



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



CONCEPT NOTE

Title: Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR)

SITUATIONAL ANALYSIS

Sexual and reproductive health and rights (SRHR) lies at the centre of development with the International Conference on Population and Development (ICPD), 1994, establishing linkages between reproductive health, human rights and sustainable development. There is a great need to mainstream sexual and reproductive health and rights while promoting gender equality and non-discrimination, preventing and addressing gender-based violence (GBV) and enhancing accountability. Improving the lives of adolescents, youth and women ensures the integration of human rights, gender equality and population dynamics.

SRHR in the Caribbean

The Caribbean region holds one of the highest adolescent fertility rates in the world: 60.2 births per 1,000 girls aged 15-19 (2010-2015 period). Early sexual debut and coerced sex are among the main contributing factors to adolescent pregnancy.¹ Lack of legal coherence between the age at which adolescents can consent to sexual activity for most countries is 16 and access to sexual and reproductive health services without parental consent for most is 18 which impedes health and well-being for adolescents. Throughout most of the Caribbean, the legal regime on access to termination of pregnancy is not clearly understood (such as where health and life are in danger) and even where it is, abortion is stigmatised and resources are often restricted. This results in very limited access to safe abortion, particularly by those who cannot afford private medical services. Adolescent pregnancy can severely limit the opportunities for personal development and remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health, poverty and the experience of violence in intimate unions.

As it relates to HIV, the Caribbean sub-region still has the highest incidence of reported AIDS cases in the Americas and is the second most-affected region in the world after Africa, with an HIV prevalence of 1.6% (UNFPA Newsletter, June 2020). This is the case, despite noteworthy progress being made in the reduction of new HIV infections and AIDS-related deaths with the incidence: prevalence rate of the region declining from 6.1% in 2010 to 3.9% in 2019.

Among countries in the Caribbean with recent survey data, HIV prevalence among Trans women exceeds that of other populations. In Jamaica, for example, there was an HIV prevalence rate of 51% among trans women in comparison to 1.8% in the general population as of 2017.² The vulnerability of Trans people to HIV infection and other health threats is exacerbated by the intersecting factors of transphobia, social exclusion, gender-based violence, and stigma and discrimination. These factors are underpinned by structural barriers such as low educational attainment, unemployment and homelessness which can lead to participation in commercial sex work and transactional sexual relationships for survival.

Countries in the sub-region continue to grapple with the incomplete agenda of ending HIV transmission and achieving the 90-90-90 targets and large gaps persist across the HIV testing and treatment

¹ Caroline Allen, *Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean*. PAHO 2013

² 876Study. 2017. Integrated Biological and Behavioral Surveillance Survey



Spotlight Initiative
To eliminate violence against women and girls

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cascades. According to PAHO³, in 2019, 77% of all people living with HIV in the Caribbean knew their HIV status. The slowdown in progression across the testing and treatment cascade emphasises the imperative to scale up evidence-based methods of active case-finding and linkage to (and retention in) care, including through community-based programmes.

The implementation of comprehensive prevention interventions is also not complete in the region. The only countries that have national programmes offering pre-exposure prophylaxis (PrEP) through the public health sector are Barbados and The Bahamas. In the Dominican Republic, PrEP is provided by non-governmental organisations, and in Jamaica and Suriname, it is available through the private sector and pilot studies.

As it pertains to mother-to-child HIV transmission, there has been progress made towards its elimination as seven countries have attained revalidation. In five of the nine countries in the region that reported their 2019 data to UNAIDS, more than 90% of pregnant women living with HIV knew their status.

Inequalities exist and it must be noted that in order to guarantee timely presentation for antenatal care and continuity of treatment for pregnant women living with HIV, scale-up of effective strategies is required especially for those furthest behind including those in poverty, migrants, and survivors of gender-based violence.

Gender-based Violence: Family Violence

The persistence of risks of violence that women face in the home and the community is rooted in gender inequality and power imbalance. Inequitable gender norms support male dominance in intimate partner relationships. This is expressed in the continued assertion that men should be the head of the household, a view held by both women and men.⁴ Relevant surveys show that women whose male partners demonstrate more than one type of controlling behaviour are more likely to experience all forms of intimate partner violence⁵ and family violence.⁶

Family violence is a form of GBV which includes the following types of violence: physical, sexual, economic and psychological/emotional abuse. In this specific form, family violence is considered as acts of aggression within relationships that are considered as family connections or akin to family against women and girls, and it has a number of impacts.

These are some of the consequences of GBV (not a limited list): a) long-term physical and psychosocial trauma; b) perpetuation and/or 'acceptance' of violence as normal, beginning often in adolescence; c) early, repeat and/or unwanted pregnancies; d) lower school performance or school drop-out; e) job absenteeism; f) familial separation; g) inter-generational use and experience of family violence; and i) death.

