



The Implementation of the Essential Services Package (ESP) for Women and Girls Subject to Violence in the English and Dutch-speaking Caribbean: A Lessons Learned Report

UNFPA SUB-REGIONAL OFFICE FOR THE CARIBBEAN (SROC)



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UNFPA SUB-REGIONAL OFFICE FOR THE CARIBBEAN (SROC)
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United Nations Population Fund (UNFPA)
Sub-Regional Office for the Caribbean
14, 1st Floor Seabed Building, 20 Port Royal St.
Kingston, Jamaica
Phone: +1 876-906-8591
Email: unfpacaribbean@gmail.com
Website: <https://caribbean.unfpa.org/en>

The UNFPA Sub-Regional Office for the Caribbean (SROC) serves 22 countries and overseas territories in the English and Dutch-speaking Caribbean. UNFPA promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. It does so by promoting sexual and reproductive health and rights, gender equality and equity and by promoting and supporting the use of population data in the formulation of national policies and programmes.

The views presented in this paper are those of the author(s) and not necessarily the views of UNFPA or the Spotlight Initiative. This research was prepared by Megan Denise Smith (Independent Consultant) and Mariana Santoyo Bahamón (Regional Gender Based Violence Specialist - UNFPA SROC) with support by Nora Nyeko (Independent Consultant) and Girum Beyene (GBV Information Management Officer - UNFPA).

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Foreword & Acknowledgements

The UNFPA team would like to extend its thanks to all of the key informants and partners who participated in the interviews and consultations including UNFPA Liaison Offices and the national gender machineries from all member states in the English and Dutch-speaking Caribbean and the Caribbean Community (CARICOM). A special thanks to all of the standing members of the Regional Essential Services Package Community of Practice who revised and endorsed this document and other partners who provided their technical support, experiences and expertise.

Thank you to the governments of 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, Sint Maarten, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

Acronyms & Key Terms

CARICOM	Caribbean Community
CDEMA	Caribbean Disaster Emergency Management Agency
CoP	Community of Practice
COVID-19	Coronavirus disease
CSO	Civil Society Organization
ESP	Essential Services Package
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergencies
GBViE MS	Gender-Based Violence in Emergencies Minimum Standards
IPV	Intimate Partner Violence
KII	Key Informant Interview
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MoU	Memorandum of Understanding
NAP	National Action Plan
NGM	National Gender Machineries
OAS	Organization of American States
OECS	Organisation of Eastern Caribbean States
PWD	Persons with Disabilities
SARC	Support and Referral Center
SOPs	Standard Operating Procedures
SROC	Sub-Regional Office for the Caribbean
ToR	Terms of Reference
UNFPA	United Nations Population Fund
UNTF	United Nations Trust Fund
VAWG	Violence Against Women and Girls

A stylized, minimalist illustration of a woman's head and shoulders in profile, facing left. The woman has dark hair and is wearing a light-colored, possibly white, headscarf or veil. A thin, light-colored circular line, resembling a halo, surrounds the back of her head. The background is a solid, muted green color. The illustration uses flat colors and sharp lines, giving it a modern, graphic feel.

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Introduction

The United Nations (UN) Joint Global Programme on Essential Services for Women and Girls Subject to Violence was launched in 2013, in a partnership co-led by UNFPA and UN Women, in collaboration with the World Health Organization (WHO), UN Development Programme (UNDP) and UN Office of Drugs and Crime (UNODC). It aims to provide greater access to a coordinated set of essential multi-sectoral services for survivors of Gender-Based Violence (GBV), by the health, social services, justice and policing sectors. It provides a roadmap and best practice guidance in the coordination of quality essential services and the governance of coordination processes and mechanisms.

During 2022 and 2023, a **comprehensive review of the implementation of the Essential Services Package (ESP) was conducted, with the objective to identify and compile challenges, best**

practices and lessons learned across the English and Dutch-speaking Caribbean. It aims to better understand gaps, capacities and opportunities in responding to GBV, considering a humanitarian-development-peace nexus approach at the national and regional levels in the Caribbean¹.

The main outcomes of this lessons learned report have informed the development of an adapted ESP Resource Package² to support the implementation of the ESP across national contexts in the Caribbean region, in line with interagency standards and best practices. The report and resource package are intended to support in **the operationalization of the ESP and via the Caribbean ESP Community of Practice (CoP)³, where key regional institutions will provide technical support to National Gender Mechanisms (NGMs) in their respective processes of coordinating the implementation of the ESP.**

1.1 Background of the Essential Services Package (ESP) in the Caribbean Region

GBV, in particular Violence Against Women and Girls (VAWG), is one of the most widespread, persistent and devastating human rights violations. It is estimated **that globally, one in three women and girls have experienced some form of GBV in their lives.**⁴ GBV tends to dramatically increase during periods of instability as well as in humanitarian emergencies, particularly during rapid-onset shocks and stresses, such as disasters and public health crises.⁵

Globally and more particularly in the Caribbean, domestic and family violence is a complex concept as violence might take place in formal and informal settings, as well as in intimate relationships within different households. For example, family relationships may involve previous and current partners or siblings and half-siblings who do not

live in the same household.⁶ **Women and girls living with disabilities, sex workers, migrants, refugees, indigenous communities and individuals identifying as LGBTQI+, are at heightened risk of experiencing GBV, and are often excluded from life-saving multisectoral services.** It is not possible to precisely estimate the prevalence or incidence rates of GBV, because there are extreme levels of under-reporting, and reporting systems tend to focus only on verified incidents of sexual violence mainly, which would be an under-representation of the variety of forms in which victims/survivors experience violence.⁷

Several studies have identified the Caribbean region as one of the most violent in the world⁸, where the first sexual experience for almost half of adolescent girls was 'forced' or 'somewhat forced' in nine Car-

ibbean countries.⁹ This is further compounded by the fact that early sexual debut and coerced sex are among the main contributing factors to adolescent pregnancy, and the Caribbean region has one of the highest adolescent fertility rates in the world.¹⁰ In addition, three of the top ten countries in the world with the highest reported rates of rape are located in the Caribbean.¹¹ **The majority of studies undertaken in Grenada, Guyana, Jamaica, Suriname and Trinidad and Tobago indicate a high prevalence of intimate partner violence and child sexual abuse, as well as a significant risk for women and girls being killed by their partners.**¹²

Such research reaffirms socio-cultural and gendered norms that reinforce male dominance in intimate partner relationships, unequal power relations and gender inequality overall.¹³

The UN Joint Global Programme on Essential Services (ESP) for Women and Girls Subject to Violence, supports the provision of and greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced GBV.¹⁴ The ESP programme is the result of a general consensus on essential services for women and girls who have experienced GBV, and the core elements of response to be provided through the health, social services, police and justice sectors, forming a multisectoral coordinated response to GBV.

Figure 1 – Multisectoral Services for GBV Survivors



The ESP is recognized as the global standard of normative guidance for supporting national systems to respond to GBV and presents a roadmap for ensuring comprehensive essential services and the governance of coordination processes and mechanisms. It is supported by the Spotlight Initiative, a global multi-year partnership between the UN and the European Union that aims at eliminating all forms of violence against women and girls. GBV interventions are planned across six mutually-reinforcing pillars, one of which focuses on making essential services that meet global standards available to all survivors of GBV.

As of 2023, the ESP is comprised of the following modules:¹⁵

1. **Three sector-specific modules** (Health, Justice and Policing, and Social Services) that outline the standards and characteristics of services for survivors of GBV, particularly focusing on survivors of intimate partner violence in development contexts.
2. One module on **coordination of essential services and governance of coordination** with recommendations to local and national governments to ensure that services, processes and mechanisms to respond to GBV are coordinated and accountable to survivors.
3. One module on the **process of implementation** to support states in the systematic rollout of the ESP
4. **A costing tool** (2021) to support national planning and budgeting processes for VAWG response.

UNFPA and the CARICOM Secretariat have operationalized the Caribbean Essential Services Package Community of Practice (ESP CoP) in early 2022, under the Regional Spotlight Initiative Programme.¹⁶ This is the first regional coordination mechanism to promote greater cooperation among key regional institutions representing the four pillars of the ESP, national gender machineries and Spotlight Initiative fund-recipient agencies of the United Nations.

1.2 ESP Implementation Process

The overall process outlines 10 steps in the implementation of the ESP. Note, this is not always a linear process to follow and several steps may need to be revisited throughout the project inception and implementation phases.



STEP 1

Document review
(Assessment)



STEP 6

Developing an
Action Plan
(Assessment)



STEP 2

Identification
of key stakeholders
(Assessment)



STEP 7

Validating
the Action Plan
(Assessment)



STEP 3

Design of data
collection instruments
(Assessment)



STEP 8

Capacity-building
efforts for the implementation
of the Action Plan
(Assessment)



STEP 4

Collection of data via
questionnaires,
interviews, and focus
group discussions
(Assessment/
Implementation)*



STEP 9

Implementation of the
Action Plan by the four
sectors (Implementation)



STEP 5

Discussions and validations
around the FGDs
(Assessment/
Implementation)



STEP 10

Monitoring and
Evaluation
(Implementation)

* (focused on existing structures and systems, quality of services, resource availability and requirements, gaps, survivor's knowledge on their rights and services available).



-02-

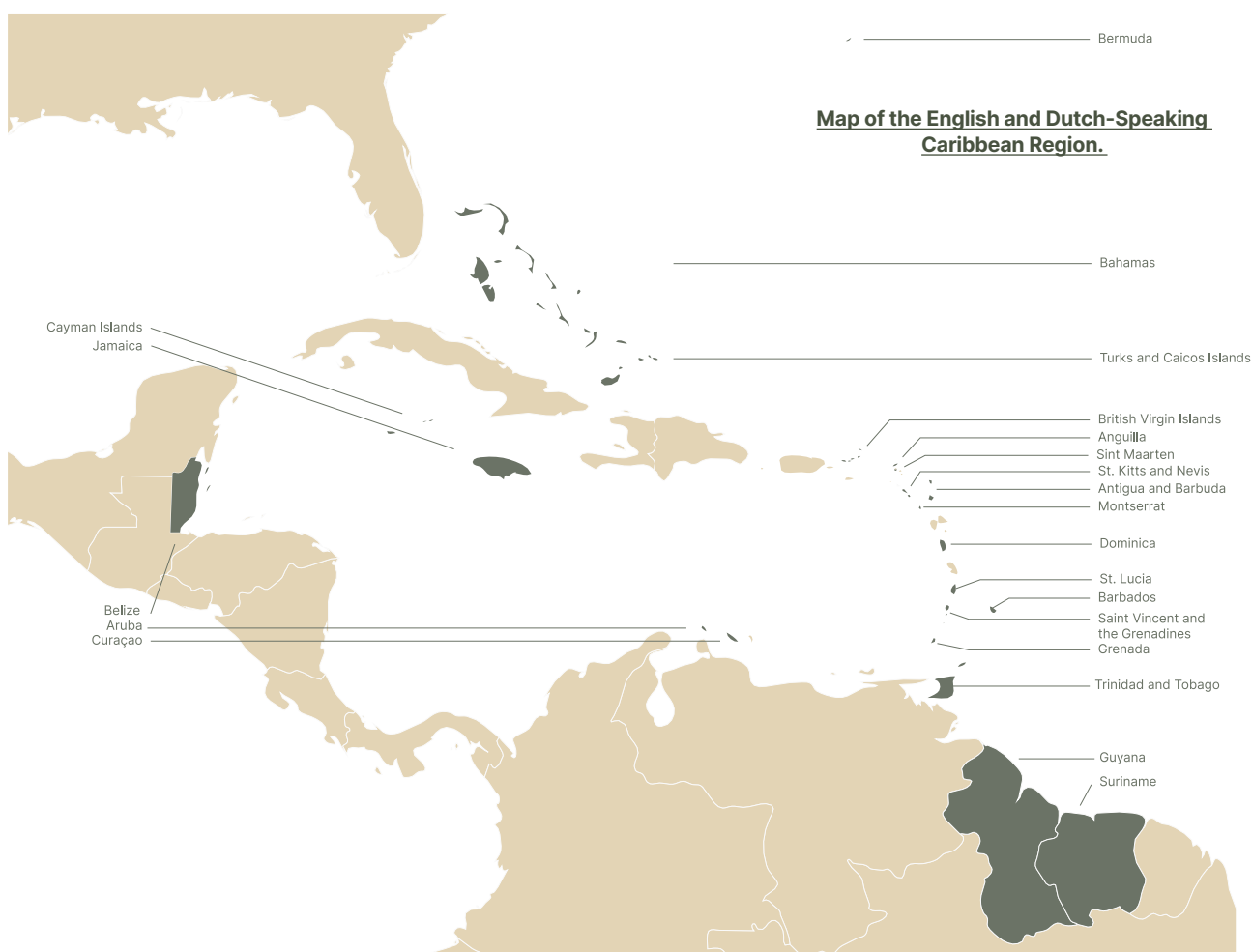
Methodology

This report was developed from an in-depth desk review and analysis of ESP project documents and data collected from 2020 to 2023, including learning reports, programme progress reports, country assessments, emergency preparedness and response plans, and technical tools that have been used across the English and Dutch-speaking Caribbean to assess preparedness and to monitor implementation.¹⁷ A literature review of country-level assessments and documents was conducted with member states who were at various stages of ESP implementation and those who were in the baseline or inception phase, and have yet to begin the implementation process.

As of July 2023, the ESP is currently being rolled out in seven countries in the Caribbean: Belize, Grenada, Guyana, St. Lucia, Suriname, Trinidad and Tobago and Jamaica. These countries are at different stages in the process of implementing the ESP or establishing the institutional basis for its implementation. Those countries implementing

the ESP are financially supported in the framework of the Spotlight Initiative Programme.¹⁸ St. Lucia and Suriname are considered to be self-starter countries, as they are the only countries in the region that do not receive funding from the Spotlight Initiative, but are planning to implement the ESP using their own funding and resources with technical support and guidance from UNFPA.¹⁹

Other countries that are in the baseline or inception phase of implementing the ESP include: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Dominica, Grenada, Montserrat, St. Kitts and Nevis, Sint Maarten, St. Vincent and the Grenadines, and the Turks and Caicos Islands. **Key to note that the fact that most countries are not implementing the ESP in the region, does not mean that they do not have policies around the response to GBV, that these are inadequate or there is a lack of political will to address GBV.** For the purpose of this study, as well as the framework



of the Regional ESP Community of Practice, the objective is to ensure that all countries in the region have the same information on resources available to improve service provision, and decide for themselves whether they want to implement the ESP with further support from institutional and technical leads and learning from other countries.

