



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
9 October 2006

Original: English

UNITED NATIONS POPULATION FUND

Assistance to the Governments of the English-and Dutch-speaking Caribbean Countries

Proposed UNFPA assistance: \$18 million: \$6 million from regular resources and \$12 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: B: Belize, Guyana, Jamaica, Suriname, Trinidad and Tobago
C: Saint Lucia
O: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Turks and Caicos Islands

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

	Regular resources	Other	Total
Reproductive health	3.0	7	10.0
Population and development	1.5	5	6.5
Gender	1.0	-	1.0
Programme coordination and assistance	0.5	-	0.5
Total	6.0	12	18.0

I. Situation analysis

1. Despite relatively high levels of human development, the countries in the English- and Dutch-speaking Caribbean suffer from inequality, social exclusion, unemployment and growing violence. Joblessness and poverty are contributing to crime, especially among young people.

2. The region includes highly indebted poor countries as well as those classified as upper-income and middle-income countries. As small island developing states, the countries are characterized by small markets, human resource-based economies, limitations of scale, high levels of internal and external debt, vulnerability to economic shocks, skewed wealth concentrations, and declining levels of official development assistance. The integration process and the recent launching of the Caribbean Community (CARICOM) Single Market and Economy provide opportunities to address these challenges.

3. Although poverty rates have decreased in most countries, the consumption share of those living in poverty has not improved over the past 20 years. Poverty is highly concentrated in female-headed households. Improvements in data collection, analysis and use are required to reduce inequalities, foster economic growth and to better target social policies. Based on current trends, the Caribbean region is unlikely to achieve the Millennium Development Goals related to poverty and health.

4. Most Caribbean countries have reached an advanced stage of demographic transition. In some countries, mortality rates are increasingly affected by HIV/AIDS and violence. Ageing, its impact on welfare systems, and the situation of the elderly are becoming priorities.

5. The Caribbean has the world's highest emigration rate to member countries of the Organisation for Economic Cooperation and Development, which is affecting the development prospects of the region. International Monetary Fund data show that Grenada, Guyana, Jamaica,

and Saint Kitts and Nevis lost between 85 and 90 per cent of their most skilled populations and over 30 per cent of their workforces from 1965-2000. This loss in human capital has not been balanced by remittances, and there are no policies addressing it.

6. The Caribbean region has the second-highest HIV prevalence rates in the world, after sub-Saharan Africa. Adult HIV prevalence rates range from 1 per cent in Barbados, Jamaica and Suriname to 2 per cent in the Bahamas, Belize, Guyana, and Trinidad and Tobago. Young girls aged 15-19 are three to six times more at risk of contracting HIV than boys. Inadequate policy frameworks, limited intersectoral coordination, deficient prevention strategies and limited access to antiretroviral treatment, along with gender imbalances, stigma and discrimination, are fuelling the epidemic.

7. According to the World Bank, the onset of sexual initiation in the Caribbean is the earliest in the world outside Africa. The Pan American Health Organization (PAHO) reports that about half of youth have been forced into their first sexual intercourse through rape, incest or carnal abuse. Nevertheless, adolescent fertility rates have declined in most Caribbean countries. In Belize, it stands at 95 births per 1,000 girls aged 15-19, a 30 per cent reduction since 1991. For most countries, data on contraceptive use are outdated and fragmentary.

8. Gender inequality manifests itself in higher incidences of poverty and HIV infection rates among women. In the educational sector, young men underachieve compared to young women. The phenomenon of young males opting out of the formal educational system has reached significant proportions in most Caribbean countries. Nonetheless, labour market conditions and salaries are still more favourable to males.

II. Past cooperation and lessons learned

9. UNFPA assistance to the English- and Dutch-Speaking Caribbean countries began in 1969. The

current country programme (2002-2006) was approved for \$4 million from regular resources and \$6 million from other resources. By early 2006, UNFPA had mobilized \$4.6 million, mostly from the European Union and the Organization of Petroleum Exporting Countries Fund for International Development.

10. The programme consolidated interventions in the areas of adolescent sexual and reproductive health and population and development. UNFPA helped to develop regional policy frameworks and policy positions on issues such as sexual and reproductive health and the disabled community, and helped link the goals of the International Conference on Population and Development (ICPD) with Millennium Development Goal implementation, monitoring and reporting. The programme established adolescent health and well-being units in some countries, which led to better-targeted interventions in HIV prevention, adolescent health and development. The programme impacted policy frameworks on gender, ageing and migration and provided technical assistance for processing data from the 2000 round of censuses. UNFPA also supported the launching of preparatory activities for the 2010 round of censuses, in collaboration with CARICOM.

11. Capacity-building, undertaken through the use of liaison officers, is one of the achievements of the programme. These officers provided direct country support and helped to improve programme implementation in Belize, Guyana, Saint Lucia and Suriname.