³ <https://www.paho.org/en/news/1-12-2020-covid-19-reduces-access-hiv-testing-services-aids-response-partners-call-caribbean#:~:text=In%202019%2077%25%20of%20all,antiretroviral%20therapy%20were%20virally%20suppressed.>

⁴ Women's Health Survey Jamaica 2016. In Jamaica over three-quarters of women (77.4 %) agreed with a statement that it is natural (God-intended) that men should be the head of the family, and 70.2 % agreed that a woman's main role is to take care of her home. 31.4 % believed that a wife is obligated to have sex with her husband whenever he wants, except when she is sick or menstruating.

⁵ Intimate partner violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner - <https://www.un.org/en/coronavirus/what-is-domestic-abuse>

⁶ Spotlight Caribbean Regional Investment Plan



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



The root causes of GBV against women are very similar to that meted out against girls. Where violence against women exists in a given household, it is highly likely that same is being perpetuated against the girl child within that respective household, with girls often being overlooked in both prevention and response actions.⁷ The studies have also emphasised the intergenerational nature of family violence, with children witnessing or experiencing such violence being at a greater risk of perpetuating and/or experiencing such violence as adults.

Linkages between SRHR and GBV

GBV is both a cause and consequence of limited access to SRHR and is linked to negative SRHR outcomes for women and girls. Women are more vulnerable to HIV infection and other sexually transmitted infections (STIs) where gender inequalities and high rates of physical and sexual violence exist and where access to SRH services are denied or delivered with stigmatising and discriminating attitudes and behaviours due to age, sexual orientation, HIV status, disability and immigration status.

Forced or coercive sexual intercourse with a HIV-infected partner is one of the routes of transmission for HIV and STI to women. Vulnerability to HIV is also shaped by experience of sexual abuse in childhood, harmful gender norms and socio-economic status.⁸

SRH health problems such as unwanted pregnancies, unsafe abortions, STIs and HIV are fuelled by GBV with inadequate policy and legislative frameworks to address access to SRHR and GBV services.

As it relates to experiencing physical violence during pregnancy, this is a concerning reality in the Caribbean. The Trinidad and Tobago National Women's Health Survey revealed that over 7 percent of ever-pregnant women taking part in the survey reported experiencing physical violence in at least one pregnancy. In Jamaica, the study revealed that 5.1 percent of Jamaican women who took part in the survey experienced physical violence while pregnant. These percentages are probably even higher, but actual prevalence of GBV is not possible to measure for a variety of factors, including but not limited to the fact that survivors of GBV do not tend to report the violence they have experienced, because the conditions for them to do so are not safe nor oftentimes ethical; and there continues to be increasing stigma surrounding a survivor's experience with GBV, including also victim-blaming attitudes and behaviours. Poor maternal and new-born health outcomes are more likely among women who experience violence during pregnancy.

At the health system level, there are gaps in the way VAW data is collected, recorded and shared between health services as well as between the health and justice sector. This includes a lack of effective referral system where women have access to suitable counselling including a redress system.

As it pertains to disasters and health crises, these tend to deepen inequalities that existed before crises, including a dramatic increase in violence against women and children. Family isolation, economic insecurity, reduced access to health services brought on by the COVID-19 crisis will intensify the problem of GBV, including family violence. With the advent of COVID-19, key and vulnerable populations including adolescent girls, young women, and their partners are likely to be disproportionately affected. Sex workers are especially vulnerable to shocks and risk fluctuations of this kind and often lack alternative livelihood strategies to support themselves or to access food. Persons with disabilities, migrants and displaced persons experience similar challenges. Stay at home and

⁷ Guedes, A. et al. Bridging the Gaps: A global review of the intersections between violence against women and violence against children. *Global Health Action*, Vol. 9 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916258/>.

⁸ Several studies highlight that men's use of violence is linked to their own sexual risk taking and hence, their own as well as their partner's risk of STI and HIV. Studies show that women's experience of violence is linked to increased risk-taking including having multiple partners, nonprimary partners (or partnerships outside marriage) or engaging in transactional sex



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



curfew orders can exacerbate HIV and risks of GBV for women and girls living in violent or abusive households. Increases in the incidence of HIV among newly out of school girls, sex workers, and others are therefore expected and have been documented globally.

Spotlight programming must address these threats at the regional and national levels. Programmatic responses to these challenges might include (but are not limited to) the integration of GBV, including family violence, prevention and response actions into health systems' response to COVID-19, strengthening of first response to violence systems, law enforcement actors like the police and justice/judiciary sectors, reinforcement of the social safety net, and increased access to shelter and temporary housing for survivors.⁹

JUSTIFICATION AND BACKGROUND

UNFPA, through the Spotlight Initiative, seeks to establish a Caribbean Observatory on SRHR under Pillar 3 of the Spotlight Initiative Regional Programme contributing to “strengthening regional cooperation to prevent and respond to family violence in the Caribbean”. The Observatory as an output of the broader Spotlight Initiative will contribute to the achievement of Outcome 3.2: Advocacy platforms are established/strengthened to develop strategies and programmes,¹⁰ including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities.