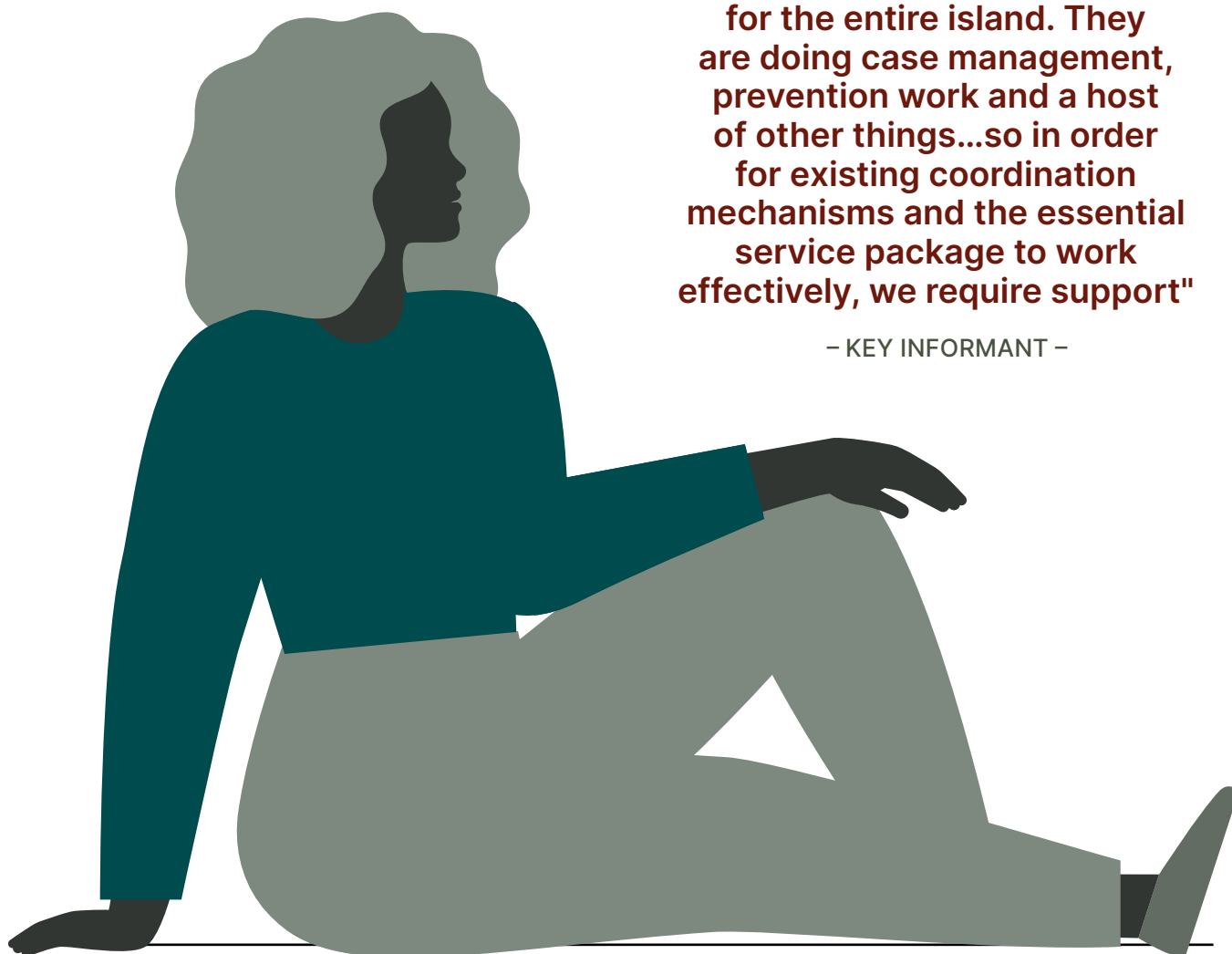
Complementary to the desk review, **30 Key Informant Interviews (KIs) were conducted with government and non-government stakeholders** identified in coordination with the Regional GBV Specialist and the Regional GBV Community of Practice (CoP). Key informants were either involved in either GBV service provision or ESP project design and implementation at country-level including national authorities responsible for coordinating GBV response, local and civil society

partners, and regional technical specialists working in multisectoral service provision.

KIs focused on emerging lessons learned, gaps, challenges, and best practices in ESP implementation, with a focus on ensuring quality and sustainable GBV multisectoral service provision. This also served as an opportunity to map and compile the different tools and resources across implementing countries to develop a common toolkit for the region. **Key findings from the study and the proposed common ESP Resource Package were presented to the ESP Community of Practice in July and Sept. 2023, ensuring a space for the validation of findings, feedback, and the development of recommendations, which have been integrated in this report.**

"We have four GBV responders for the entire island. They are doing case management, prevention work and a host of other things...so in order for existing coordination mechanisms and the essential service package to work effectively, we require support"

– KEY INFORMANT –





-03-

Summary of Key Findings

The following summary of key findings were identified from across all ESP implementing countries in the inception phase of implementation or providing GBV response services.

3.1 Multisectoral Coordination:

Gaps in inter-sectoral coordination, as well as within the health, social services, justice and policing sectors was identified as a key barrier to implementing the ESP. National stakeholders emphasized the challenges in ensuring a coordinated response among different service providers. Specific challenges included the lack of standardized or contextualized tools for assessments or service provision, such as intake and referral forms as well as gaps in information-sharing protocols. This is essential as such tools can ensure a survivor does not have to share their story multiple times with different service providers. Some key informants highlighted

multisectoral coordination via interagency referral pathways while others expressed concerns that GBV referral pathways were fragmented or multisectoral services were not aligned with the survivor-centered principles and minimum standards outlined in the ESP. Key informants expressed concerns over working in siloes and limited opportunities for multisectoral engagement between service providers. Other intersecting issues related included gaps in technical expertise and training and capacity-building with the health and law enforcement and policing sector more specifically.

“Survivors have to share their story many times to different service providers and are not willing to access services when this happens. Historically there were issues with how police are taking reports, getting protection orders - that has improved drastically through greater sensitization but we still have challenges in the Health Sector. Our Health services do not pride themselves on customer service. Especially if you’re a migrant or have another type of vulnerability, you will face even more challenges in accessing health services.

– KEY INFORMANT –

3.2 Structural Resource Limitations:

National Gender Machineries (NGMs), which are responsible for coordinating the implementation of the ESP, reported a lack of financial and human resources in order to properly implement the ESP across the four sectors of work. NGMs are often “double hatting” and many reported a lack of human resources to be able to provide the training and capacity-building required to ensure a well-coordinated multisectoral coordination in ESP implementation. The overwhelming majority of key informants reported that they lacked confidence or the technical expertise to adequately implement the ESP with many respondents recommending that Gender Focal Points should be diversified and embedded across different sectors and government ministries to supplement support. However, it was highlighted that this would require additional technical expertise and human resources

at its inception to catalyze more sustainable models within their organizations to promote ESP implementation, buy-in and accountability. Some **Gender Focal Points recommended that the ESP should be better integrated in their ToRs or by their senior management so they could adequately prioritize implementation of key actions and activities.** This is a crucial point to highlight as the successful best practice models of the ESP have been in member states with existing resources or dedicated funding through the Spotlight Initiative to kick-start implementation of the ESP. All respondents emphasized that the ESP implementation is a multi-layered process with human resource-intensive activities and objectives, which are time-consuming alongside their existing roles and responsibilities.

“The problem with government officials sometimes is that they have so many competing priorities and are under-resourced. We need more sensitization internally to get them to prioritize the ESP and any work on gender more generally.”

– KEY INFORMANT –

3.3 Technical Training and Capacity-Building:

The standards utilized by sectors in both service delivery and information-sharing are quite varied, both within and across countries. Key informants cited gaps in technical knowledge or a lack of confidence in operationalizing the ESP. Respondents emphasized further capacity-building, both sector-specific and multisectoral, is required for effective implementation. Although capacity development of different service providers is occurring in some

countries, assessment reports indicate that sectors are being trained in an isolated manner and often not in line with interagency standards. This has the potential to lessen the outcome of such interventions, especially since sectors report to different ministries of governments and there is no mechanism in place to ensure cross-agency reporting. Key informants perceived there to be a lack of understanding of the different

roles and responsibilities among multisectoral service providers involved in GBV response. Most attributed this to be the primary cause of the siloed approach and lack of coordination, which is crucial to strengthen institutional relationships, communication and ensure quality service provision. Respondents highlighted staff turnover and resource constraints as key challenges and recommended more sustainable training models such as a Training of Trainers (ToT) among multisectoral service providers and a combination of online and in-person training. Such capacity-building initiatives and technical skill development should be integrated and formalized into performance reviews, evaluations or induction programmes for staff. Gender Focal Points stressed that the responsibility of training and capacity development in GBV should not only be on the NGM of a specific member state, as they are often under-equipped and have multiple competing responsibilities.

“We (as GBV service response providers) are always under-resourced and on the ground. Sometimes we realize something isn’t working or it’s not the way we intended it to work. We need better (monitoring) systems to tell us this in real time. We need to reflect more on how we have designed our services, the impact of those services and the challenges in accessing them for non-binary groups.”

– KEY INFORMANT –

3.4 Assessments and Monitoring and Evaluation (M&E):

There is a lack of a standardized methodology with regards to assessments and M&E more generally in ESP implementation. Key informants highlighted the gaps in national GBV data collection systems and information-sharing protocols between multisectoral service providers. Other concerns related to how best to ensure a survivor-centered approach in data collection and information-sharing while also generating data for GBV trends analyses, required for advocacy and resource mobilization for donors and states. All respondents emphasized the need for standardized and harmonized tools for M&E to track the progress of ESP implementation and GBV service provision more generally. **There is a notable lack of available service audits to understand the quality of the different services being provided and if they**

are in line with minimum standards. In addition, there is an absence of feedback or complaint mechanisms, crucial to ensuring accountability for survivors of GBV and improving service provision. More generally, there are gaps in the collection sex and age disaggregation and a lack of participation of groups at heightened risk of GBV or exclusion of services in assessments or existing M&E systems. There should be a greater emphasis on using meaningful participatory approaches in existing assessment methodologies or M&E systems used for monitoring ESP implementation. Additional technical support in establishing or influencing the structure of national GBV data collection systems, databases and information-sharing protocols with other service providers is needed at the national and regional level.

3.5 National-Level Standard Operating Procedures and Policy Frameworks:

Key informants highlighted the importance of GBV legislation and national gender policies as providing the overall framework and foundation for GBV prevention and response. In some member states, there was an absence of any relevant policy or legislation, which provides a strategic entry point for ESP operationalization. Some member states have partial laws or policy frameworks established while others are pending approval and endorsement from the government. However, key informants emphasized that even where legislation and policy may exist, there is a need for more practical national-level SOPs in ensuring GBV multisectoral service provision with government endorsement

and buy-in. **Specific guidelines on information-sharing, how referrals are made and ensuring a survivor-centered approach throughout the process was requested by all actors involved in multisectoral service provision.** Information-sharing protocols and safe data management was highlighted by all key informants as a crucial area of priority to include in national level SOPs and guidelines. The majority of key respondents felt standardized forms and templates as well as sector-specific guidelines and SOPs in Health, Social Services, Justice and Policing were required to ensure a streamlined referral process and more harmonized referral systems overall.

Emergency Preparedness and Response:

All respondents acknowledged that **GBV risks are constantly evolving in emergency and non-emergency settings with a growing awareness that GBV response services must be adaptable and considered across the humanitarian-development-peace nexus.** The ESP specifically targets development and stable settings, aiming to build systems linking different response sectors. National GBV response systems must be sufficiently resilient to exogenous shocks, which are increasing due to climate change. As such, even systems in stable settings must be prepared for humanitarian crises, whether from conflict, disasters or public health crises like COVID-19. This requires understanding the intersection between the ESP and the GBViE Minimum Standards to ensure a high level of preparedness, including through supporting partnerships, coordination and planning GBV response services.²⁰ Key informants **reported lack of knowledge and/**

or confidence in the application of the ESP or GBViE Minimum Standards, requesting capacity-building and technical guidance in the adaptation, contextualization and roll-out of rapid tools for GBV response specifically. Some member states provided examples of best practice models such as remote case management support during COVID-19, mobile services, or in ensuring safe shelters for GBV survivors. Other member states felt ill-equipped and under-resourced with one respondent highlighting that their safe shelter during a recent response to a hurricane was “an example of what not do” and “created further GBV risks in its design.” SOPs, guidelines and rapid assessment tools that are in line with interagency guidelines were requested by all key informants to ensure the continuity of quality multisectoral services. Many respondents felt the ESP CoP could play a key role in facilitating peer-based learning and knowledge-sharing on GBV response

during emergencies and ensuring complementarity between the ESP and GBViE Minimum Standards. Technical support on a case-by-case basis may be required in those member states with significant resource constraints and/or lack of services.

“We are now updating our GBV referral pathway twice a year out of necessity. We had been dealing with the Venezuelan crisis and COVID-19 so we had to develop new referral systems and SOPs in GBV response.”

– KEY INFORMANT –

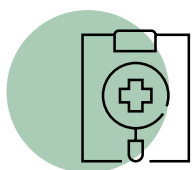




-04-

Common Sectoral Gaps

The following common sector-specific gaps were identified:



→ Health Sector

Service providers use general health procedures and protocols without specialized types of interventions that are recommended by the ESP. There is a lack of integration of specialized procedures into an overall national health package for the health response to GBV, including Clinical Management of Rape (CMR) procedures and protocols. Key informants highlighted a lack of awareness and support to doctors who are supposed to testify in court on behalf of rape survivors, therefore limiting even more the provision of this service. All key informants emphasized that medico-legal processes need to be strengthened in line with a survivor-centered approach as outlined in the ESP.



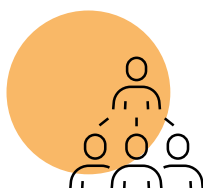
→ Social Services

There are gaps in technical expertise, human resources, the development of relevant standard operating procedures and funding to support social services actors, which often takes a lead role in the coordination of multisectoral service provision for survivors of GBV. Key informants highlighted gaps in the evaluation of standards and the quality of services provided emphasizing the lack of accountability in carrying out actions to standardize the use of national referral pathways, relevant SOPs, protocols, guidelines, and tools.



→ Justice and Policing

There is a lack of accountability and funding translated into lack of prioritization around the prevention, mitigation and response role of the police. Key informants perceived there to be gaps in coordination among all relevant justice and policing agencies, especially in the court system. Respondents emphasized that the way evidence is being collected does not follow a specialized approach as required by the ESP with particular challenges in the coordination of medico-legal processes previously highlighted. Overall, respondents perceived there to be a general lack of coordination between police and justice actors with the health and social services sector overall.



→ Coordination

The lack of dedicated specialized units or focal points across all sectors impact on the effective coordination of GBV multisectoral services. Staff rotation or changes in focal points within these areas also affects quality and effective GBV coordination. In addition, dealing with norms, values and attitudes from persons responsible for ESP implementation is a constant issue cited by key informants. Respondents emphasized that clear national-level guidelines that are inclusive of accountability measures when standards are not met is crucial to effective ESP implementation as well as ensuring relevant skill sets in GBV are integrated generally across each respective sector.

This could help with sustainability of ensuring multisectoral services for GBV survivors. The specialized unit would also have the mandate to work with all key stakeholders at the national and regional level to ensure that frontline workers are trained, as well as monitoring and evaluation of integration and the overall progress of proposed interventions.

A stylized, high-contrast illustration of a woman's profile wearing a hijab. The image uses a limited color palette of various shades of beige, tan, and brown. The woman's face is in profile, looking towards the right. Her hijab is depicted with large, flowing, overlapping shapes in different tones, creating a sense of movement and texture. The background is a solid, muted olive-green color. The overall style is modern and graphic.

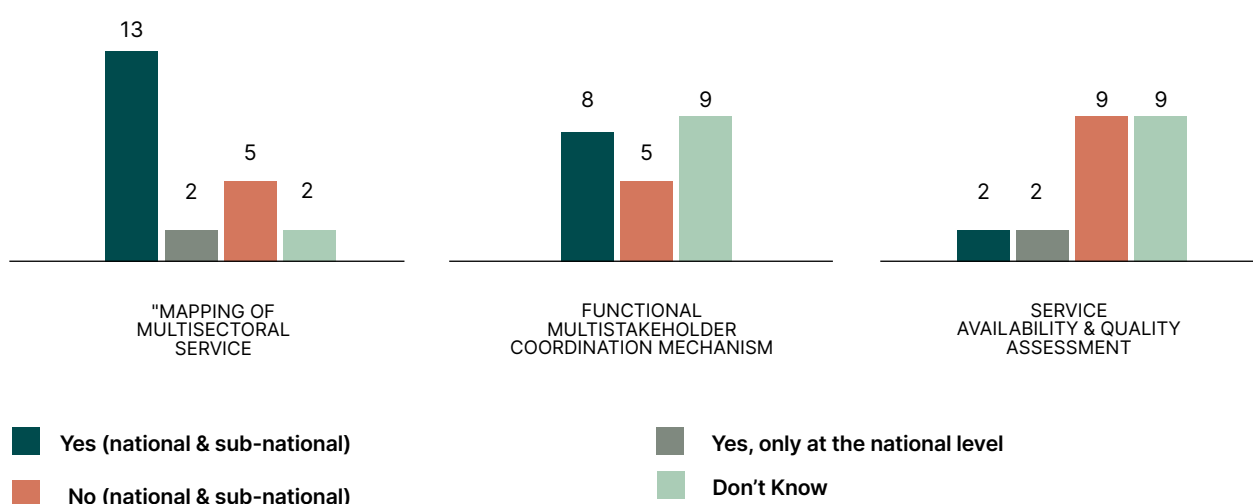
-05-

Mapping of Challenges and Best Practices

5.1 Multisectoral Coordination:

All key informants highlighted the need for stronger coordination mechanisms to ensure multisectoral service provision, demonstrated as a best practice in ESP implementation globally.²¹ Coordination ensures that services are provided in an effective manner and serve the specific needs and wishes of survivors. Well-coordinated service provision enhances opportunities for a victim/survivor's

multiple needs to be met through referrals, reduces the likelihood of re-traumatization, promotes the use of integrated care models, encourages consistent responses through service providers adhering to minimum standards, facilitates an appropriate response through use of shared data systems, and generally provides a greater impact at a lower cost.²²



In-depth strategies for coordination are proposed in the ESP guidelines. They include establishing a legal and policy framework for coordination, developing national action plans that specify mechanisms and budgets for coordination of essential services, ensuring wide participation in budget allocation processes, monitoring coordination of responses by sector, including representation of marginalized/vulnerable populations in coordination, and implementing qualitative and quantitative indicators to measure the effectiveness of coordination.