12. Institutional advances achieved in the areas of adolescent sexual and reproductive health, including HIV/AIDS, must be consolidated and translated into social change through sustained, strategic interventions and policy development. Another challenge is increasing the availability of high-quality data for policy design and programme interventions. The advent of the CARICOM Single Market and Economy is expected to strengthen the commitment of countries to improve data quality and to make more systematic use of information in

polymaking. A third challenge is the need to build awareness among donors about development problems in the Caribbean. Human, technical and financial resources are required to build capacity and self-reliance in critical development areas.

13. The principal lesson learned is the need to build partnerships with regional and national counterparts. While it is important that interventions be geographically focused, it is equally important that national and subregional approaches and partnerships be employed simultaneously. Capacity-building in small island developing states can often be better addressed at the regional level.

III. Proposed programme

14. The UNFPA multi-year funding framework, the ICPD Programme of Action, the Millennium Development Goals, several common country assessments and United Nations Development Assistance Frameworks (UNDAFs) for Barbados and the Organization of Eastern Caribbean States (OECS), Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago served as the basis for the programming process and provide the framework for the proposed programme. The programme has adopted the UNCT Jamaica harmonized programme cycle (2007-2011).

15. The goal of the programme is to contribute to poverty reduction and human development by supporting countries in their efforts to integrate human rights, including reproductive rights and those related to gender and social equality, into development policies, strategies and plans. Programme strategies will focus on: (a) targeting programme interventions in priority countries while addressing the needs of other islands, including non-independent countries; (b) promoting partnerships with regional and subregional institutions, particularly CARICOM, OECS and NGOs; (c) strengthening programme implementation and advocacy capabilities at national and subregional levels, focusing on policy design and implementation; and (d) promoting South-South cooperation by tapping into the

technical and professional expertise available in the region, in order to reduce population attrition and migration.

16. The programme will develop an advocacy strategy to mobilize political will and build social support for programme interventions. The strategy will build on the commitment of governments to implement the ICPD agenda and achieve the Millennium Development Goals. It will be used to conduct environmental scanning to adjust programme interventions to the evolving context in which they will be implemented. The programme will also promote partnerships with civil society organizations.

17. The programme will focus its interventions on three outcomes. The first relates to promoting universal access to sexual and reproductive health care and services; the second to addressing population, gender, and sexual and reproductive health issues in regional and national development frameworks and poverty reduction programmes; and the third to advancing human rights and gender equality.

Reproductive health component

18. The outcome of this component is: to contribute to the increased exercise of reproductive rights and gender equality by helping countries to achieve universal access to high-quality, comprehensive sexual and reproductive health care and services, particularly among the most vulnerable populations. Programme interventions will also focus on promoting male involvement and empowering young people, men and women. The outcome will be achieved through three outputs.

19. Output 1: Improved access to comprehensive, gender-sensitive sexual and reproductive health services, including HIV/AIDS prevention, safe motherhood and reproductive health commodities, within the context of health-sector reform and with a focus on vulnerable populations. A particular emphasis will be placed on capacity-building in the area of reproductive health commodity security and condom programming.

20. Output 2: Increased adolescent and youth development and well-being achieved by supporting the integration of sexual and reproductive health, HIV prevention and reproductive rights into educational frameworks and non-formal educational initiatives in vocational training, health and family life education, entertainment and recreation, leadership and participation, and violence prevention programmes, particularly those targeting out-of-school youth.

21. Output 3: Strengthened willingness and national capacities to address stigma and discrimination that prevent universal access of vulnerable groups to HIV/AIDS prevention, treatment and care through advocacy and capacity-building with parliamentarians, human rights institutions and civil society, including faith-based organizations.

Population and development component

22. The outcome of this component is: population, sexual and reproductive health, and gender equality issues are incorporated into regional and national development frameworks and poverty reduction strategies. This outcome will be achieved through three outputs.

23. Output 1: Greater commitment and institutional capacity to collect, manage and use data, and conduct demographic, social and gender analyses for policy development and planning, particularly with regard to migration, brain drain, and social and economic surveys (including household and maternal and child health surveys), and for planning and implementing the 2010 round of population censuses.

24. Output 2: More countries adopt conceptual and policy frameworks, integrating population, gender and reproductive health issues into national poverty reduction strategies and sectoral plans and strategies, ensuring commitment to the ICPD Programme of Action in policy formulation and decision-making at national and subregional levels.

25. Output 3: Regional capacity exists to complement national efforts to overcome scale and human resource limitations and to support capacity-building through technical assistance and South-South cooperation.

Gender component

26. The outcome of the gender component is to contribute to social change by advancing gender equity and equality through national and regional-level capacity-building of governments, institutions and civil society. This outcome will be achieved through the following outputs.

27. Output 1: Improved understanding of the interlinkages between gender relations, poverty, masculinities, women's empowerment, gender-based violence and sexual and reproductive health, with an emphasis on HIV/AIDS, geared towards informing national policy design and programme implementation.