In supporting the establishment of the Observatory on SRHR, relevant human rights instruments are to be taken into consideration to ensure that all individuals are entitled to equal rights and protections and no one is left behind. These include:

Regional

- The Montevideo Consensus on Population and Development
- The American Convention on Human Rights
- The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women
- The Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) 2019-2025

International

- The Beijing Declaration and Platform for Action which is a framework that envisions the empowerment of women, analysing the situation of women around the world and assesses the efforts of States in support of women's empowerment, gender equality and the provision of better opportunities for women and girls. This includes setting an agenda for governments, international organisations, civil society and the private sector to safeguard women's human rights and to ensure that gender is taken into account in all national, regional and international policies and programmes. It also examines the international community's commitment to address civil, political, social, economic and cultural inequalities with 12 critical areas of concern covered by various international human rights instruments including:
 - Universal Declaration of Human Rights (UDHR)
 - The 1994 International Conference on Population and Development Programme of Action
 - The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

⁹ Peterman, A. et. al. *Pandemics and Violence Against Women and Children*. Working Paper 528: Center for Global Development. April 2020.

¹⁰ Including informing parenting skills around gender socialization through early childhood development programmes



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



- The Convention on the Rights of the Child (CRC)
- The International Covenant on Economic, Social and Cultural Rights (ICESCR)
- The International Covenant on Civil and Political Rights (ICCPR)
- The Convention on the Rights of Persons with Disabilities (CRPD)
- The International Convention on the Elimination of All forms of Racial Discrimination (CERD)
- The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

The Caribbean Observatory on SRHR will help to fulfil Sustainable Development Goals (SDGs), 3, 4, and 5. These seek to, respectively:

- Ensure healthy lives and promote well-being for all at all ages;
- Ensure inclusive and quality education for all and promote lifelong learning; and
- Achieve gender equality and empower all women and girls

PROJECT OBJECTIVE

The Caribbean Observatory on SRHR is to be set up and led by a civil society organisation. It is aimed at advocating for strengthened policy and programmatic linkages between family violence and SRHR, which will improve coverage, access to, and uptake of both SRHR and GBV services for vulnerable populations, and promote social monitoring towards the advancement of integrated SRHR/GBV in the region. The Observatory will also provide timely and independent analysis and will serve as an advocacy platform for development of social norms change across the Caribbean, promotion of south-south cooperation, innovation and expertise.

PROJECT OUTCOMES

The work around the Caribbean Observatory on SRHR will contribute to the realisation of:

Outcome 3: Gender equitable social norms, attitudes and behaviours change at community and individual levels to prevent violence against women and girls, including family violence

Output 3.2: Advocacy platforms are established/ strengthened to develop strategies and programmes,¹¹ including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities.

It will also contribute to the realisation of:

Outcome 5: Quality, disaggregated and globally comparable data on different forms of VAWG, including family violence, is collected, analysed and used in line with international standards to inform laws, policies and programmes

¹¹ Including informing parenting skills around gender socialization through early childhood development programmes



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



Output 5.2: Quality prevalence and/or incidence data on family violence, is analysed and made publicly available, and relevant data used for the monitoring and reporting of the SDG target 5.2 indicators to inform evidence-based decision making.

METHODOLOGY

The development of this Concept Note has been informed by a desk review, key informants' interviews and a preliminary work plan as follows:

Desk Review: A desk review on Observatories globally was conducted with information being gleaned from a wide-range of Observatories to inform the setting up of the Caribbean Observatory on SRHR. The desk review included reviewing their objectives and methodology as well as conducting additional research into their composition, feasibility, sustainability and good practices. The Observatories reviewed included:

1. Gender Equality Observatory for Latin America and the Caribbean - <https://oig.cepal.org/en/about-observatory>
2. UN Women Caribbean Gender Portal - <https://caribbean.unwomen.org/en/caribbean-gender-portal>
3. European Observatory for Gender Smart Transport - <https://transportgenderobservatory.eu>
4. Observatory European Charter for Equality of Women and Men in Local Life - <https://charter-equality.eu>
5. Observatorio de Violencia Machista / Bizkaia - https://www.bizkaia.eus/Gizartekintza/Genero_Indarkeria/en_definition.html
6. European Women's Lobby Observatory on Violence Against Women - <https://www.womenlobby.org/-EWL-Observatory-on-Violence-against-Women-219-?lang=en>
7. Observatory Against Domestic and Gender-Based Violence - <http://www.poderjudicial.es/cgpi/en/Subjects/Domestic-and-gender-violence/Spanish-Observatory-on-Domestic-Violence/>
8. Observatory on Gender-Based Violence Against Women - <https://www.opengovpartnership.org/members/uruguay/commitments/UY0102/>
9. Obstetric Violence Observatory: Contributions of Argentina to the International Debate - <https://www.tandfonline.com/doi/abs/10.1080/01459740.2019.1609471>
10. Poder Judicial España - Observatory against Domestic and Gender-based Violence - <http://www.poderjudicial.es/cgpi/en/Subjects/Domestic-and-gender-violence/Spanish-Observatory-on-Domestic-Violence/>

Work Plan: A preliminary work plan was developed with clear and feasible timelines to carve out the roadmap to the establishment and functioning of the Observatory on SRHR.