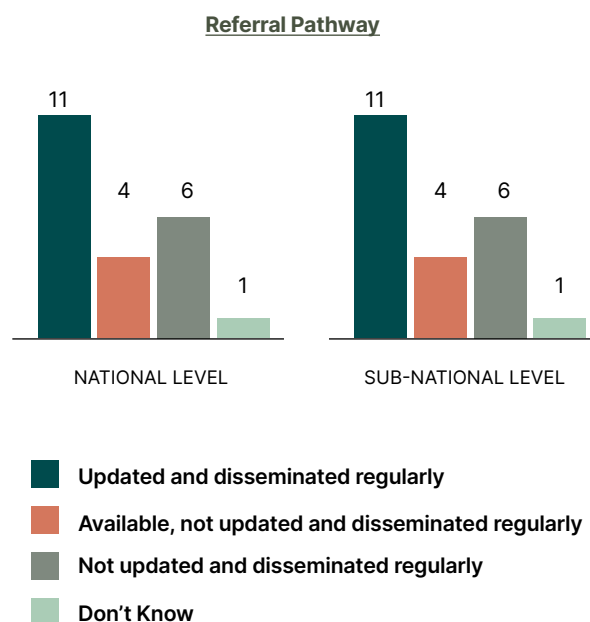
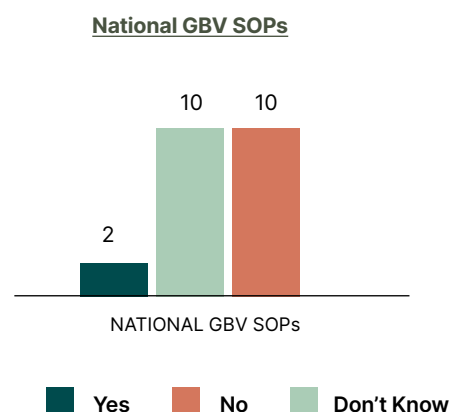
Government structures exist for coordination in the majority of member states in the Caribbean but their functionality and resourcing remain a significant challenge. Informal coordination often

exists in different member states even though there is no formal agreement in place. A National Gender Mechanism (NGM) may periodically hold face-to-face meetings, share policies and protocols developed by key agencies, conduct joint planning of activities and promote active participation by a range of stakeholders involved in GBV response. However, many key informants highlighted that such activities are not always systematic and could be more formalized and structured to ensure greater accountability and ownership among different service providers in ESP implementation. Furthermore, many government bodies that are involved in coordination are also not necessarily involved in budgetary processes and perceive there to be a lack of prioritization by governments in the allocation of funds to coordination. Lastly,

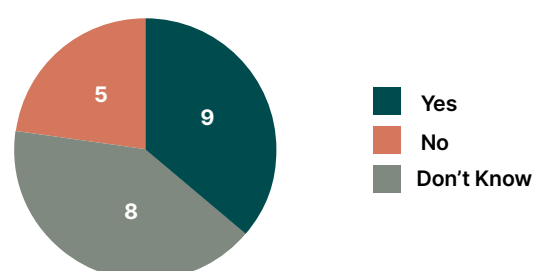
some processes that can enhance coordination have been delayed. For example, there are often long delays for formal endorsement of national action plans from governments or relevant local authorities to address GBV.

Reliance on external funding has triggered establishment of coordination mechanisms. For example, the Spotlight Initiative Programme has resulted in CSOs interfacing with the Government on GBV. The challenge with such funding is that it continues to be project-based in nature and for a short time span. This was highlighted as a primary concern for governments in terms of the sustainability of coordination mechanisms. It is key to note that CSOs absence in budget development processes reduces the likelihood of effective advocacy for inclusion of coordination of GBV response in national budgets, discussed further in the following section.

Functional multi-stakeholder coordination mechanisms that prevent and respond to GBV are largely absent and/or unfunded across the Caribbean region. Many key informants perceived this to be related to a lack of awareness, sensitization and prioritization by governments. Other respondents attributed such gaps to the absence of M&E systems that track GBV services, crucial for resource mobilization and advocacy. Since there is no data on how services are performing, no evidence exists to develop laws and policies as a foundation for the allocation of funds to coordination. Tools that are potentially useful for enhancing coordination do exist in more than half of the countries covered by the study. **Referral pathways of GBV services and comprehensive mappings of GBV services have been conducted and developed in many national contexts, however respondents highlighted that such tools need to be updated and are not widely known or used by most service providers.** In addition, the effectiveness of these tools in coordinating GBV response is unknown due to an absence of an M&E system for monitoring the effectiveness of services and the gaps in information-sharing between the different service providers.



Availability of Mechanisms to Ensure Participation of Groups At Heightened Risk And Exclusion



5.2. Structural Resource Limitations:

Financial and human resource constraints were perceived to be the primary challenges to ESP implementation. The structural limitations to training and capacity-building, M&E, policy development and other key areas of action outlined in the ESP were attributed to a lack of dedicated staff or focal points as well as lack of adequate or sustainable financing. **NGMs highlighted “double hatting”, a lack of technical capacity and confidence in ESP implementation, and limited external sources of funding for promoting multisectoral coordination, specifically for training and capacity-building.** This is a crucial point to highlight as the successful best practice models of ESP implementation in the region have been with existing resources or Spotlight Initiative funding to better integrate or mainstream key ESP actions across their core operations.

“We need that technical support – it's critical. Our support in social services is currently stretched very thin. We have a backlog of cases from COVID-19, people lost their livelihoods and asking them to volunteer or go to a meeting is challenging. These are small challenges but combined they can impede progress on what we want to do in our GBV response.”

– KEY INFORMANT –

The majority of **respondents perceived the ESP to be extremely multi-layered with human resource-intensive activities and objectives alongside multiple competing priorities and tasks they**

have, particularly in government ministries. Key informants emphasized that in order for national plans and policies to be effectively implemented, they must be complemented by adequate financial resources. These plans and policies must be structured in such a way that they enable multi-sectoral coordination that promotes gender equality and women's empowerment holistically beyond GBV response services. Most importantly, the financial management system must be analyzed to determine how the goals in the laws and policies addressing GBV can be appropriately linked to relevant national resources and coordination structures.

The Spotlight Initiative Programme has been instrumental in creating costed implementation plans on GBV prevention and response, and bringing CSOs onboard multi-stakeholder platforms that address GBV. Prior to the Spotlight Initiative, the ESP was not considered as a reference by the different sectors and there was limited engagement between government institutions and service providers. Such programmes provide opportunities to catalyze and promote the ESP among different stakeholders of the government and CSOs, both in terms of readiness assessment and implementation. For example, **after the development of referral pathways, some organizations started developing MoUs for a better coordinated and collaborative approach.** It is key to note that CSO participation in budgetary processes is lacking in most countries, though in one country, it was stated that CSOs do participate in consultative town hall meetings on budgets. **The vast majority of respondents perceived their interaction with budgetary development processes to be limited among the different service providers.**

Promotion and Integration of Gender Responsive Planning and Budgeting

This section provides an overview of to what extent the countries meet the recommended ESP guidelines by putting in place policies and multi-sectoral platforms for planning and budgeting on GBV prevention and response, as well as costing implementation plans.

Out of the twenty-two countries covered by the study, only eight have national action plans for the coordination and multi-sectoral implementation of legislation and policies on GBV response. These action plans are not necessarily costing - **only four of these countries also have costing implementation plans.**

“I’m trying to promote that national ownership but we never had costing action plans and so we don’t have much accountability or resources allocated to implement the ESP.”

– KEY INFORMANT –

Countries in the Caribbean have, in the past, indicated their interest in conducting gender-responsive budgeting and planning. For example, according to a national report, the Gender Affairs of Anguilla began costing exercises in order to facilitate completion of the National Gender Policy and establishment of a National Gender Resource Center.²³ However, the same report acknowledges that gender-responsive budgeting is usually insufficient despite attempted capacity-building and sensitization of leadership. In some countries, training for government officials and heads of departments has occurred, however the application of a gender perspective in budgeting, financing and economic development remains extremely limited in practice.



Active participation of Civil Society Organizations (CSOs) and gender advocates in policy planning, budgeting processes and creation of multi-stakeholder platforms

The participation of CSOs and gender advocates in budgeting processes is limited across the Caribbean region. Only five out of the twenty-two countries, have multi stakeholder platforms involved in strategic planning and budgetary processes. Six of the twenty-two countries have a policy framework for CSO participation in national planning. CSOs do sometimes play a role in budgetary processes, for example in Grenada through town hall meetings.

The presence of CSOs on a multi-stakeholder platform for planning and a policy framework that provides for their participation appears to improve the likelihood of a costed implementation plan being adopted by a country. Out of the five countries that have a multi-stakeholder platform, three of them have costed implementation plans. Out of six countries that have a policy framework, only three of them had costed implementation plans. It is noteworthy that all countries that do not have a multi-stakeholder platform and/or a policy framework for CSO participation, do not have a costed implementation plan. Multi-sectoral platforms and frameworks for ensuring CSO participation are crucial components in establishing a costed implementation plan for addressing GBV. CSOs and gender advocates highlighted that governments may not prioritize this due to competing interests and financial constraints.

The designation of adequate and sustained funding to address GBV has varied across the region. The following patterns were highlighted by key informants:

⇒ **The availability of costed implementation plans has not necessarily resulted in allocation of funds by Government**

- * Four out of the twenty-two countries covered by this study have costed plans. However, the existence of the costed implementation plan has not necessarily resulted in designation of funds to the plan by the Government. According to respondents, in two countries, designation of funds has been allocated to parts of these plans by programmes under the Spotlight Initiative Programme and other organizations.²⁴

⇒ **Some governments do not have a specific budget for GBV programming**

- * Budgets cover salaries and overheads for NGMs but there is insufficient funding to cover core programming.²⁵

- * Various ministries are responsible for gender mainstreaming through Gender Focal Points. There is no specific budget line.²⁶

⇒ **In general, governments face limited financial and human resources. Funds are allocated towards the NGM and not across sectors.²⁷ The implication of this is that the different sectors are not coordinated in terms of the resources they use in responding to GBV. This speaks to the lack of involvement of the sectors in gender-responsive budgeting and coordinating with each other in terms of the resources they need to use efficiently to respond to GBV.**

⇒ **Commitment exists towards designating funds towards the NGM.**

- * The Gender Affairs Division receives an annual financial allocation in the National Budget of Trinidad and Tobago from the Ministry of Finance.
- * The Gender Affairs Unit in the Government of Anguilla achieved an important first step in gender mainstreaming in budgeting by receiving a specific line in the Government's budget starting in 2016 delineated as "Gender Affairs and Human Rights."²⁸

⇒ **Funds from international development partners and the private sector finances components of the ESP.**

- * Resources for VAWG have been provided through international development partners, which speaks to the possible lack of sustainability of the programs.²⁹
- * The Gender Affairs Unit in the Government of Anguilla has received sponsorship and donations from private businesses, the corporate sector and individuals, contributing to financing eliminating violence against women and girls.³⁰
- * Grenada's Spotlight Initiative Programme will likely provide some level of funding to move the coordination mechanism forward, however,

the long-term sustainability of the mechanism will be the responsibility of the Government of Grenada.³¹

The countries in the Caribbean have demonstrated commitment to addressing Gender issues and GBV through allocating funds to its national gender machineries. However, the allocation of these funds has not always been adequate, sustained or multisectoral. Additionally, financial and human resources have been limited. International development partners have played a strong role in

terms of bringing CSOs on board and filling in the financing gap of national action plans and budgets that address GBV. **Gender-responsive budgeting and planning by governments is vital to ensure sustainability and continuity of support from development partners and the private sector.** An analysis of how national financial management systems can be linked to the plans to ensure that funds are allocated needs to be prioritized by all member states to ensure sustainable financing of services for women and girls subject to violence.

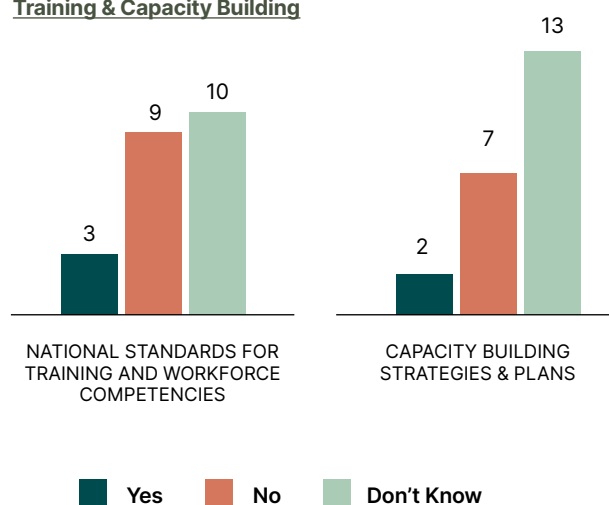
5.3. Technical Training and Capacity Building:

It is crucial for service providers to be trained to deliver quality services in a coordinated manner to women and girls subject to violence. This ensures a standardized experience for any woman or girl journeying through the different service points that respond to GBV. It reduces the likelihood of re-traumatization, enhances the chances of effective collection of forensic and documentary evidence, promotes recovery and empowerment of the survivor by ensuring services are provided in line with a survivor-centered approach.

The ESP guidelines articulate strategies for countries to ensure an institutionalized approach to training and capacity building, which includes the following:

- * Establish standards for workplace practices including the necessary capacity for service providers in terms of knowledge and skills
- * Increase diversity of the workforce, including in terms of gender, ethnicity and language,
- * Set standards in training of service providers based on good practices based in each sector and on coordination.
- * Provide opportunities for service providers at various stages of their careers.

Training & Capacity Building



Notably, **only three countries have made efforts to adopt national standards for the training and workforce competency development of service providers.** According to KII, the standards are set for specific sectors, for example, in the police or in the health sector. The desk review, on the other hand, could not establish whether any country had adopted any standards. This could be due to unavailability of the standards on conventional sources such as government websites.

“We see gender focal points and well-trained people go from one department to another department and a high staff turnover. Same with caseworkers. The money they earn is very low and it’s difficult to retain staff who are trained in social work.”

– KEY INFORMANT –

Capacity-building strategies and/or plans exist in some countries in the Caribbean. Four countries, according to the desk review, have national strategies in place to build the capacity of their service providers (Suriname, Belize, Jamaica and British Virgin Islands) and two of these strategies were available online (Suriname and British Virgin Islands).³² However, it is key to note that many key informants were unaware of these capacity-building strategies or perceived such plans to exist “on paper” but not being properly implemented in practice. This indicates a general lack of information and understanding of capacity-building strategies in place, particularly in the countries where these strategies are said to exist. Additionally, **it is not clear whether the capacity building strategies also uphold specific standards in regards to the capacity required for the provision of certain services in the countries.** Other key informants felt they would not be able to identify what their technical capacity gaps are in regards to ESP implementation.