28. Output 2: Increased and more effective networking among women's government structures and civil society organizations, including the promotion of common agendas within the context of the CARICOM regional plan on gender, and follow-up and implementation of the ICPD Programme of Action and the Millennium Development Goals.

29. Output 3: Advocacy for and policy design on gender equality and human rights use evidence gathered from testing innovative approaches, models and experiences that operationalize the gender approach.

IV. Programme management, monitoring and evaluation

30. In line with the respective UNDAFs, UNFPA and government counterparts will develop specific programmes with results and resource matrices for priority countries (Belize, Guyana, Jamaica, Suriname, Saint Lucia, and Trinidad and Tobago). UNFPA will continue to consult the youth advisory group and will establish an expert panel

to provide advice and strategic guidance on programme development. UNFPA staff, along with subregional and national counterparts, will conduct annual country programme reviews. UNFPA will participate in the UNDAF annual and midterm reviews.

31. National execution will be the preferred modality for programme implementation, including execution by subregional intergovernmental bodies. The office will strengthen collaboration with non-governmental and grass-roots organizations, making use of their comparative advantages. The UNFPA Country Technical Services Team in Mexico City, Mexico, and consultants will provide technical assistance as required.

32. The UNFPA office for the English and Dutch-Speaking Caribbean countries consists of a representative, a deputy representative, an assistant representative, an operations manager, a national programme officer 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, including out-posted staff in other countries, to strengthen programme implementation.

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

UNDAF outcome: UNDAF outcomes related to the advancement of human rights and the reduction of inequalities (Guyana); reduction of maternal mortality and HIV/AIDS (Belize); and overall improvement of the health of the population (Jamaica)				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: To contribute to the increased exercise of reproductive rights and gender equality by helping countries to achieve universal access to high-quality, comprehensive sexual and reproductive health care and services, particularly among the most vulnerable populations</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Reduced unmet need for family planning • Reduction in maternal mortality ratio • Reduced incidence of HIV among 15- to 24-year-olds and reduced gender differentials in prevalence in the 15-19 age group 	<p>Output 1: Improved access to comprehensive, gender-sensitive sexual and reproductive health services, including HIV/AIDS prevention, safe motherhood and reproductive health commodities, within the context of health-sector reform and with a focus on vulnerable populations</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Percentage of service delivery points offering comprehensive sexual and reproductive health information and services, particularly for youth, adolescents and vulnerable groups <p>Output 2: Increased adolescent and youth development and well-being achieved by supporting the integration of sexual and reproductive health, HIV prevention and reproductive rights into educational frameworks and non-formal educational initiatives in vocational training, health and family life education, entertainment and recreation, leadership and participation, and violence prevention programmes, particularly those targeting out-of-school youth.</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of regional and national youth policies and programmes that integrate sexual and reproductive health, including HIV/AIDS prevention, and gender equality <p>Output 3: Strengthened willingness and national capacities to address stigma and discrimination that prevent universal access of vulnerable groups to HIV/AIDS prevention, treatment and care through advocacy and capacity-building with parliamentarians, human rights institutions and civil society, including faith-based organizations</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Legislative action and awareness raised, and policies enacted and/or reviewed, to conform with international human rights standards 	<p>Ministries of Health, Youth, Education and Sports in priority countries; Bureaux of Gender Affairs; National AIDS programmes</p> <p>CARICOM and OECS</p> <p>UNICEF; Joint United Nations Programme on HIV/AIDS (UNAIDS); PAHO/World Health Organization; International Fund for Agricultural Development (IFAD)</p> <p>National International Planned Parenthood Federation affiliates; Caribbean networks of People Living with HIV/AIDS and vulnerable groups; civil society and faith-based organizations</p>	\$10 million: \$3 million from regular resources and \$7 million from other resources
UNDAF outcome: UNDAF outcomes on poverty reduction (Belize, Jamaica), and governance (Guyana)				
Population and development	<p>Outcome: Population, sexual and reproductive health, and gender equality issues are incorporated into regional and national development frameworks and poverty reduction strategies</p>	<p>Output 1: Greater commitment and institutional capacity to collect, manage and use data, and conduct demographic, social and gender analyses for policy development and planning, particularly with regard to migration, brain drain, and social and economic surveys (including household and maternal and child health surveys), and for planning and implementing the 2010 round of population censuses</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of high-quality, regular, policy-oriented social and demographic data sets available and census conducted <p>Output 2: More countries adopt conceptual and policy frameworks, integrating population, gender and reproductive health issues into national poverty reduction strategies and sectoral plans and strategies, ensuring commitment to the ICPD Programme of Action in policy formulation and decision-making at national and subregional levels</p>	<p>Ministries of Planning and Development in priority countries; Bureaux of Statistics; CARICOM and OECS; Inter-American Development Bank; World Bank; UNDP</p> <p>United Nations Statistics Division; United Nations Economic Commission for Latin America and the Caribbean (ECLAC); University of the West Indies</p>	\$6.5 million: \$1.5 million from regular resources and \$5 million from other resources

