cash transfers, to ensure support for and ownership of the subregional programme. Partners will be selected based on their strategic relevance, ability to produce high-quality results and appropriate risk analysis, including adherence to criteria on prevention of sexual exploitation and abuse.

35. UNFPA will continue to strengthen its capacity through the presence of skilled professional personnel in at least seven countries. Implementation of the human resources plan will ensure that the subregional office has sufficient staff with the appropriate skills mix to deliver the expected results. Additional support required will be sought from the UNFPA regional office, UNFPA offices operating in similar contexts or from individual consultants.

36. The resource mobilization, partnership and communication plan will be periodically reviewed to reflect current realities and to ensure accountability. UNFPA will partner with United Nations organizations, particularly the Pan American Health Organization (PAHO), UN-Women, UNICEF and UNDP, to mobilize resources for joint programmes in the areas of gender-based violence, adolescent and maternal health and data generation (from international development partners, the Joint SDG Fund and other United Nations and inter-agency transfer opportunities, foundations and host Governments); and to catalyse financing for the Sustainable Development Goals, in collaboration with international financial institutions.

37. UNFPA will regularly assess operational and programmatic risks identified in the theory of change and make adjustments, as required. The key risks, such as COVID-19 pandemic-related budgetary cuts, and perspectives on male marginalization, comprehensive sexuality education and sexual orientation and gender identities, will be closely followed. Key mitigation strategies will include (a) systematic application of the principle of national ownership and sustainability, encouraged by cost-sharing modalities, evidence-based investment cases and exit strategies, and joint resource mobilization interventions; and (b) strengthening demand-generation from communities; exploring and enhancing partnerships with community-led and faith-based organizations for the design and implementation of programme activities aimed at reaching vulnerable women and youth; and (c) advocating for the fulfilment of the Montevideo Consensus and the voluntary ICPD+25 commitments.

38. This subregional programme document outlines UNFPA contributions to national and regional results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

39. The implementation of the programme will be monitored and evaluated, guided by the relevant UNFPA procedures and guidelines and by the principles of results-based management while using a human rights-based approach to programming. A distinction will be made between situation monitoring (monitoring of progress towards achieving the

national goals to which the programme contributes) and performance monitoring (monitoring and evaluation of the activities of the programme).

40. Situation monitoring relies on routine monitoring and data collection mechanisms at national and regional levels and on the studies and assessments, UNFPA will conduct in the timeframe of the programme, such as a second regional reproductive health commodity security assessment and development of investment cases for family planning. The national sexual and reproductive health and rights committees that will be established through this programme will play a critical role in the coordination of collecting, analysing and utilizing sexual reproductive health and rights data for informed decision-making. Regional frameworks and mechanisms that are directly related to the objectives of the subregional programme, such as the civil society-led Caribbean Observatory for Sexual and Reproductive Health and Rights, will support the monitoring of the enabling environment for sexual and reproductive health and rights in the region.

41. UNFPA and partners will implement a costed monitoring and evaluation plan for performance monitoring of the UNFPA subregional programme and the MSDCF. This plan will guide monitoring of programme and financial performance and will include field visits, bi-annual reviews, risk assessments, capacity-building initiatives and thematic and programme evaluations. UNinfo will be the tool for joint monitoring of the country implementation plans. When applicable, monitoring and assessments in countries and territories without UNFPA presence, particularly those impacted by a humanitarian crisis, will be done through remote and third-party arrangements. Dedicated monitoring and evaluation staff and budgets will be assigned for monitoring and evaluation functions.

42. In collaboration with regional and national partners, including line ministries, international development partners and United Nations organizations, UNFPA will ensure implementation of relevant evaluations and evaluative activities, as outlined in the costed evaluation plan. This includes the subregional programme evaluation, the MSDCF evaluation and donor-funded programmes, including the six Spotlight Initiative programmes. Findings, lessons learned and good practices from these evaluations will inform programme management decisions and ensure learning, accountability and value for money.

43. UNFPA will also support national and sectoral efforts to strengthen monitoring and evaluation functions and reporting on national, regional and global framework indicators, including monitoring of the Montevideo Consensus and the SDGs, as well as for the voluntary national reports and the Universal Periodic Reviews of 13 countries during the fourth cycle. UNFPA will provide tailored result-based management training interventions to implementing partners to ensure high-quality programme management and reports.

RESULTS AND RESOURCES FRAMEWORK FOR THE ENGLISH- AND DUTCH-SPEAKING CARIBBEAN (2022-2026)

REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.

MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated.

MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: • Number of countries with the proportion of women of reproductive age who have their need for family planning satisfied with modern methods above 77 per cent *Baseline: 4;* *Target: 13* • Number of countries with an adolescent birth rate below 40 per 1,000 girls aged 15-19 years *Baseline: 4;* *Target: 10*	Output 1. Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies and plans.	• Number of countries that have a comprehensive national sexual and reproductive health and rights policy in place that incorporate an essential, integrated service package of sexual and reproductive interventions, including in humanitarian contexts *Baseline: 3; Target: 13* • Number of countries that have a legislative/policy framework that allows adolescents to access sexual and reproductive health services without parental consent, based on their maturity and level of risk *Baseline: 3; Target: 12* • Number of ministries of health with standards for high-quality health care services for adolescents in place, in line with WHO standards, including for the most marginalized adolescent groups *Baseline: 2; Target: 10* • Number of countries and territories where the MISP is integrated into national health sector emergency plans *Baseline: 0; Target: 18*	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; National Planning Offices; National Disaster Management Units; academia; national family planning associations and other civil society organizations, including faith-based and community-based organizations; youth networks; Inter-American Parliamentarians Group; international development partners; national statistics offices; and United Nations organizations	$5.7 million ($1.6 million from regular resources and $4.1 million from other resources)
	Output 2. Ministries of health are better able to effectively forecast, procure, distribute and track sexual and reproductive health commodities and collaborate with civil society organizations to create demand and deliver sexual and reproductive health information and services.	• Number of countries with a costed reproductive health commodity security strategy in place *Baseline: 0; Target: 9* • Number of countries with a reproductive health commodity security maturity score of at least 3.5 *Baseline: 2; Target: 9*		$5.0 million ($1.6 million from regular resources and $3.4 million from other resources)
	Output 3. National Governments and regional institutions have increased capacity to collect, analyse and utilize data and information to	• Number of countries and territories with disaggregated population data, by age and sex, for each enumeration area, from the 2020 round of census *Baseline: 2; Target: 22*		$2.6 million ($0.9 million from regular resources and $1.7 million

	address structural inequalities and ensure the advancement of those at risk of being left furthest behind.	• Number of countries and territories that produce (a) a common operational data set on population statistics; and (b) population projections at subnational levels *Baseline: 6; Target: 22* • Caribbean population data appreciation index populated with information from at least 13 countries *Baseline: No; Target: Yes* • Number of countries with population policies in place that explicitly integrate the ICPD Programme of Action goals and strategies *Baseline: 2; Target: 11*		from other resources)
REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.				
MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction of preventable maternal deaths has accelerated				
MSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
MSDCF Outcome indicators: • Number of countries with a maternal mortality ratio below 70 per 100,000 live births *Baseline: 6; Target: 13*	Output 4. Health facilities and service providers are better able to provide high-quality maternal health services.	• Number of countries with functioning maternal death surveillance and response systems, with UNFPA support *Baseline: 0; Target:3* • Number of countries with a midwifery workforce profile to inform sexual and reproductive health workforce needs and plans *Baseline: 0; Target:10*	Ministries of Health; regional and national midwives associations; academia; and United Nations organizations;	$2.6 million ($0.9 million from regular resources and $1.7 million from other resources)
NATIONAL PRIORITY: Promotion of rule of law, justice and transnational safety and security and eradication of the culture of violence, including gender-based violence.				
MSDCF OUTCOME: Regional and national laws, policies, systems and institutions improve access to justice and promote peace, social cohesion and security.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
MSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
MSDCF Outcome indicators: • Number of countries with 2021 baseline data that report on a proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, verbal or psychological	Output 5. Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful	• Number of government and civil society organizations with the skills to design and implement positive social norms change interventions in line with the Caribbean Model for Cultural and Behavior Change. *Baseline: 0; Target: 12* • Number of evidence-based advocacy materials produced by the Caribbean Observatory on Sexual Reproductive Health and Rights that were used for	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units, academia; national family	$6.4 million ($1.7 million from regular resources and $4.7 million from other resources)

violence by a current or former intimate partner in the previous 12 months below 5 *Baseline: 0;* *Target: 5*	practices and undermine the ability of individuals to exercise their sexual and reproductive health and reproductive rights.	legislative or policy reform interventions by civil society organizations and parliamentarians *Baseline: 0; Target:9* • Number of countries with comprehensive sexuality education integrated into the national Health and Family Life Education curriculum, following international standards *Baseline: 0; Target:9* • Number of countries in which civil society organizations deliver out-of-school comprehensive sexuality education, following international standards *Baseline: 3; Target:9*	planning associations; civil society organizations, including faith-based and community-based organizations; youth networks, international development partners; and United Nations organizations	
	Output 6. Regional entities, national Governments and civil society organizations have improved capacities to deliver comprehensive and integrated gender-based violence response services.	• Number of countries that implement the essential service package for survivors of gender-based violence, in line with international standards. *Baseline: 2; Target: 13* • Number of countries in which standard operating procedures and protocols are in place in the health sector for the provision of high-quality care to women subjected to intimate partner violence or sexual violence, in line with WHO tools and guidelines *Baseline: 3; Target:13* • Number of countries and territories that have coordination mechanisms for gender-based violence in emergencies as a result of UNFPA guidance and leadership *Baseline: 3; Target:8*	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units, academia; national family planning associations; civil society organizations, including faith-based and community-based organizations; youth networks, international development partners; and United Nations organizations	$5.8 million ($1.9 million from regular resources and $3.9 million from other resources)