Several countries have undertaken capacity building efforts in the 12 months prior to the KIs. What do these often look like etc. **Countries in the Caribbean have adopted strategies on capacity building around the provision of services for GBV survivors, however this has not necessarily resulted in setting of standards for sectors.** Capacity-building strategies in place are also not necessarily known by stakeholders. This was evident in the contrast between the desk review and the KI where it was found that countries

have strategies on capacity-building of sectors but these were not cited during the interviews. This suggests awareness raising about existing strategies is a considerable gap in general. It also suggests a difference in how the strategies are perceived by stakeholders. For example, a capacity building strategy that is developed with support from international development partners was considered by one stakeholder to be a national strategy, whilst it was not considered a national-level strategy by another stakeholder.

The fact that capacity building has occurred during 12 months prior to this study despite the lack of national standards or strategy, demonstrates the likelihood that stakeholders are conducting training independently and not necessarily in coordination with other relevant stakeholders or sectors or in line with technical GBV minimum standards and guidelines. This is affirmed by anecdotes mentioning that training occurred, even though “agencies are not necessarily talking to each other about it.” Despite the absence of national standards, and capacity building strategies, some respondents felt that collaboration and strong working relationships ensures involvement of all agencies in training. **The absence of coordination/strategic direction implies that capacity building is being conducted in a sporadic manner and may not address system-wide issues. This is backed by anecdotes that highlight inadequate capacity, lack of GBV response expertise and occurrence of training/capacity building but no actual changes in service provision.**

“We made a lot of progress with the injection (funding) of the Spotlight Initiative. But we did not have a strategy going forward and many gaps still exist. We do have a national strategy to combat GBV but it has been sitting with the cabinet for a while.”

– KEY INFORMANT –

It is clear that governments are committed to training service providers, as demonstrated by policy documents that articulate capacity building strategies to respond to GBV and the previous training cited. However, this strategy is not effective in terms of alignment to the ESP guidelines. It does not provide a system-wide approach to training and capacity development that can ensure standardized, coordinated, multi-disciplinary and inclusive training across all sectors. Key informants stressed the importance of Training of Trainers (ToT) models and hybrid (online and in-person) training that is both sector-specific and multisectoral (i.e.: mixed groups with different service providers). Moreover, respondents recommended training to go beyond the designated Gender Focal Points or NGMs.

sensitization around them or consideration of how they should be practically used among the different service providers. Recommendations focused on combined sensitization and capacity-building on GBV-specific protocols and procedures, different roles and responsibilities among the different service providers, coordination and information-sharing.

“Sector-specific SOPs for social service, health, police and justice are required to really move the ESP implementation process forward.”

– KEY INFORMANT –

“I had a wonderful representative who was on board and could help us coordinate with national authorities, but she is no longer in that position. All of a sudden, this change in management impacted the government’s commitment to it because of this change in leadership.”

– KEY INFORMANT –

The majority of key respondents highlighted intersecting gaps in the existence of relevant guidelines or SOPs on GBV generally, required for effective multisectoral training. Some respondents highlighted that even where such protocols and procedures existed, there was not much



Inclusion of other individuals and groups at heightened risk of GBV:

Related to capacity-building, actions to promote the safe inclusion of individuals or groups at heightened risk or exclusion in GBV prevention/response interventions are either limited or non-existent across the Caribbean.³³ In contrast, countries do have government programs with a strong social component for these groups that can play a role in ensuring that they access GBV prevention/response interventions. For example, **social welfare assistance funds for rural women and services for older persons and people living with dementia do exist in some countries, such as Anguilla, Belize, Dominica, the Bahamas and the Virgin Islands.** However, the majority of key informants highlighted the **need for targeted strategies of inclusion for such groups at heightened risk and a greater awareness among service providers, and in particular government stakeholders, of the needs and rights of LGBTIQ+ people, migrants, family islanders, older persons, children, adolescents and persons with disabilities.**

Inclusion of groups at heightened risk in GBV prevention and response mechanisms is present

in some countries. For example, in the Bahamas, a strategic action plan on GBV expressly incorporates prevention and interventions efforts for survivors with diverse backgrounds, namely, LGBTIQ+ people, migrants, family islanders, older persons, children and persons with disabilities. The activities that the plan includes for these groups are: safe houses on family islands, support groups for persons living with disabilities who are survivors of GBV, FGDs for migrant populations, support groups for LGBTIQ+ survivors of GBV and training in GBV for service providers for working with older persons. Other mechanisms to ensure inclusion is ensuring representation of such groups in networks through CSOs as well as services that are available to them in referral pathways. Services for groups at heightened risk may exist that do not relate directly to GBV, but may play a role in GBV prevention/response are available. These include legal aid centers for persons in low-income brackets, centers for rural women to receive support and services and social protection programmes for the elderly and people living with dementia.³⁴

5.4. Assessments and Monitoring and Evaluation (M&E):

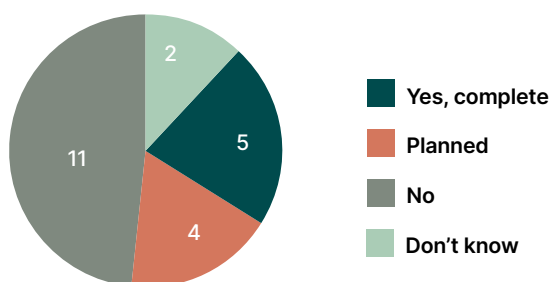
Assessments:

For implementation of the ESP, it is important to conduct an assessment to establish knowledge of the existing context and situation and identify gaps in available services as well as factors that provide for an enabling environment. Assessments provide the foundation for ESP implementation and are essential to identify needs, existing capacities, needs that are not being met, and establishing goals and objectives for addressing service gaps through the development of a national action plan

We were able to start addressing a lot of the gaps we had in the GBV response. This was based on what we identified in the ESP assessment and the situational analysis. Because we had that support from the Spotlight Initiative, we were able to implement the ESP more easily I think."

– KEY INFORMANT –

ESP Readiness Assessment



Across all implementing countries, there were gaps in ensuring a standardized or comprehensive approach. **Readiness assessments were conducted in five countries implementing the ESP. The assessments were usually undertaken by a consultant who prepared assessment tools, conducted the assessment and presented their findings to a “country team.”** There is currently no standard package of tools that is shared between countries, gaps in participatory approaches and little to no communication between countries to share experiences and lessons learned through assessments. Moreover, the majority of respondents perceived that where assessments have been conducted, this data could be better communicated to partners and key sectors for action at both the national and regional levels. The tools used to conduct the assessments across member states in the Caribbean are as follows:

ESP Readiness Assessment Tools

Focus Group Discussions (FGDs) with communities and service providers

Key Informant Interviews (KIs) with service providers, communities and experts

A checklist based on “model” questions to be posed during an ESP assessment, included in the ESP Guidelines

Questionnaires

Readiness assessments, though somewhat varied in their methodology and approach, were considered a key best practice according to key informants as they provided a comprehensive mapping of multi-sectoral GBV response and prevention activities. Such assessments provided an evidence-based and common framework to catalyze cooperation among governments, UN agencies and other key stakeholders involved in GBV response in the following areas of work:

⇒ Implementation:

- * The assessment guides the implementation of GBV programmes in Jamaica. For example, it is being used to inform the review of National Strategy on GBV under the Spotlight Initiative, the development of Standard Operating Procedures and the implementation of the ESP in the country.
- * Preliminary findings in Jamaica and Trinidad and Tobago are also being used to guide implementation even when final assessments are not available.

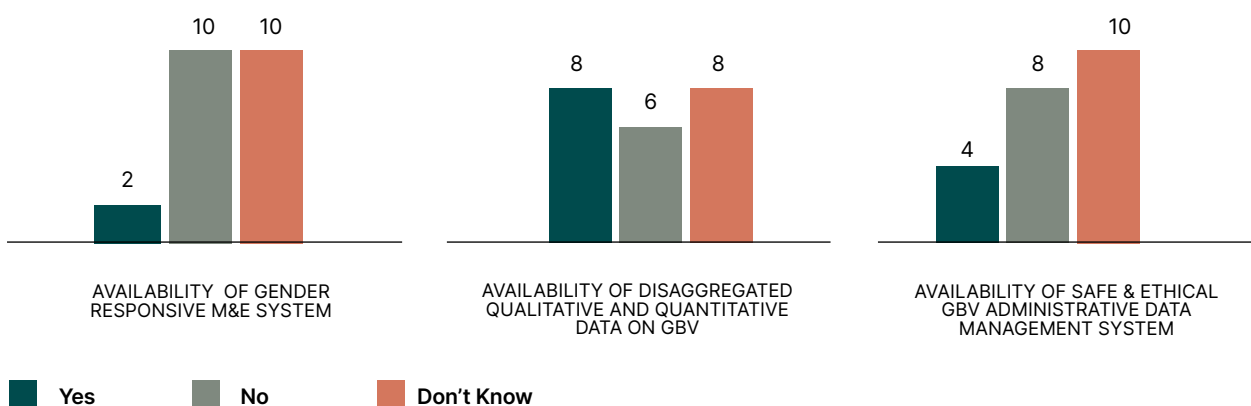
⇒ Multi-Sectoral Coordination:

- * The assessment in Trinidad and Tobago provided an opportunity for UNFPA to liaise with the Permanent Secretary of the Office of the Prime Minister who covers gender affairs. This has the potential to create goodwill within the Government to ensure effective implementation of the ESP. The Permanent Secretary, if liaised with strategically, can be an effective conduit for building a strong collaboration amongst ESP service providers.

⇒ Monitoring and Evaluation:

- * The assessment provides useful information for governments to monitor and evaluate GBV service delivery. One assessment provides statistics on the level of implementation of the ESP. For example, the Domestic Violence Hotline is assessed at 41% of implementation of the ESP whilst the Trafficking in Persons Unit is at 32% implementation of the ESP according to an assessment in Trinidad and Tobago.

Monitoring & Evaluation



⇒ Financing:

- * The assessment triggered resource mobilization efforts by the Government of St. Lucia.
- * The assessments on the readiness of countries to implement the ESP faced the following challenges according to key informants.

⇒ Lack of a standardized approach:

- * There is a need for a standardized tool for consultants doing the assessments to obtain consistent information across the region. For example, one assessment covers perspectives from officials from different sectors. It does not contain an analysis by the assessment team itself. The assessment, therefore, contains perspectives which contradict each other.

⇒ Absence of inclusion of community perspectives:

- * The relevance of the assessments was limited by the fact that the community expected to utilize the services was not interviewed as part of the assessment according to respondents. Service providers give information on their own perspective of the quality of a service which may be starkly different from how a survivor views a service that they have utilized.

⇒ Survivors are frustrated with the accessibility and quality of available GBV services:

- * This point was cited by those key informants working regularly with survivors and was the reason why survivors do not typically use available complaint mechanisms. There is a general feeling of "what's next?" when survivors provide informal feedback on a service. According to one respondent, a stronger community perspective in assessments would ensure the assessments provide a more holistic overview of services that respond to GBV. Most importantly, it would contribute to ensuring services are survivor-centered and speak to the needs of the affected communities, thereby increasing accountability from service providers. However, including the community's and especially the survivor's perspectives in the assessments must be done in a safe and ethical manner, coordinated with service providers and conducted by experienced GBV specialists in order to avoid doing more harm than good.

Monitoring and Evaluation (M&E):

Beyond the assessment phase, M&E systems are essential in ensuring that the outcomes from GBV multisectoral services are identified and improved continuously. M&E enables governments to understand the strengths, weaknesses as well as identify and rectify gaps in service provision. The strategies recommended by the ESP guidelines for effective M&E include:

- * Setting standards for gender responsive M&E
- * Establishing guidelines and structures at the national level to support gendered monitoring of service delivery at a local level.
- * Ensuring results of M&E are broadly available, disaggregated by relevant characteristics.
- * Creating mechanisms that can feed results of M&E of implementation of essential services into recommendations for improvement of laws and policies.

Although government agencies responsible for gender equality, health-sector surveillance units and the police have made efforts to record and track the incidence of GBV, there is still a lack of comprehensive, systematic, nationally owned data.³⁵ Consequently, the Caribbean region has been unable to assess its own progress in meeting international and national commitments to ending violence against women and girls.³⁶ The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women obliges States Parties to undertake specifically progressive measures, including to, “ensure research and the gathering of statistics and other relevant information relating to the causes, consequences and frequency of violence against women, in order to assess the effectiveness of measures to prevent, punish and eradicate violence...”³⁷ However, State parties from

the Caribbean have not conducted this research, and therefore have not submitted reports to the Inter-American Commission for Women.

“We need a strategy in place and mechanisms to ensure regular monitoring of the implementation of the ESP. Right now, it is all too ad hoc...if it happens at all.”

– KEY INFORMANT –

All respondents emphasized the need for standardized and harmonized tools for M&E in ESP implementation and GBV service provision more generally. **Many respondents highlighted the disproportionate focus on GBV prevalence data, which is not required for the design of GBV response services.** In addition, there is a lack of participatory approaches in many of the assessments conducted or M&E systems for monitoring ESP implementation. Overall, the assessment indicated that an enabling environment to collect M&E information about essential services across the Caribbean region was lacking. Some of the key challenges are as follows:

- * Two out of twenty-two respondents stated that their countries have a gender-responsive M&E system that provides guidelines and structures at the national level to support monitoring of service delivery at the local level.³⁸
- * Three out of twenty-two respondents stated that their countries have qualitative and quantitative M&E data that is available, disaggregated by contextually appropriate characteristics (such as age, ethnicity, location, etc.) ensuring the safety and confidentiality of survivors of GBV.³⁹ Most key informants highlighted

gaps in the monitoring and tracking the age disaggregation of participants in the adolescent and youth age ranges M&E systems.⁴⁰

- * Four respondents mentioned that their country has a safe and ethical GBV administrative data management system that is in line with international standards.⁴¹
- * Two respondents mentioned that their countries have victim/survivor complaint/feedback mechanisms in place within the different sectors and inter-agency coordination.⁴²
- * GBV action plans have contained M&E plans but this has not been translated into a structured mechanism for M&E of how and whether coordinated efforts to address GBV are working.⁴³
- * Specific sectors are collecting data for their own use, for example, a case flow management system allows courts in Trinidad and Tobago to document, track, monitor and evaluate cases). However, these M&E systems are not yet tagged to a national database on GBV.

There is no system-wide collection of data on GBV in any of the countries covered by the study. **The lack of a coordinated M&E system has the following implications. It obstructs governments from making evidence-based decisions on how to improve laws and policies related to essential services; it is difficult to assess what resources should be allocated to which services, it heightens the risk of duplication of data and it is difficult to identify gaps in service provision.**

The Spotlight Initiative has played a part in Trinidad and Tobago by improving M&E systems, for example by funding the establishment of a GBV registry in Trinidad and Tobago. Best practices from Antigua and Barbuda are being used to develop

the GBV registry in Trinidad and Tobago. Overall, there is a commitment to collecting GBV data as evidenced by policy documents and action plans that articulate the collection of GBV data as well as sector-specific collection of data. However, the impact of these policies/plans and sector-specific collection of data in relation to M&E of essential services is limited because they are not being implemented in a coordinated manner across sectors at a national level. Some countries do have guidelines on gender-responsive M&E; however, actual implementation of these guidelines could not be ascertained through the resources available during the study, such as a government website.⁴⁴ Similar questions on how to better collect and use the data collected in strategic planning of the ESP was discussed by key informants as it plays a crucial role in resource mobilization and advocacy.