Key Informants' Interviews: Stakeholders to be interviewed were mapped and a questionnaire developed to guide key informant interviews to garner initial feedback and input on how these actors perceived the role of the Observatory on SRHR, issues it should deal with, and how it should function in order to be effective and sustainable. Interviews were subsequently undertaken with 21 key stakeholders from the following groups:

1. Spotlight Regional Team
2. UNFPA's Sub-Regional Office of the Caribbean (SROC)
3. Civil Society Organisations (CSOs)
4. Academia



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



5. Inter-governmental Organisations
6. Potential End-users
7. Professional Associations

The findings from these key informant interviews have been used to inform the development of this Concept Note.

PROJECT DETAILS

I. Proposed Mission and Vision

Vision: A Caribbean where the sexual and reproductive health and rights of its people are respected, protected, promoted and fulfilled and family violence is no more.

Mission: To advocate for strengthened policy and programmatic linkages between family violence and sexual and reproductive health and rights and promote social monitoring towards the advancement of integrated SRHR in the region.

II. Objectives and Focus

Respondents from the key informant interviews put forward several characteristics, objectives and methods that the Observatory should embody, work towards and employ, respectively.

Objectives

The Observatory should have a broad mandate aimed at performing:

- Social monitoring;
- Conducting analysis; and
- Evaluating and assessing progress

The Caribbean Observatory will set out to examine the enabling environment around SRHR with linkages to GBV to determine what legislation, policies and programmes are in place. It will conduct further analysis of the factors including the resources that are in place to support the legislative and policy landscape and then explore good practices in programme design and socialisation, promote these and make them available on its platform.

Key Characteristics of the Observatory

The Caribbean Observatory on SRHR/GBV needs to be:

- A well organised platform that is resourceful;
- Transparent;
- Objective;
- Impartial;
- Independent;
- Apolitical;
- Secular
- Accurate;
- Reliable;
- Timely;
- Accessible;



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To eliminate violence against women and girls

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- User-friendly;
- In the people’s best interest; and
- Be strategically positioned to address the scattered data in the region, conducting data analysis and promoting areas for research where data gaps exist.

Method

Arising from the interviews, interviewees expressed several ways the Observatory could carry out its mandate. These included:

- Addressing specific gaps and not duplicate efforts;
- Providing consistent analysis/reporting on SRHR situations in the region;
- Breaking stigma and taboo on topics that are controversial;
- Providing counter arguments and pushback on certain issues;
- Undertaking shadow reporting;
- Making recommendations on what needs to be done for success around a range of issues including the need to contribute to strengthened laws and policies, conduct health advocacy and holding governments accountable;
- Promoting the generation of evidence to inform programme development; and
- Fostering knowledge management, being a one-stop shop, monitoring progress on indicators including performance indicators on legislative and policy reform, budget allocation and information on good practices.

Linkages

The Observatory will need to create linkages between other interventions under the Spotlight Initiative, CSOs and other Observatories. Please see Figure 1.0