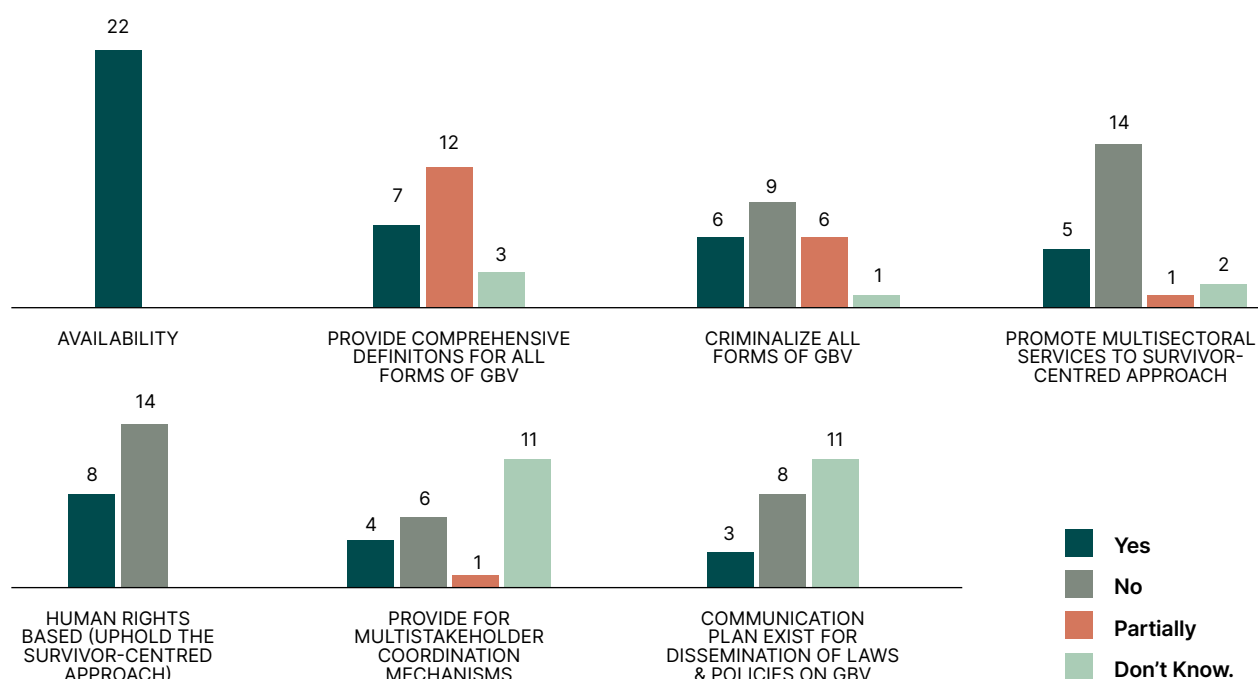
Key informants requested harmonized and standardized methodologies for assessments and M&E tools more generally that can better measure their progress in ESP implementation, which are both sector-specific and joint/multisectoral. Overall, there is a need to develop more structured technical guidance and resources related to survivor-centered data collection, information-sharing and M&E systems more generally. This is another key area of action to enhance the inclusion of groups at heightened risk.



5.5. Laws and Policy Frameworks:

According to the ESP, the laws in place ought to create an enabling environment that enables women and girls who are subject to violence to claim their right to health, justice and social services, and to have remedies available to them where these rights are denied, lacking, undermined or unreasonably delayed.⁴⁵ The ESP provides specific strategies

for countries to consider adopting in order to create this enabling legal environment. Survivor-centered laws take into consideration the multiple and unique needs of survivors, various risks and vulnerabilities, and the impact of decisions and actions taken.⁴⁶



"Legislation and policy remain a big gap... and ensuring that these laws and policy frameworks are in layman's terms so they are properly understood by survivors and communities. It's not just about having the law and policy in place but the actual implementation and trust in these frameworks. This is needed if we are truly going to implement the ESP in its entirety.

– KEY INFORMANT –

The majority of respondents perceived that existing national laws that address GBV are partially guided by a human-rights or a survivor-centered approach. Reasons such as a lack of prohibition of discrimination based on sexual orientation, as well as outdated laws were cited during KII. **The literature review indicates that legislation in some countries could be strengthened in terms of applying a human rights/survivor-centered approach.** For example, women that

are in "visiting" or "dating" relationships are not currently protected by the legislation on GBV in St. Lucia. Similarly in Belize and the Bahamas, the Domestic Violence (Protection Orders) Act, relates only to members of a household, and does not refer to violence occurring in other forms of intimate partner relationships. In the same country, the Sexual Offences Act provides a gender-neutral definition of rape that does not extend to married persons.⁴⁷ The implication of this is that a person faces limited protection if their spouse or partner commits a non-consensual act of sexual violence against them.

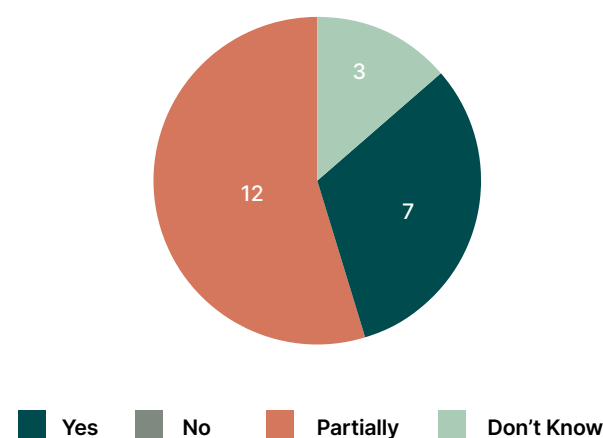
Notably, a married person who has non-consensual sex with their spouse could be prosecuted for sexual assault if limited circumstances exist, that include a decree nisi of divorce.⁴⁸ Secondly, **the law itself can pose an obstacle to accessing services.** The Criminal Code in certain countries recognize marital rape only when certain requirements have been met, for example, where there is a decree nisi of divorce or decree of nullity granted under the Divorce Act; a decree of judicial separation under the Civil Code; a separation agreement or where the parties are in fact separated; or a peace binding order or an order for one party not to molest or have sexual intercourse with the other.⁴⁹ This includes a protection order from the Family Court. Such conditions can prevent survivors, who are at risk of further violence, from accessing justice.

In some countries, the prohibition of discrimination in the law does not extend to cover discrimination based on sexual orientation or HIV status.⁵⁰ In another country, the definition of partnerships does not include same-sex relationships.⁵¹ It is argued that even where laws criminalize same-sex relationships and are not enforced by authorities, they still promote homophobic attitudes and discourage LGBTIQ+ people from submitting complaints, related to discrimination, threats and harassment.⁵² Generally, the literature review indicates that those who suffer from abuse within

a same-sex intimate partner relationship may not seek redress under the laws in those countries because the aforementioned laws reinforce discrimination.

There are gaps in the legislative framework of some countries relating to perpetrator accountability. For example, the non-acceptance of a proposal by a Joint Select Committee of Parliament to view anal rape the same as vaginal rape because it would make the Buggery Act invalid demonstrates a lack of a survivor-centered approach, lack of perpetrator accountability and lack of gender equality according to an ESP Assessment done in that country.⁵³ In another country, a husband can only commit the offence of "sexual assault" if he has sexual intercourse with his wife without her consent.⁵⁴ This means that any other non-consensual sexual act against her, will not be criminalized and the survivor will not be protected. **The National Gender policy itself notes that marital rape is not an offence under the law. Stakeholders note that this is a gap in the law on sexual offenses that requires urgent reform.** Such reform is vital to instill confidence in the public that adequate measures have been taken to protect them from harm.

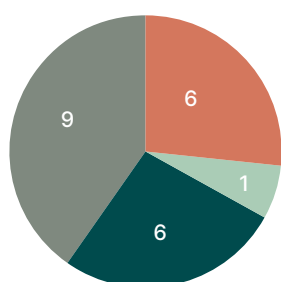
Comprehensive Definitions for all forms of GBV



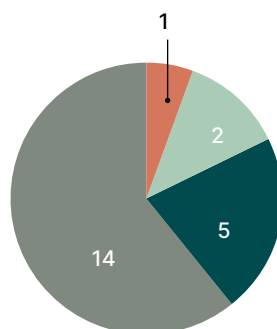
While countries in the region certainly are working towards improving legislation addressing VAWG, there are still several significant gaps in the law that prevent survivors from accessing essential services and receiving the protection they are entitled to. **There is an urgent need to further support review and reform of laws to ensure a human rights-based and survivor-centered approach, upholding the dignity, safety, confidentiality and respect of survivors of GBV.** Some countries offer comprehensive definitions

of violence in their laws, covering different forms of GBV. However, most of these definitions are scattered across different laws, and there is not one general definition that is used as an umbrella term nor expanded on to other sectors. This makes building a common definition and understanding of GBV increasingly difficult. Additionally, this **lack of a single legislation defining GBV and other forms of violence against women and girls, usually results in failure to regulate, criminalize, or prosecute acts of GBV.**

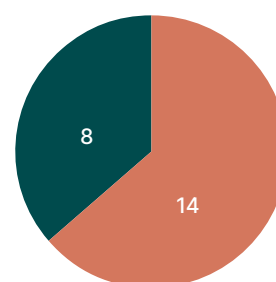
Criminalize all forms of GBV



Promote Multisectorial Services to GBV Survivors



Human rights based (survivor-centred approach)



■ Yes ■ No ■ Partially ■ Don't Know



"Our justice system is not in favor of the victims/survivors and that's a big problem because the survivors are the ones managing their situations in extremely challenging circumstances. For me, the laxity of the legal framework we have for addressing GBV is a key area to address in advocacy and reform. We can educate people on the laws but how far can that really go if we rarely have cases where the perpetrators are actually convicted?"

– KEY INFORMANT –

Some countries contain narrow definitions of GBV: for example, they focus mostly on domestic violence rather than GBV (which include four different types of GBV, such as physical, emotional, economical and sexual violence, and a wide-range of diverse forms in which GBV is perpetrated);⁵⁵ they do not cover certain types of relationships such as visiting/dating relations, and/or same sexual relations. One respondent felt that these narrow definitions are placed in draft documents, as a political strategy to appease a certain part of a population but they do not reflect the commitment of the government as they remain in a draft state for a long period. Other countries, particularly through amendments, expanded the scope of the definition of GBV for example, to include visiting/dating relationships as well as same-sex relations.⁵⁶ The reason for this, according to respondents and to literature, is to reflect the social realities in those countries. Some forms of violence against women have not been criminalized in many countries in the Caribbean, such as marital rape, and psychological and economic violence.⁵⁷ One respondent highlighted that **“although policy documents may point out a form of violence, the law will not necessarily criminalize it.”** This has occurred for example with economic violence.

“There are a number of social and situational factors that keep gnawing away at what we have achieved over the years.”

– KEY INFORMANT –

Some countries have taken a step to address the root causes of GBV through the law by addressing an abusive person's behavior. For example, in Belize, and St. Kitts and Nevis, the court may make a rehabilitation order instead of sending a person to imprisonment or imposing a fine.⁵⁸ In the Bahamas and Barbados, counseling is provided to both the

perpetrator and survivor whenever a court makes a protection order.⁵⁹ Though research was not done to establish the content of counseling or the impact of rehabilitation orders for perpetrators, it can be argued that such laws provide an enabling environment to prevent recurrence of violence in that society. The reason is that the perpetrator is rehabilitated from a behavioral change or psychological angle, and not only a punitive approach (for example, by placement of protection orders and/or criminal prosecution). Counseling programmes targeting male perpetrators of GBV are offered by the Government of the Bahamas through the Department of Gender and Family Affairs.⁶⁰ It could not be established whether, in practice, mediation or counseling is also offered to a survivor and a perpetrator at the same time and by the same professional which is a bad practice because it can reinforce the abuse of power that is taking place, aside from encouraging the survivor to continue the relationship with the perpetrator. This is a subject matter that needs to be further studied to better understand the context in which these interventions are offered and what good practices can be highlighted.

Additional barriers that women face in the Caribbean, in regards to deeply rooted inequities and participation in politics, include the following: a lack of prioritization of gender equality and women's empowerment in the face of issues that are perceived more urgent, such as economic and environmental vulnerabilities that small island developing states face, natural hazards and diminishing foreign reserves. Secondly, social and cultural perceptions of a woman's position as being at home waters down her potential to be perceived as a leader in society. Unpaid care work is another barrier to participation in political life as women have to balance homecare and family responsibilities with political duties. Lastly, institutional barriers can also hamper a woman's ability to participate in politics. Internal processes and recruitment practices for parties to select candidates are cited as obstructing women from gaining political positions.⁶¹

Half of the countries that form part of the study do not have clear laws or policies around their obligation to provide coordinated and integrated services to respond to GBV. In other cases, the legal and policy framework may exist, but there is variation between the respondents and the desk review suggests that where laws and policies exist that they have not been communicated or disseminated effectively to stakeholders.

The lack of a statutory obligation to provide coordinated and integrated response to violence against women and girls implies that governments have not prioritized the effective coordination

of essential services that respond to GBV. The absence of a statutory obligation leaves it up to different entities to respond to GBV as they see fit. As the study reveals, this results in certain entities collaborating with a particular sector, rather than all sectors. While this may be a useful approach to address a particular instance of violence, it will not create an efficient and standardized system of service delivery for all survivors of and individuals at risk of GBV. Legislating that key actors ought to work together, ensures that those entities prioritize and allocate resources to working efficiently with other sectors in a coordinated manner.

Limitations and Gaps in the Law:

Although some countries were progressive in the amendments, they have made in their domestic violence laws, for example, by expanding their scope of coverage to people in visiting and dating relationships (as seen in Trinidad and Tobago, as well as Turks and Caicos Islands), the laws in some countries contain contradictions that may limit their effectiveness:

- * In one of the countries studied, same-sex relationships are illegal even though they are afforded the same protection from domestic violence as heterosexual relationships.⁶² The Domestic Violence Act was amended in 2020 and is considered progressive as it applies to same-sex relationships due to advocacy of CSOs. However, an immigration law still prohibits entry to LGBTIQ+ people.
- * The Constitution of some countries also do not prohibit discrimination based on sexual orientation.⁶³ This implies that persons in same-sex relationships who experience GBV may feel inhibited from accessing services due to fear of discrimination from service providers.

- * In most Caribbean countries, the legal age of consent to sex is 16 years, but the legal age of majority is 18 years. Below the age of majority, the law requires parental consent for medical treatment. In some countries such as St Lucia, the age of consent for sexual relations (16 years) contradicts the age at which one is no longer a child (18 years) following an amendment of the law.⁶⁴ This amendment of the law indicates a shift in how the State processes children and provides services to them. Specifically, it implies that the age of sexual consent has also increased from 16 to 18 years which means that any person that engages sexually with anyone below 18 years risks attracting criminal liability. There is a lack of clarity about mandatory reporting of children aged between 16 to 18 years that experience GBV.⁶⁵ This is an area which policy makers need to clearly outline to ensure that girls subject to violence access services from different sectors.

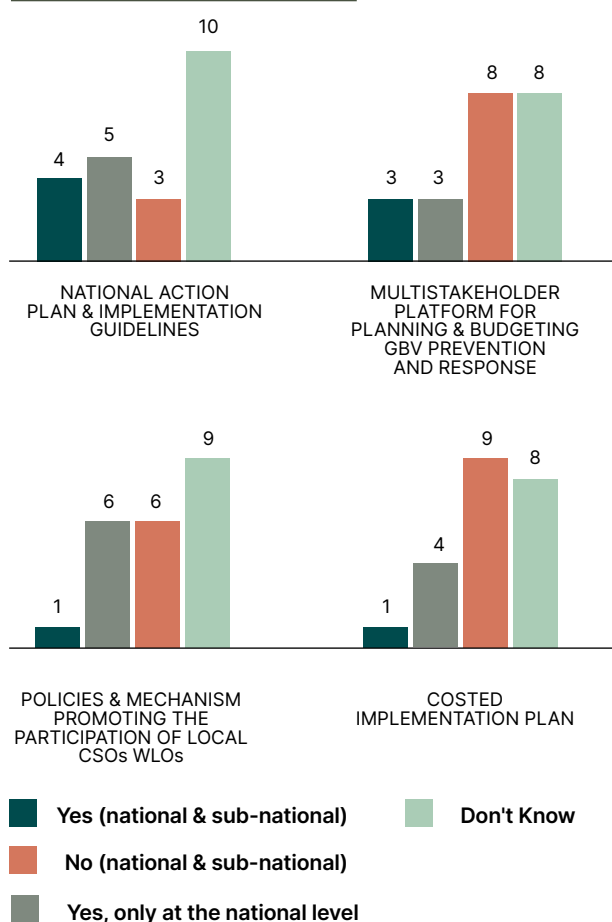
Furthermore, a requirement that children access health services with their parents is not survivor-centered. The reason is it can prevent a child from accessing health services if they wish to do so without the knowledge of their parents.

In certain jurisdictions, the law on marital rape may be difficult to apply.⁶⁶ The reason is that the law places multiple conditions before it may be applied.⁶⁷ This creates a de facto barrier for women to access justice.

Gender Policy Frameworks:

States have an obligation to undertake due diligence in establishing effective measures to prevent, investigate and prosecute cases of violence against women.⁶⁸ To achieve this, states are obliged to develop and maintain comprehensive policy frameworks that are gender-responsive. This section of the study seeks to establish how and if countries have followed the ESP guidelines by developing and maintaining gender-responsive policies.

Policies and National Action Plans



Three main points were noted concerning gender-responsive policies in the Caribbean region the ESP: First, National Gender Policies have been in draft form for extended periods. According to a respondent, the apparent unwillingness to adopt these policies leaves them in a limbo state and can be attributed to a government seeking to appease parts of a population at a specific time period rather than addressing the crux of the issue that the policy presents. Despite the policy remaining in a draft state, partial implementation occurs.⁶⁹ For example behavioral change campaigns being implemented under the Spotlight Initiative are underway in one country.⁷⁰

Secondly, where National Gender Policies do exist (and recognize GBV as a priority), effective implementation is lacking primarily because 1.) resources are scarce; 2.) inequitable allocation of government resources acts as a barrier to quality service delivery, for example, shelters are located in the center of a country making it difficult for indigenous people who live in the Hinterland to travel to that location to access it; and 3.) absence of a gender-sensitive approach in the implementation of initiatives and strategies within existing policies.⁷¹ For example, a medical facility where only one male medical personnel was responsible for conducting physical examinations of GBV survivors resulted in some children refusing to be medically examined.

In countries where there is no gender policy, institutional frameworks to respond to GBV that are reflective of a multi-sectoral and coordinated

approach and somewhat aligned to the framework proposed by the ESP exist. Respondents highlighted that although their countries may not be implementing the ESP, there is a possibility that other mechanisms are already in place that are similar to the ESP framework that can be adapted and contextualized accordingly. For example, the Support and Referral Center (SARC) in Antigua and Barbuda is a one stop mechanism for medical, legal and psychosocial support for adult survivors. The SARC is complemented by a Sexual Offense Court which is a specialized court to provide speedy trials for sexual-related offenses and support to survivors. Notably, these initiatives have been funded by external partners. The SARC is funded by the UN Trust Fund to End Violence against Women (UNTF) whilst the Sexual Offences Court is Canadian-funded.

In summary, up-to-date gender policies that integrate GBV as a priority across the Caribbean are rare. This can be attributed to a lack of political will by governments to prioritize the maintenance of these policies. **The absence of up-to-date gender policies whilst implementation on GBV response occurs anyway, also reflects a project-based approach rather than a long-term and sustainable investment** by governments in providing multisectoral services. The development, updating and maintenance of such policies needs to be prioritized in order to establish a solid foundation for consistent service provision. Updated policies would reflect a commitment to transition from a short-term approach to a long-term strategy for GBV prevention and response, enabling governments to provide sustainable and quality essential services.

5.6 Emergency Preparedness and Response:

GBV increases in humanitarian and emergency settings and heightens the exposure of women and girls to domestic and sexual violence, abuse and exploitation, and harmful practices such as female genital mutilation (FGM), forced and early marriage and gender-biased sex selection.⁷² But such vulnerabilities are not contained only to emergency settings. In stable contexts, the weakening of national systems, the reduction of access to GBV and Sexual and Reproductive Health (SRH) services, and pre-existing socio-cultural gendered norms, contribute to the increased violence against women and girls.⁷³ Disasters, conflicts and public health crises are expected to become increasingly common given the dynamics of climate change. As illustrated during the COVID-19 pandemic, **traditional demarcation between development and humanitarian contexts is more fluid in nature and effective guidance on GBV programming must span a fluctuating range of conditions considering a humanitarian-development-peace nexus or “triple nexus” approach.**

Respondents highlighted how movement restrictions, unemployment, economic and food insecurity, schools’ closure and elevated levels of stress have contributed to a significant increase in reported incidents related to GBV. Moreover, this is taking place alongside a generalized decrease in service delivery and protection capacity from local actors, including limited access to justice/protection services for survivors; a reduction of clinical responses to sexual, physical and psychological violence due to a shift in focus by already overwhelmed health systems to the COVID-19 response; safe shelters for survivors being closed down, losing their funding or being repurposed as health centers; and social service providers being unable to remain operational, and having to re-design the way life-saving services for survivors are offered.

The IASC Minimum Standards for GBV Programming in Emergencies (GBViE MS), are crucial guidelines for the adaptation of essential services during

emergencies, key to ensuring that women and girls have access to services during all times.⁷⁴ There is a need to further elaborate and develop guidance on the distinctions and linkages between the ESP, and the GBViE MS, more in practice, to ensure a well-coordinated GBV response considering the evolving crises and complex operational realities in humanitarian, development and peace settings.⁷⁵ While some key informants demonstrated some basic knowledge of GBViE, however there was confusion among respondents how to ensure complementarity between the ESP and GBViE MS.

“We need to develop some SOPs for addressing GBV in emergencies – like disasters at the sub-national level. This is where we struggle the most.”

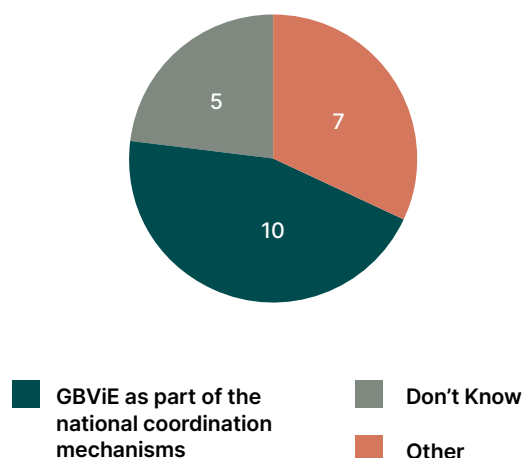
– KEY INFORMANT –

Considering many of the countries in the Caribbean region are prone to disasters, it is important to guarantee that the ESP integrates services to prevent and address cases of GBV and the provision of SRH services during natural disasters. Additionally, it is recommended that sessions on GBViE MS and how it is linked to the ESP is conducted in the near future. This will ensure that service providers are equipped with knowledge to provide services in a coordinated manner during both “stable” and emergency periods. This will also strengthen or assist countries to implement rapid assessments and services in line with a survivor-centered approach and ensure business continuity plans that are responsive to GBV that can occur during emergencies.

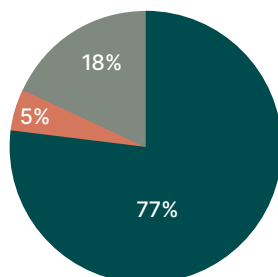
The majority of key informants emphasized the need for strong coordination in adequately responding to GBV during emergencies. Some key informants highlighted that their existing emergency response mechanisms highlighted “exactly what not to do

and broke every interagency guideline and GBV standard.” Other key informants found that the existing coordination mechanisms, forged as part of ESP implementation, helped to increase collaboration across sectors and expedited efforts to work with CSOs/NGOs to reach diverse local populations. **Respondents highlighted the need for rapid tools, SOPs and protocols for emergency preparedness and response, focused on rapid GBV assessments during emergencies, safety planning, the management of safe shelters, and how to ensure GBV case management services continue either via mobile teams or through remote approaches like hotline and phone counseling required more technical support and guidance to not further expose or cause harm to survivors and other groups at heightened risk of GBV.**

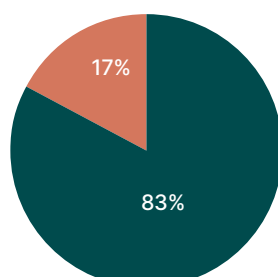
GBV Coordination Mechanisms in Emergencies



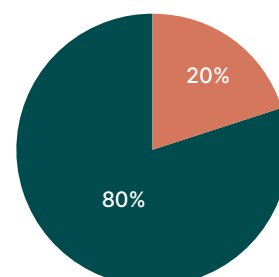
Adaptation of GBV services and/or trainings to specific emergencies



Knowledge of the GBViE Minimum Standards



Experience in using the GBViE Minimum Standards



■ Don't Know ■ Yes ■ No

Ten of the respondents' state that their countries integrate GBViE in existing national coordination mechanisms. Specifically, national emergency management agencies, according to respondents, ensure that different sectors have representation during the planning and response phase of emergencies.⁷⁶ This ensures that they are meeting different needs of the population. In another country, GBViE Coordination falls under the health sector.⁷⁷ In some countries, no structure exists to address GBV during emergencies. Instead, ad hoc arrangements are adopted such as, following multi-agency rules, setting up a national taskforce for a recovery process, availing contacts in directories to clients who need help and dissemination of information through media platforms.⁷⁸

Coordination mechanisms that fall outside of the mainstream GBV prevention and response approach have also been used in some countries. For example, a separate coordination mechanism exists to respond to Venezuelan migrants that require humanitarian assistance in Trinidad and Tobago and in Guyana. The Caribbean Disaster Emergency Management Agency (CDEMA), a regional body focused on emergency management, was cited as recently involving National Gender Machineries in a training on GBV.⁷⁹

The majority of the respondents stated that they were aware of the Minimum Standards for GBViE Programming but that these standards have yet to be applied in their country. The main reason for this is in general a lack of technical assistance and support that is required for the effective application of the minimum standards in a specific setting. **The general lack of sustainable funding allocated to the region for preparedness ahead of an emergency, also results in a lack of GBViE Coordination Mechanisms.**

"We are ill-equipped during hurricane season and the existing layout of our emergency shelters provide very little privacy or spaces for confidentiality – so we can create GBV risks in the design of our disaster response infrastructure. There is very little awareness and limited services... even outside of hurricane season, we do not have dedicated shelters for GBV survivors"

– KEY INFORMANT –

Linkage of ESP and GBV in Emergency Minimum Standards

Only one respondent cited a linkage between the application of the ESP and GBViE MS in their countries.⁸⁰ This is a stark contrast from the number of countries that have been trained on the GBViE MS. **Notably, 16 countries have received general training and training on trainers on GBViE by UNFPA where they have been given information on the minimum standards.**⁸¹ It is recommended that sessions on the GBViE MS and how it is linked to the ESP are conducted in the near future. This will ensure that service providers are equipped with knowledge to provide services in a coordinated

manner during both “stable” and emergency periods. Additionally, this will strengthen or assist countries to put in place business continuity plans that are responsive to GBV that can occur during emergencies. 16 out of 22 respondents stated that essential services were adapted to meet emergency contexts. Specifically, **the COVID-19 emergency response provided an opportunity for countries to adapt service provision to remote modalities, such as online counselling, tele-counselling and adaptation of hotels into protection shelters.**

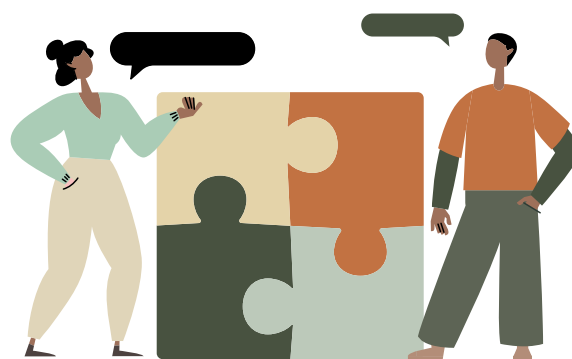
Joint multi-stakeholder plans that integrate both development and humanitarian response:

12 out of 22 respondents mentioned that they have Business Continuity Plans (BCPs). In St. Kitts and Nevis, the National Emergency Management Agency has multi-stakeholder plans with different organizations like the National Red Cross. The extent to which these BCPs and multi-stakeholder plans integrate GBV response was unclear due to unavailable information.

Opportunities exist for continuity of essential services during and in the aftermath of an emergency. This is due to the availability of the following resources: First, coordination mechanisms exist according to almost half of the key informants interviewed that integrate responses to GBViE. Secondly, key stakeholders responsible for managing emergencies, that is the National Emergency Management Agencies, bring together diverse actors in planning responses to emergencies. CDEMA was also cited as building capacity of NGMs to address GBViE. Thirdly, National Emergency/ Business Continuity Plans exist in almost half of the countries.

The extent to which these aforementioned resources are adequate to respond to GBViE is

unknown. Information is lacking on how existing coordination mechanisms have integrated GBViE into their plans or responses. **Although key stakeholders have the capacity to bring together different actors, there is no published information on how, if at all, the different actors have planned multi-sectoral responses to GBViE.** Thirdly, information on the extent to which the BCPs address GBViE is also absent. Lastly, **ad hoc arrangements that countries have adopted to respond to GBViE do not address a need for a sustainable and coordinated system-wide approach for quality essential service delivery which considers a triple nexus approach.**





-06-

Other Best Practices and Learning



Integration with other programmes or funding sources:

Integration with other programmes or funding sources: The experience of **St. Lucia as a self-starter country is worth highlighting as a good practice and a key example for other countries** in the region that have expressed interest in implementing the ESP. While UNFPA can play an important role in providing these countries with technical advice as well as guidance and support in fundraising to implement an ESP,

sustainability of implementation will be a result of governmental commitments towards the ESP. In the case of Saint Lucia, the government identified a need and recognized the importance of the framework, starting the process themselves with support officially requested to UNFPA to catalyze action and resourcing. This established a strong foundation for technically sound program design in ESP implementation.



Targeted Engagement with the Education Sector:

Many respondents highlighted the potential key role of the education sector in GBV coordination and the need to more actively include education actors in GBV response efforts more generally. There is a need to better understand the role of the education sector in the protection against both victimization and perpetration of violence and as part of integrated services, already underway at the global level. Data management and reporting systems at school and national levels were considered as very important, but currently nonexistent or ineffective. Respondents highlighted the need to further engage local and national

level education committees, school counselors, principals, safety/security officers, teachers, and student support services in GBV multisectoral service provision. Key informants highlighted the need for policies, SOPs and training/workforce induction programmed for education actors as well as better monitoring systems for tracking progress. This **is an innovative area for GBV response in the Caribbean region and a strategic area of opportunity for multisectoral coordination and engagement, which is already underway with the support from the Regional Spotlight Initiative.**⁸²



Peer-based Learning and Knowledge Exchange – ESP CoP:

The ESP CoP was mentioned by most of the key informants as welcome platform that has the scope and potential to lead strategic direction of ESP implementation and support member states in the application and complementarity of the ESP and GBViE for emergencies. Respondents

emphasized the need for more frequent ToTs for relevant focal points to more meaningfully participate in the ESP CoP generally and that membership to the CoP could be widened to different stakeholders and representatives to promote more active and consistent participation.

The Caribbean ESP Community of Practice and Sustainability:

The Caribbean Regional Community of Practice (CoP) provides a space for representatives of the health, social services, justice, police and education sectors, as well as the Gender and Development Programme of CARICOM to support the implementation and coordination of the ESP in the region. The CoP aims to facilitate coherent and effective promotion of exchanges, cooperation and learning under the framework of the ESP, including an additional focus on the Minimum Standards for GBV in Emergencies Programming, to better ensure a humanitarian-development nexus approach.