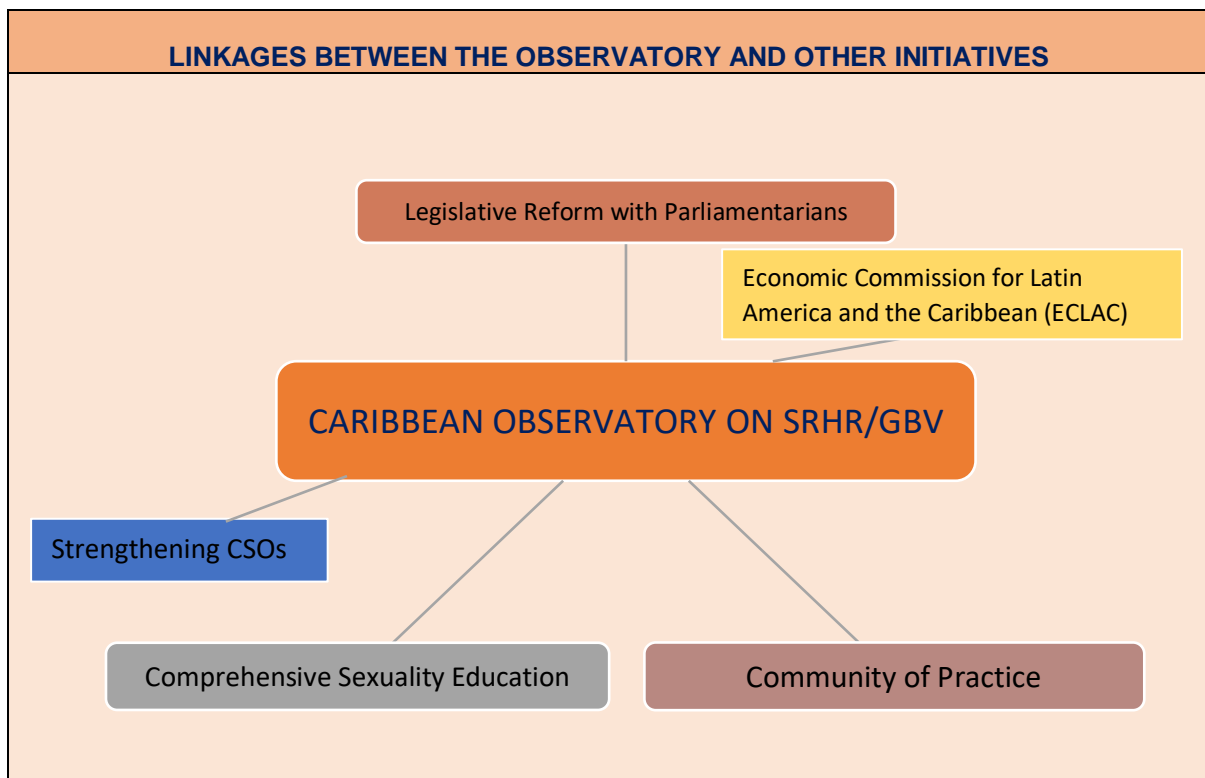




Figure 1.0 - The Observatory should drive social mobilisation, bringing key allies together to advance SRHR and deal with emerging threats. The Observatory should create linkages with other Observatories such as ECLAC, as well as key programmes within the Spotlight Initiative and be seen in collaboration with Comprehensive Sexuality Education (CSE) In and Out of School, the Essential Service Package (ESP) Community of Practice and activities around Legislative Reform with Parliamentarians. It should strengthen and feed CSOs so that they can do their work at the national level.

Observatory as a Platform to Monitor National / Regional Commitments to Human Rights Obligations on SRHR

Key informants indicated that the Observatory should, within a defined and approved framework, be a watchdog or platform to monitor national / regional commitments to human rights instruments on SRHR with linkages to GBV issues as well as the countries' human rights records and the steps they have taken to improve the human rights situations in order to fulfil human rights obligations. These include the relevant covenants, conventions, declarations, conferences, plans of actions, consensus agreements, periodic reviews and sustainable development goals.

This will ensure that comprehensive monitoring is carried out and an overall cohesive picture is provided from a regional approach. This will in turn help to underpin an interconnected and bolstered advocacy approach.

Observatory as a Platform to Advance SRHR-related Issues and Priorities

The comprehensive definition of SRHR proposed by the Guttmacher-Lancet Commission (Starrs and others, 2018) covers sexual health, sexual rights, reproductive health and reproductive rights and reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals. Additionally, it addresses issues such as violence, stigma and respect for bodily autonomy, which profoundly affect individuals' psychological, emotional and social well-being. It further specifically addresses the SRHR of neglected groups (e.g. adolescent girls, LGBTI+ individuals and those with disabilities). As such, the definition offers a comprehensive framework to guide governments, United Nations agencies, civil society and other stakeholders involved in designing policies, services and programmes that address all aspects of SRHR effectively and equitably¹². For universal access to SRHR to become a reality, national policies and implementation plans need to take a comprehensive approach to SRHR and address the multifaceted determinants of health and include synergic interventions that address all components of supply, demand and enabling environment.

The Observatory will be a space to advance a comprehensive approach to SRHR and promote social monitoring on its dimensions with particular focus on enabling environment determinants.

With the forgoing considered, several issues and priorities were put forward with the anticipation that the Observatory will pay particular attention in advancing the following topics:

¹² Source: Sexual and Reproductive Health and Rights: An essential element for Universal Health Coverage. Background document for the Nairobi summit on ICPD25 – Accelerating the promise.



Spotlight Initiative
To eliminate violence against women and girls

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- Sexual and Reproductive Rights – a basic human right; recognition as a health priority to be addressed as a matter of urgency; right to sexual pleasure¹³
 - Legal and Policy Framework and especially advancement of recommendations of the UNFPA SRH legislation desk review undertaken in 22 Caribbean countries related to contraception, HIV/STIs (decriminalisation of HIV transmission), access to safe abortion care (where legal) and post abortion care, GBV, maternal health care (antenatal, childbirth and postnatal care); CSE and pregnant learner retention and re-entry laws and policies with particular focus to most vulnerable population, namely: minors, women; persons living with disabilities; sex workers; persons living with HIV and specifically women living with HIV; and persons of diverse gender identity and/or sexual orientation and migrants. Protection from discrimination will also be a critical issue to be advanced through the Observatory - inclusive, equal and non-judgmental sexual reproductive health services for all populations; same-sex relations; sexual orientation and gender identity; criminalisation of certain sex acts.
- Countries' commitments to human rights instruments on SRHR with linkages to several GBV issues: international and regional
- Services: SRHR needs of the most vulnerable people; access and use of SRH services
- CSE in and out of school

Measuring Performance to Monitor Progress on SRHR issues

The Observatory will map out core benchmarks at the different levels that are comprehensive, measurable, realistic and relevant and respond to SRHR priorities and issues in the region, and use these measurements to report on progress periodically. These include benchmarks at the:

- Impact level: for example, teenage pregnancy and unmet SRHR need;
- Outcome level: for example, countries where adolescents have legal access to SRH, services uptake. This level is directly linked to global, regional and national state obligations and commitments; and
- Output level (countries with standard operating procedures (SOPs), standards in place).