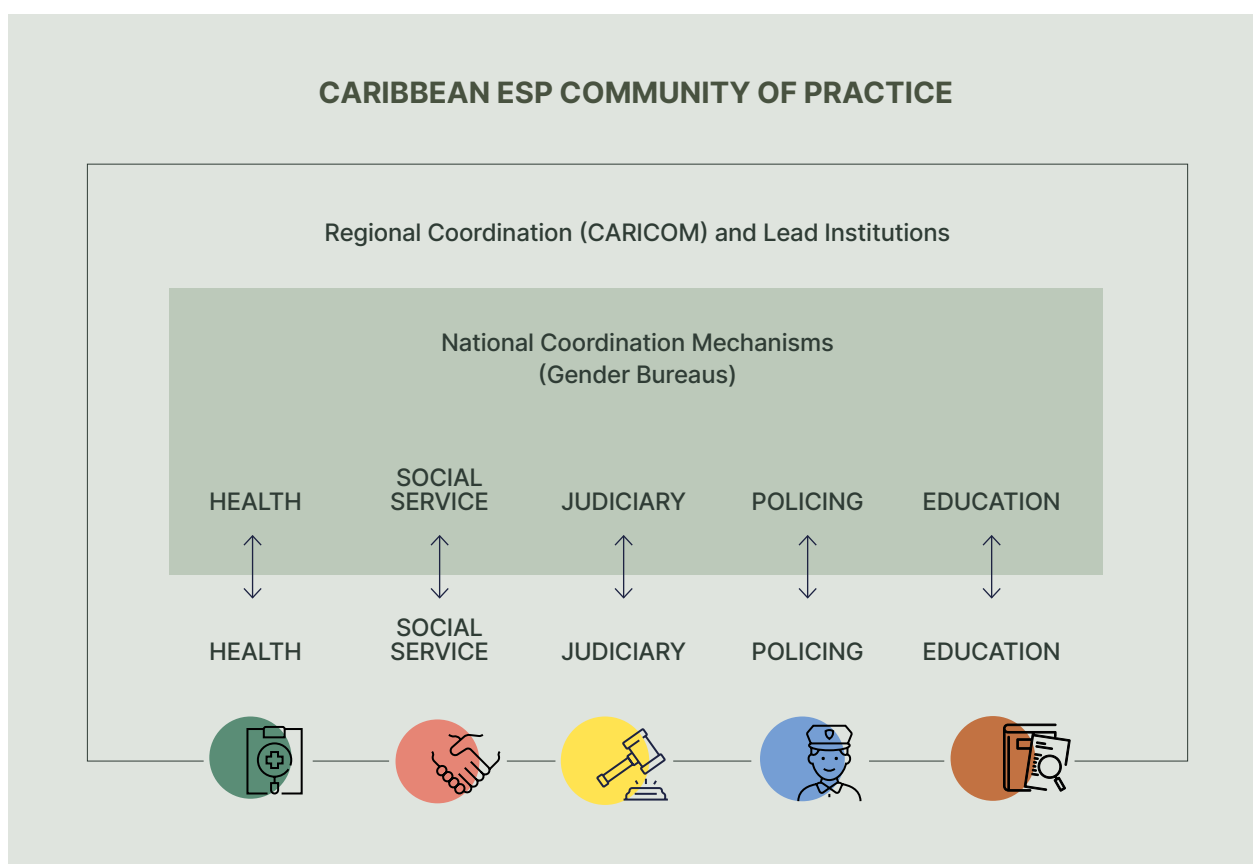
CARICOM's Secretariat and UNFPA co-chair the activation and operationalization of implementation of the ESP CoP and is supported by regional representatives UNFPA, UNDP, UNICEF, the Pan American Health Organization (PAHO), and UN Women. Currently, the ESP CoP promotes and supports agreements being made at the regional level and takes them forward at the national level, including support in multisectoral coordination. It provides a **key space for addressing the many**

aforementioned challenges and has potential to catalyze greater leadership and coordination to member states across the region.

Regarding the current structure, key informants who were engaged in the CoP cited an appreciation of knowledge sharing, including challenges, best practices and experiences from other countries in the region as well as technical expertise and access to resources. Participants discussed the future coordination role and centered on the sustainability plan to be developed in order to transition the secretariat role and overall strategic leadership of the ESP CoP. Membership to the CoP is open to all institutions/organizations leading the pillars of work of the ESP at a regional level, including the forthcoming Education sector, as well as NGMs selected by the co-chairs and who hold a leadership role in the implementation of the ESP in their own countries. The graphic below illustrates the current structure of the ESP CoP for the Caribbean.

“We need to work more closely with governments and I think we could do this via the Community of Practice (CoP). We must bring in other UN agencies and organizations working in other areas to be able to hold government authorities to this higher level.”

– KEY INFORMANT –



Respondents emphasized the need for **UNFPA to provide continued technical support and guidance in coordination, with a focus on how to develop sustainable GBV response systems in line with a humanitarian-development-peace nexus approach.** Key informants expressed that the leadership of the ESP CoP should demonstrate a keen understanding of disaster preparedness and response and that many members of the CoP did not have prior experience ensuring GBV service provision during rapid-onset emergencies including hurricanes and floods. Many respondents expressed concerns in this lack of technical expertise and emphasized that such events will only increase due to climate change. Moreover, respondents highlighted several **areas within the ESP CoP to be strengthened including greater synergies between regional and international partners, increased coordination with a more**

structured roadmap and list of common priorities as well as additional support in resource mobilization and funding.

Key informants highlighted that most member states in the Caribbean region are composed of very small governments, often under-resourced, and emphasized that existing focal points who are responsible for coordinating the implementation of the ESP, are often double or triple hatting in terms of their roles and responsibilities. Moreover, these focal points often require additional technical capacity with respondents reflecting on how best to ensure the ESP CoP is a space that is valued and not perceived as an additional burden. **There was consensus that CARICOM should be the primary organization to take on the strategic leadership role of the ESP CoP going forward** but that rebranding of the ESP CoP may be required

to ensure success. Recommendations included broadening the scope of the ESP CoP to better respond to the interests and needs of member states. For example, the **CoP could focus less narrowly on the ESP itself but rather GBV risk mitigation, prevention and response more broadly.** Some respondents highlighted that some meetings could have a thematic focus and be restructured to have different member states take lead on different topics based on their existing technical knowledge or previous exposure and experiences. This could be a better way to diffuse knowledge across all member states in the Caribbean region. For example, St. Vincent and the Grenadines may have some of the strongest experience in safe shelter management, or the Bahamas can demonstrate best practice in coordination across government sectors in GBV response, or Jamaica can share their experiences in emergency response efforts in rural settings. Each member state could take the lead in each meeting to work with members of the CoP on a specific theme or topic. **Smaller groups and sub-working groups were mentioned as a recommendation by the majority of member states participating in the CoP.**

More specifically, some respondents recommended that a monthly meeting would be ideal focused

more on GBV response activities and then twice a year the members could focus on this more integrated approach covering risk mitigation, prevention and response. The format of the meeting could also be more interactive or participatory in nature through short group work exercises to discuss concrete challenges in GBV response reflecting on what member states would have done differently, the technical resources they require and any best practice learning from other member states in the region in that wider meeting. Some respondents highlighted that the ESP CoP could benefit from greater engagement with other regional organizations such as the Caribbean Disaster Emergency Management Agency (CDEMA), the Implementation Agency for Crime & Security (IMPACS) and the Caribbean Public Health Agency (CARPHA).

Overall, **the CoP is a promising mechanism that is considered crucial and appreciated by all participants.** Respondents emphasized that the CoP could provide additional technical guidance and support in how to implement the ESP resource package more specifically and provide a forum for more knowledge-sharing between member states in the Caribbean region.

“The Community of Practice speaks to accountability for me. It helps us say this is what we expect of each other as professionals, from our various agencies and institutions.”

– KEY INFORMANT –



-07-

Conclusion & Recommendations

Countries that fall under this study have taken foundational steps towards meeting the ESP guidelines. Laws that address GBV exist in every country, infrastructure that provides a multi-sectoral response are present in some countries and importantly one country has initiated implementation of the ESP on its own.

In the context of COVID-19, many key stakeholders to engage in preparatory meetings or assessments on the ESP were not available as organizations were stretched thin. This hindered the extent to which work on ESP could advance across many countries in the Caribbean. However, it is key to highlight that the ESP has scope to adapt to a wide-range of shocks and stresses ranging from disasters to COVID-19 and has complementarity with the GBViE MS. In those countries that had partially implemented the ESP, there were examples of some innovative entry points and opportunities for multisectoral service provision.

The ESP CoP can play a crucial role in addressing many of these challenges and promoting coordination between relevant actors. The ESP CoP and UNFPA technical teams should continue to ensure technical coherence in the implementation of the ESP, recognizing that the countries are all at varying stages of ESP implementation, particularly promoting a nuanced approach to ensure that the CoP regional priorities are aligned with the needs and opportunities in each context, and specific challenges and lessons learnt are widely understood and applied.

The ESP provides a framework for guiding safe, effective and comprehensive provision and coordination of multisectoral services for survivors of GBV. Yet, more is required to operationalize the ESP at the national level and contextualize it appropriately given the aforementioned challenges. The below recommendations emerged from this review and in consultations with the ESP CoP for the English and Dutch-speaking Caribbean region.

MULTISECTORAL COORDINATION

Challenges

- * Lack of appropriate and/or functional platforms for coordination between service providers.
- * Absence of common tools and information-sharing between sectors and ESP implementing countries.
- * Gaps in understanding different sectors roles and responsibilities.
- * Fragmented coordination systems or referral systems, including lack of national level SOPs and guidelines.
- * Insufficient engagement with CSOs/NGOs at the national level.

Recommendations

- * Encourage wider implementation of the ESP through supporting the establishment and/or development of joint coordination structures or forums for multisectoral service provision guided by joint action plans at the national level.
- * Ensure that each sector and organization that has participated in the readiness assessment has relevant senior personnel to review the assessment findings and joint action plans.
- * Engage proactively with governments that have conducted assessments (but not yet endorsed them) to encourage them to sign off of assessments to ensure that sustainable and effective implementation of the ESP begins.
- * Combine sector-specific training and multisectoral capacity-building plans to catalyze more meaningful coordination and referral mechanisms among different service providers. Both joint and sector-specific capacity-building plans should be formalized to ensure greater accountability and ownership of the ESP.

- * Establish learning exchange opportunities and platforms to facilitate country-to-country sharing of advocacy strategies and materials (ESP CoP).
- * Develop common standardized tools in line with interagency best practice (including referral forms, information-sharing protocols, M&E, etc.)
- * Increase meaningful engagement with CSOs/NGOs and coordination platforms at the local level (particularly with regards to the Education Sector).
- * Designate a specific and appropriate focal person in each sector responsible for implementation of the national action plan developed out of the ESP assessment.
- * Secure the appropriate profile of representatives to attend meetings related to ESP by holding bilateral meetings with persons from different sectors to have them understand the type of work being undertaken, why it is important and to secure their commitment in ESP implementation.

Key Stakeholders

- * NGMs
- * ESP CoP
- * UNFPA Special Liaison Offices (SLOs) or Technical Teams
- * UNFPA Sub-Regional Office for the Caribbean (SROC).
- * Donors

STRUCTURAL RESOURCE LIMITATIONS

Challenges

- * NGMs, which are responsible for coordinating the implementation of the ESP, reported lack of sufficient financial resources in order to properly implement the ESP across the four sectors of work.

- * Human resource impediments: 'double' hatting roles and/or lack of sufficient staffing in NGMs
- * Training and capacity-building (i.e.: attitudes among staff, lack of gender awareness, socio-cultural barriers, etc.)
- * High staff / focal point turnover in some cases

Recommendations

- * Improve budget allocation to GBV response by working with government ministries, departments and agencies and building their capacities.
- * Promote government buy-in at the national level, including with appropriate financial and human resource allocation to GBV response. The ESP CoP could support this process and promote advocacy.
- * Increase CSO involvement and identify key linkages to ensure in the development of national budgets to address GBV or promote gender equality.
- * Strengthen the development of multisectoral proposals at country-level. UNFPA technical teams can provide support and capacity development in guiding this process among other project development support needed.
- * Support governments at the national level in the implementation of the ESP Global Costing Tool, crucial to mobilize resources and develop realistic costed national action plans. The ESP CoP/UNFPA technical teams can provide technical support and capacity development in this process.
- * Diversify and/or formalize the Gender Focal Point role via a standard ToR and across sectors promote buy-in from senior management and promote resource mobilization and advocacy for the ESP.
- * Consider the need for dedicated staff or a Gender Focal Point at the inception phase of implementing the ESP to develop a strong strategy and framework for ESP implementation.

Key Stakeholders

- * UNFPA Sub-Regional Office for the Caribbean (SROC).
- * UNFPA Technical GBV Team
- * ESP CoP
- * NGMs
- * Donors

TECHNICAL TRAINING AND CAPACITY-BUILDING

Challenges

- * Lack of standard templates and technical guidance around the assessments necessary for ESP implementation
- * Lack of technical knowledge, guidance, mentoring and support
- * Gaps in ensuring harmonized approach to ESP implementation to ensure technical coherence and quality service provision.
- * Gaps in adapted or contextualized guidance on practical operational challenges, problem solving, mentoring, and guidance for specific-country context
- * Lack of technical expertise and/or confidence in ESP implementation and coordination Little to no engagement with groups at heightened risk (i.e.: LGBTIQ+ people, ethnic minorities, migrants, adolescents, persons with disabilities, etc.).
- * Gaps in understanding different sectors roles and responsibilities
- * Fragmented coordination systems or referral systems, including lack of national level SOPs and guidelines.
- * Insufficient engagement with CSOs/NGOs at the national level.

Recommendations

- * Develop a standard methodology and resource package to support governments and local partners in ESP implementation at the national

- level, including technical assistance, capacity-building, mentoring and knowledge-sharing.
- * Provide further mentoring, capacity-building and knowledge-exchange between different ESP implementing and non-implementing countries.
- * Provide ongoing skills development through diversified modalities (i.e.: combination of hybrid online and in-person training) emphasizing the different roles and responsibilities of different service providers in coordination specifically.
- * Standardize and contextualize training and capacity-building materials (both sector-specific and multisectoral) in line with interagency standards for the region).
- * Identify more sustainable models of training, such as a Training of Trainers (ToT) to ensure continuity and to be able to cascade this training to relevant partners and stakeholders at the national level.
- * Promote and formally integrate training and capacity-building on GBV in existing performance evaluations and on-the-job training within NGMs and other sectors involved in ESP implementation.
- * Develop a training plan specific to the governance for coordination with key actions for functional government-led coordination bodies and national and local actors to be formalized in order to ensure national buy-in and ownership.
- * Develop additional technical guidance and tools to promote the safe inclusion of individuals and groups at heightened risk of GBV who experience additional barriers to accessing essential services (assessments, M&E, training and capacity-building).

Key Stakeholders

- * UNFPA Sub-Regional Office for the Caribbean (SROC).
- * NGMs
- * UNFPA Technical GBV Team
- * Donors
- * ESP CoP

MONITORING AND EVALUATION (M&E)

Challenges

- * Lack of standard GBV data collection systems and databases that adhere to interagency standards
- * Gaps in common reporting or information-sharing systems and protocols between different service providers.

Recommendations

- * Strengthen national GBV data collection systems and databases in line with GBV minimum standards for data collection, analysis, reporting, dissemination among national and local level responders to inform M&E.⁸²
- * Develop M&E tools, which focus less on capturing GBV prevalence data, and more on capturing GBV-related risks and gaps in services through mappings, checklists, etc.– such M&E tools can be key for resource mobilization and advocacy.
- * Provide guidance and technical support in developing common indicators and M&E frameworks for the ESP implementation would support this process (ESP CoP and UNFPA).
- * Identify and adopt a common approach to ensure quality readiness assessments. This includes the formal and systematic sharing of key findings among the different service providers that feed into a joint action plan at the national level.
- * Standardize assessment methodologies, M&E and relevant tools in line with participatory approaches which promote the inclusion of individuals at heightened risk. For example, assessments to evaluate how people with disabilities are being included in GBV programmes and ESP implementation.
- * Apply a theory of change reflecting on the specific country context and long-term impacts considering emergencies and development settings.

- * Standardize indicators for measuring and monitoring GBV response including clear systems for collection, compilation and analysis of sex and age disaggregated data.
- * Build the capacity of all government ministries, departments and relevant agencies on specific GBV indicators to improve monitoring and reporting on GBV using a survivor-centered approach.
- * Develop a regional dashboard to monitor ESP implementation (ideally hosted by the ESP CoP).