These are to ensure that there are monitoring mechanisms covering the SRHR-related priority issues against which progress can be measured.

III. Content

Information and Knowledge

Based on feedback from the key informant interviews, respondents indicated that the Observatory on SRHR should be a repository of useful information. It should reflect the reality of the situation across

¹³ Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression.;



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To eliminate violence against women and girls

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the region, facilitate an open space for dialogue, and create linkages and discussion to de-stigmatise issues on SRHR and GBV. This should include a plan of action for:

- Collecting solid data from external and reliable sources;
- Conducting systematic reviews;
- Using indicators to undertake and provide timely and independent comparative analyses of data collected for the Caribbean *via* various knowledge platforms/products; and reporting trends including on areas where there is paucity of data to be used for good practice and lessons learnt;
- Determining a phased approach for outputs to facilitate starting small and then scaling up.
- Presentation of recommendations underpinning advocacy for advancements in SRHR gender equality-based legislation, and effective implementation of integrated SRHR/GBV policies and programmes throughout the region;
- Presentation of information in a simplified and ‘attractive’ format;
- Linking theory to reality including demonstrating how SRHR-related issues affect the lives of Caribbean citizens;
- Commission independent research through academia, where possible, to produce qualitative and quantitative research¹⁴;
- Translating empirical information garnered or produced and applying it to inform decision-making, legislative reform, policy formulation and effective programming;

Standard Operating Procedure around Dissemination of Information

Standard Operating Procedure (SOP) with a sound Communications and Advocacy Plan (CAP) will be developed (including visibility and dissemination components) to guide the implementation of the communications and advocacy work of the Observatory, and the visibility and flow of information emanating from it. This SOP with a sound CAP will determine how empirical information garnered (or produced when possible) by the Observatory is translated and applied to inform decision-making, legislative reform, policy formulation and effective programming.

The SOP needs to ensure that the Observatory is bold, vocal and visible in its approach. It should be activist-oriented, establish common discourse and link with existing advocacy groups and coalitions and bring people together so as to limit the working of entities in silo. It should be a living portal to foster change and challenge systemic barriers. It should be a body that pushes for change by regional inter-governmental entities, national governments, external development partners as well as to the extent possible, the public directly.

Advocacy tools will be employed by the Observatory as part of the CAP in lobbying for advancements in SRHR. These include policy briefs, position papers, press releases, advertorials and Parliamentary submissions.

The CAP is integral to buy-in of the Observatory. Buy-in is important to its credibility, effectiveness and success. This will occur through highlighting the work and achievements of the Observatory over time. Launch of the Observatory as well as good quality publications especially in the first six (6) months will therefore be important to awareness-raising and user-friendliness and buy-in. This CAP will be essential in ensuring that key influential persons from different organisations are engaged and possibly become champions for the Observatory, and leveraging their membership and supporters as well.

¹⁴ This requires resource mobilisation.



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



Caribbean Integrated SRHR/GBV Knowledge Platform under the Secretariat of the Observatory

A. Knowledge Platform

An interactive knowledge platform comprising a website with the use of dashboards should be built as well as social media pages such as Facebook, Twitter and Instagram that will serve as avenues to convey information on SRHR issues and progress in the region. The website should also employ the use of infographics and case statistics and have the potential for users to generate their own graphs based on issues, indicators and countries. *There will also be synergies with other areas of Spotlight’s work including the ESP Community of Practice.*

B. Knowledge Products

The Observatory will undertake a balance between collecting and promoting already existing tools, documentation and materials and developing various knowledge products in keeping with the needs of the target audiences in order to undertake comparative analyses of and reporting on benchmarks, interventions and advancements in the region. This would be done periodically and include the compilation of email list-serves. *A communications company will be hired to develop these knowledge products including multimedia pieces that translate evidence-generated analysis, studies, advocacy materials, standards and other products into a more divulgable format. These products should be concise, attractive, easily digestible, user-friendly, engaging, and include, but not limited:*

Quarterly / Semi-Annual	Thematic-based: <i>(These will be produced when funds are available for a specific purpose)</i>	State of SRHR in the Caribbean
Newsletters	Manuals/handbook publication for various target audiences	Annual Reports
Fact Sheets	Animations / Videos	Other Reports
Human interest stories / Testimonials	Posters	Technical / Policy Briefs
Webinars / Panel discussions	Toolkits for various audiences	
Blogs	Thematic research pieces	
Case Studies	Summaries (data, report)	
	Public service announcements on radio, television and social media	



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



III. End Users and Participation

Main Beneficiaries or Target Audiences

Key informants mentioned that the main beneficiaries or target audiences of the Observatory on SRHR should be:

Primary	Secondary	Tertiary
1. Decision-makers in government including Parliamentarians	1. Researchers	1. Users of healthcare services; clients
2. Technocrats; public servants within the key line ministries; other state actors	2. Academia	2. General public
3. Civil society organisations; advocacy groups	3. Teachers	
4. Programme managers	4. Students	
	5. Legal professionals	
	6. Faith-based organisations	
	7. Healthcare workers	
	8. Media	
	9. International development partners	

Marginalised Populations of focus to the Observatory on SRHR/GBV

The marginalised populations mentioned by key informants were:

1. All women, all boys, all girls, no matter socio-economic status	2. Men in all their diversity including Cisgender heterosexual and men who have sex with men (MSM) <i>* full active participation on men to improve SRHR for women is paramount in looking at it through the life cycle; don't put more emphasis on one group over the other; give the same level of prominence; sometimes we focus so much on women and forget the men</i>
3. Women: women of reproductive age, women 50+, women living with HIV, rural women, indigenous women (including those who are Afro-descendants); unemployed women; women with mental health issues; experiencing GBV and their children; LBT women	4. Persons with disabilities
5. Migrants, especially women; displaced people (refugees)	6. Indigenous people; Ethnic minorities
7. Youth, young people and adolescents in and out of school: unattached youth; youth drop outs; LGBTQI+ youth; indigenous youth especially girls; young women; young men; young adults / children (15-17) years; young mothers; first time mothers; single mothers; girls; teenage girls, children	8. People subjected to early unions
9. Sex workers	10. Rural population; interlands people
11. LGBTQIA+; Trans people; trans women; gender non-conforming	



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IV. Operations: Structure, Partnerships and Sustainability

Proposed Structure

Steering Committee

The Observatory on SRHR will be governed by a multi-stakeholder steering committee comprising people with the right mix of expertise, as diverse as the populations being catered to and the linkages fostered. Key informants indicated that this could include CSOs that serve different populations that have a pulse for what is happening on the ground, international development partners and academia. The Steering Committee will have a Terms of Reference outlining its operational mandate and function of its members as well as the size of the committee. It is suggested that the Steering committee could be a rolling one. This rolling could possibly be on a yearly basis.

Secretariat

The Observatory will be housed at a civil society organisation (CSO) with a regional scope. An Implementation Partner Agreement and a work plan will be agreed with UNFPA for this lead CSO. Criteria that will be considered in choosing the CSO include:

- Interest to host the Observatory in the short but also long term
- Strategic location of the CSO in terms of information, resources (human resources, technical capacity and ability to manage funds) and policy planning mechanism
- Sustainability plans for the Observatory
- High ability of partnership and coordination with other stakeholders
- Organisational commitment and cooperation

Technical Support

UNFPA, will facilitate continuous engagement with the Secretariat of the Observatory and provide the technical support, guidance and coaching to get the Observatory to carry out its functions effectively during the Spotlight Initiative and beyond.

Proposed Partnerships

The Observatory on SRHR should remain independent while brokering partnerships. Partnerships are essential for support and sustainability. There will be different types of partnerships around the Observatory. These are:

- Philanthropic/Donor-based/Development Partnerships;
- Partnerships for Technical Support; and
- Partnerships with Beneficiaries

There will be potential partners for the Observatory that will be feeding it data to ensure a participatory process, and these will be determined by the standards and framework developed for data collection/analysis and the type of information required, respectively. This will be done to ensure objectivity, impartiality, accuracy, reliability and timeliness of the information as well as to improve coordination of the partners working with the Observatory.

Subsequently, there should be a mapping out process of various sub-regional and country level SRHR/GBV platforms/working groups, statistics offices, CSOs, academia and private sector entities.



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Presentations should be conducted with these entities on the mission, vision and objectives of the Observatory so as to bolster the engagement process and allow for them to buy-in to the Observatory.

These entities, as well as the potential agencies that could benefit from the information provided by the Observatory, should be engaged *via* additional regional consultations on cross-national issues derived from shared political and cultural systems in order to identify major SRHR/GBV priorities, bottlenecks and gaps, and review the framework for monitoring and measuring progress.

An email list-serve should be developed so they could be notified of launches of publications and sent these as well.

Linkages should also be created with other observatories such as the Economic Commission for Latin America and the Caribbean (ECLAC) to provide support and exchange of good practices regarding the establishment and functioning of the Caribbean Observatory on SRHR.

SOPs will be developed and agreed with key partners. The signing process will be integrated into the launch of the Observatory in order to heighten visibility and commitment. These include the UN entities under the Spotlight Initiative and the European Union. Additional partnership agreements should be signed in the early stages of the establishment of the Observatory.