Key Stakeholders

- * UNFPA Sub-Regional Office for the Caribbean (SROC).
- * NGMs
- * ESP CoP
- * Technical Teams
- * Community members

LAWS AND POLICY FRAMEWORKS

Challenges

- * Gaps in legal and policy frameworks on GBV.
- * Lack of national gender plans.
- * Where there are existing legal and policy frameworks, application or implementation is a key issue.

Recommendations

- * Amend relevant laws and policies to improve GBV response to ensure its survivor-centered, rooted in gender equality and ensure perpetrator accountability.
- * Ensure that legal and policy reforms receive consideration of gender assessments and budgeting.
- * Proactively facilitate victim/survivor participation and inclusion through a formal mechanism for community-based feedback.

- * Advocate with policy makers to clearly outline whether reporting of children aged between 16 to 18 years that experience GBV is mandatory or not to promote their safe access to GBV services.
- * Mainstream gender equality in all policy-making processes at the national and sectoral levels (through the medium-term national development plan and annual national budget) and ministries.
- * Promote cooperation on gender equality by strengthening institutional collaboration between the national gender machinery, the economic and planning ministries, sector ministries, CSOs/NGOs and international agencies, which may be able to provide technical assistance for gender-responsive budgeting specifically.⁸⁴

Key Stakeholders

- * UNFPA SROC
- * UNFPA GBV Technical Team
- * NGMs
- * ESP CoP

EMERGENCY PREPAREDNESS AND RESPONSE

Challenges

- * ESP implementation interruption due to rapid-onset emergencies.⁸³
- * Gaps in relevant protocols and guidelines for ensuring the continuity of GBV response services during emergencies
- * Lack of awareness and complementarity in practice between the ESP and the GBViE MS.
- * Lack of coordination between humanitarian, development and peace interventions, including financing.

Recommendations

- * Develop and adapt tools to be used in emergency settings, including guidance for safe shelters, rapid assessments, remote or mobile service provision, service mapping, and other key actions to promote linkages with the GBViE MS.
- * Strengthen alignment, linkages and coordination between humanitarian and development funding, policy and delivery mechanisms to ensure more medium to long-term approaches in GBV response.
- * Develop contextualized SOPs and guidelines on GBV to ensure adequate support to frontliners working in emergency preparedness and response.
- * Identify potential linkages between the ESP and other GBV-related work being done by UN agencies in the Caribbean. Specifically, UN agencies need to have joint meetings to look at ways of working together on the ESP and other GBV-related work, such as development of national strategies to eliminate GBV that consider the humanitarian-development-peace nexus.

Key Stakeholders

- * UNFPA Sub-Regional Office for the Caribbean (SROC). NGMs
- * ESP CoP
- * Community members
- * UNFPA Special Liaison Offices (SLOs)

ESP COMMUNITY OF PRACTICE (COP)

Challenges

- * Gaps in technical capacity and expertise among participants.
- * Lack of sustainability in approach to GBV response.
- * Challenges in ensuring a more sustainable leadership structure.
- * Gaps in meaningful participation of participants.

Recommendations

- * Define more specifically the structure and leadership of the ESP CoP to ensure sustainability.
- * Broaden the scope and mandate of the ESP CoP to focus either on GBV response more generally or GBV risk mitigation, prevention and response.
- * Adapt the frequency and format of the ESP CoP meetings to promote more active participation and knowledge sharing beyond the ESP itself.
- * Provide additional technical capacity building in GBV through ToT models going forward to ensure more meaningful participation and contributions in CoP meetings.

- * Strengthen the strategic leadership of CARICOM as well as possibly rotating co-chairs among different member states.
- * Consider the development of smaller sub-working groups or thematic areas within the CoP as well as an online knowledge network in which members can share information, experiences and upcoming training plans. These sub-working groups can be activated based on need (i.e., a humanitarian response).

Key Stakeholders

- * UNFPA
- * CARICOM
- * ESP CoP
- * UNFPA Special Liaison Offices (SLOs) or Technical Teams

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Footnotes

¹ OECD (2020) [Development Assistance Committee \(DAC\) Recommendation on the Humanitarian-Development-Peace Nexus](#). OECD/LEGAL/5019.

² To obtain the ESP Resource Package for the Caribbean please reach out to unfpacaribbean@gmail.com

³ UNFPA and the CARICOM Secretariat have operationalized the Caribbean Essential Services Package Community of Practice (ESP CoP) in early 2022, [under the Regional Spotlight Initiative Programme](#).

⁴ World Health Organization (WHO) (2021) [Factsheets: Violence Against Women](#).

⁵ The Spotlight Initiative (2020) Key Messages: [Violence Against Women and COVID-19](#).

⁶ Gibbons, Y. A. (2015) [Family Violence in the Caribbean](#). Expert Group Meeting on Family Policy Development: Achievements and Challenges. United Nations Headquarters.

⁷ Watson-Williams, C. (2020) [Caribbean Experiences With Collecting Data on Violence Against Women and Girls](#). The Caribbean Development Bank and UN Women.

⁸ UNODC (2007) [Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean](#). UNODC and the Latin America and the Caribbean Region of the World Bank.

⁹ Contreras, J. M., Bott, S., Guedes, A., and Dartnall, E. (2010) [Sexual Violence in Latin America and the Caribbean: A Desk Review](#)

¹⁰ Allen, C. (2013) Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean. Pan American Health Organization (PAHO) HIV Caribbean Office. WHO. Washington DC.

¹¹ UNODC (2015) Crime Trends Survey, 2015.

¹² UN Women (2021) [Research Brief - Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence Against Women](#). Caribbean Development Bank and UN Women.

¹³ Spotlight Initiative Caribbean Regional Investment Plan.

¹⁴ UN Women, UNFPA, WHO, UNDP and UNODC (2015) [Essential Services Package for Women and Girls Subject to Violence](#).

¹⁵ Ibid.

¹⁶ [The Spotlight Initiative](#) is a global multi-year partnership between the UN and the European Union that aims at eliminating all forms of violence against women and girls. GBV interventions are planned across six mutually-reinforcing pillars, one of which focuses on making essential services that meet global standards available to all survivors of GBV. The foundational tool for interventions under this pillar is the ESP.

¹⁷ Other documents consulted in this review include readiness assessments for countries implementing the ESP, referral pathways to respond to GBV, national strategic action plans to prevent and respond to GBV, legislation and policies on GBV, concluding observations by the Committee on the Elimination of Discrimination against Women.

¹⁸ [The Spotlight Initiative](#) is a global European Union - United Nations programme aimed at eliminating all forms of violence against women and girls, currently implemented in 26 country programmes around the world.

¹⁹ St. Lucia and Suriname are considered as 'self-starter' countries in implementing the ESP, as they do not receive funding as part of the Spotlight Initiative Framework. In the case of St Lucia, the government requested support from the UNFPA in the form of technical assistance to guide a multi-agency working group on an action plan for ESP implementation and to build capacity of stakeholders to facilitate the implementation of the ESP within the context of a National Action Plan (NAP) to end GBV.

²⁰ UNFPA (2022) [Addressing Gender-Based Violence Across Contexts: Gender-Based Violence Interagency Minimum Standards and the Essential Services Package for Women and Girls Subject to Violence](#).

²¹ UNFPA Technical Division (2022) [UNFPA Implementation of the Essential Services Package \(ESP\) for Women and Girls Subject to Violence: A Consultation Report](#).

²² UN Women, UNFPA, WHO, UNDP and UNODC (2015) [Module 5: Coordination and Governance of Coordination](#) – The Essential Service Package (ESP) for Women and Girls Subject to Violence, Core Elements and Quality Guidelines.

²³ Economic Commission for Latin America and the Caribbean (ECLAC) (2019) [Regional Progress Report on the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030](#). (LC/CRM.14/5) Santiago, Chile.

²⁴ KII with personnel in Trinidad and Tobago and Belize.

²⁵ UNFPA SROC (Unpublished), ESP Readiness Assessment (St. Lucia).

²⁶ According to a situation analysis in 2018, the Government of Suriname had no specific budget for gender issues. Various ministries are responsible for gender mainstreaming government policy through Gender Focal Points.

²⁷ UNFPA SROC (Unpublished), ESP Readiness Assessment on Jamaica.

²⁸ Government of Anguilla (2019), National report from Anguilla on progress in the application of the Montevideo Strategy for implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030, p.17.

²⁹ UNFPA SROC (unpublished) ESP Readiness Assessment on Jamaica.

³⁰ Government of Anguilla (2019) National report from Anguilla on progress in the application of the Montevideo Strategy for implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030

³¹ UNFPA SROC (unpublished) Rapid Situational Analysis of GBV Services in Grenada.

³² In Jamaica, pre-service training exist for personnel in the Police and the Health Sector; The National GBV Plan of Action 2010-2013 for Belize outlines activities for training different personnel that prevent or respond to GBV which includes teachers, health workers and police; Suriname's Gender Vision Policy Document 2021 to 2035 includes, as an intervention to reduce GBV, constant training of identified professional groups, including health workers, teachers, police officers, military and religious leaders as part of its priority area called "gender-related violence." Such training is to be included in the training of recruits to fully fledged police officers, and the training of teachers and health workers and The Virgin Island's Gender Policy touches upon a strategy for service providers preventing and responding to GBV. The policy advises that on-going and systematic gender training for police officers, judicial officers, lawyers, prosecutors, social workers and other actors within the justice system should take place.

³³ Individuals and groups at heightened risk of GBV and exclusion from accessing multisectoral services can include women and girls living with disabilities, sex workers, migrants, refugees, indigenous communities, LGBTIQ+ people, minority groups, among others depending on the country context.

³⁴ Literature review conducted on Anguilla, Belize, Dominica, the Bahamas and The Virgin Islands.

³⁵ Watson-Williams, C. (2020) [Caribbean Experiences With Collecting Data on Violence Against Women and Girls](#). The Caribbean Development Bank and UN Women.

³⁶ Ibid.

³⁷ Article 8 (h) of the Inter American Convention on the Prevention, Punishment and Eradication of Violence against Women.

³⁸ KII with personnel from Suriname and the British Virgin Islands.

³⁹ KII with personnel from Belize, Trinidad and Tobago and Montserrat.

⁴⁰ This includes the distinction between younger adolescents (age 10–14) and older adolescents (age 15–19) in data collection and activity implementation. For more information, refer to IASC (2020) [With Us & For Us: Working with and for Young People in Humanitarian and Protracted Crises](#). UNICEF and NRC for the Compact for Young People in Humanitarian Action.

⁴¹ KII with personnel from Belize, Trinidad and Tobago, Turks

and Caicos Islands and Grenada.

⁴² KII with personnel from Belize and Trinidad and Tobago.

⁴³ KII with personnel from Guyana and Turks and Caicos Islands.

⁴⁴ KII with personnel from Trinidad and Tobago and St. Kitts and Nevis.

⁴⁵ Module 6 of Essential Services Package for Women and Girls Subject to Violence, Core Elements and Quality Guidelines (UN Women, UNFPA, WHO, UNDP & UNODC), 10.

⁴⁶ Module 1 of Essential Services Package for Women and Girls Subject to Violence, Core Elements and Quality Guidelines (UN Women, UNFPA, WHO, UNDP & UNODC), 14.

⁴⁷ A gender-neutral definition of rape recognizes both males and females as potential perpetrators and survivors.

⁴⁸ UN Women (2022) Caribbean Gender Portal: The Bahamas. (Accessed on 02 August 2022).

⁴⁹ According to a literature review conducted on Antigua and Barbuda and St. Lucia.

⁵⁰ According to a literature review conducted on Suriname.

⁵¹ Antigua & Barbuda First Country Report 2018 National Progress Report on the Montevideo Consensus on Population and Development, 34.

⁵² Concluding observations on Saint Vincent and the Grenadines, Human Rights Committee, May 2019, para. 16

⁵³ UNFPA SROC (Unpublished) Coordination - Readiness Assessment (Jamaica), p. 10.

⁵⁴ The Virgin Islands National Policy for Gender Equity and Equality, p. 43-44.

⁵⁵ UNFPA SROC (Unpublished) Coordination - Readiness Assessment (Jamaica).

⁵⁶ KII with UNFPA personnel in Trinidad and Tobago.

⁵⁷ Concluding observations on Saint Vincent and the Grenadines, Human Rights Committee, May 2019, para. 18

⁵⁸ Section 17 of the St. Christopher and Nevis Domestic Violence Act, Cap 12:04 provides that a rehabilitation order shall be made under the following circumstances: (a) where the person is a first-time offender under this Act and has no previous convictions for such offences; (b) where the convicted person has not previously breached any order made under this Act; or (c) where a suitable programme of education and training is available for such persons.

⁵⁹ Section 8 (5) of the Domestic Violence (Protection Orders) Act

states that a protection order shall provide that the parties to the order attend the Family Services Division or such other agency as the court specifies for appropriate professional counselling and therapy. Notably, the law mentions that due regard is to be paid to the business/employment of the parties, therefore, the court may take into consideration factors that inhibit counselling from taking place at the same time for the parties.

⁶⁰ Maura, M. (2021) [The Department of Gender and Family Affairs \(DGFA\) Continues Efforts to Address Violence with Two New Grants](#). The Bahamas Weekly.

⁶¹ UN Women (2018) [Women in Political Leadership in the Caribbean](#). UN Women Multi-Country Office – Caribbean. Christ Church. Barbados.

⁶² Trinidad and Tobago.

⁶³ Antigua and Barbuda and Belize.

⁶⁴ Government of St. Lucia (2018) [Parliament approves Child Care, Protection and Adoption Bill](#), 23 November 2018

⁶⁵ Ministry of Education, Innovation, Gender Relations and Sustainable Development (n.d), Assessment of Essential Services for Victims of Violence against Women in St. Lucia.

⁶⁶ Antigua and Barbuda and St. Lucia.

⁶⁷ As mentioned earlier, these conditions include where there is a decree nisi of divorce or decree of nullity granted under the Divorce Act; a decree of judicial separation under the Civil Code; a separation agreement or where the parties are in fact separated; or a peace binding order or an order for one party not to molest or have sexual intercourse with the other.

⁶⁸ Art 4 (c) Declaration on the Elimination of Violence against Women. A/RES/48/104 (1993).

⁶⁹ KII with UNFPA Personnel from Trinidad and Tobago.

⁷⁰ KII with UNFPA Personnel from Belize.

⁷¹ KII with a respondent in Suriname.

⁷² GBV AoR (2019) Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies and IASC (2015) Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action.

⁷³ Alleyne, M. (2021) Confronting Gender Disparities and Multiple Hazard Events: A Caribbean Reality. EnGenDER Newsletter - Aug. 2021. Edition 3.

⁷⁴ GBV Area of Responsibility (AoR) and UNFPA (2019) [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#).

⁷⁵ UNFPA (2022) [UNFPA Implementation of the Essential Services Package for Women and Girls Subject to Violence: A Consultation Report](#). UNFPA Technical Division.

⁷⁶ KII with respondent from Suriname, Belize and St. Lucia.

⁷⁷ KII with respondent from Suriname.

⁷⁸ KII with respondent from Belize, Jamaica, Turks and Caicos Islands and St. Kitts and Nevis.

⁷⁹ KII with respondent from Cayman Islands.

⁸⁰ According to a KII with personnel from Trinidad and Tobago, when complaints on GBV escalated during COVID 19, the Office of the Prime Minister in Trinidad and Tobago's office's response was guided by the GBViE Minimum Standards in responding to these complaints.

⁸¹ KII with respondent from UNFPA SROC.

⁸² Note there are forthcoming Education sector standards and guidelines specific to the Essential Services Package.

⁸³ Ensure that GBV data systems are based on quality case management practices and structured in line with the [kNowVAWdata Global Curriculum](#) and/or [GBVIMS/GBVMIS+ guidance](#).

⁸⁴ Caribbean Development Bank (2016) Caribbean Gender Assessment Synthesis, p.72.

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