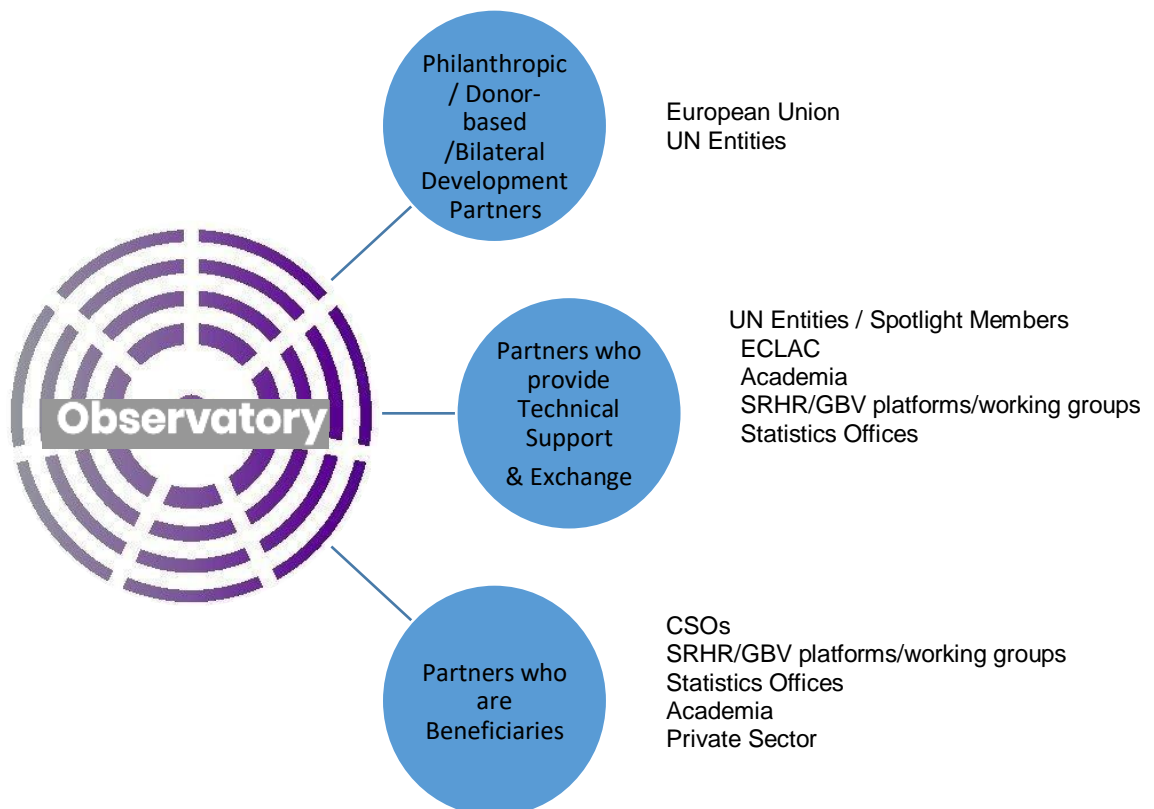


Figure 2.0 - Linkages and Types of Partnerships with the Observatory



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Sustainability Plan

Sustainability Risks

Potential sustainability risks in establishing the Observatory on SRHR must be assessed to determine whether:

- They are conceived through participatory processes involving regional stakeholders including regional entities, government, private sector, civil society and other actors;
- Sufficient capacity, leadership and oversight exist;
- Efforts are made towards building consensus among different stakeholders;
- There is clear commitment / buy-in from stakeholders across the region;
- Financial provisions are made by a variety of stakeholders in a clear and systematic manner; and
- There are institutional or individual champions involved as part of the Steering Committee and also external to it.

The sustainability risks and plans for mitigation should be part of a wider action plan for sustainability which will need to be developed from the very beginning of the establishment of the Observatory and this will be part of the criteria expected of the CSO selected to house the Observatory. Sustainability will also depend on the buy-in coming from across the region and the perceived need and effectiveness of the Observatory. The Communications and Advocacy plan will play a huge role in getting this buy-in.

The work of the Observatory must also be seen as complementary work to what is already being done. The Observatory needs to be practical, relevant and linked with an action agenda and the needs of Caribbean people in respective countries along with their decision-makers that bridge issues and provide positive steps toward improvement.

Key informants put forward that as part of the sustainability efforts, the Observatory may have to be integrated and embedded in a structure that can maintain it. The type of structure should be explored in the sustainability plan.

Resource Mobilisation Framework

As part of the sustainability plan, the human, financial and other resources needed to run the Observatory annually will need to be mapped out and a determination made as to the type of model to be adopted in order to acquire funding. A resource mobilisation framework needs to be developed as part of the broader sustainability plan. Respondents interviewed outlined that the funding options of the Observatory that need to be explored should be seamless opportunities that do not result in the need for funding to be solicited all the time. Embedding it within certain structures as well as aligning it with learning institutions should also be considered to ensure its sustainability, while preserving its independence.



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