



Sub-regional
Office for the
Caribbean



MOVING TOWARD **THREE ZEROS!**

UNFPA CARIBBEAN ANNUAL REPORT 2021



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FOREWORD

As the United Nations' sexual and reproductive health agency, UNFPA's mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. This is the case globally and in the Caribbean where we serve 22 Dutch and English speaking countries and territories.

In 2021, the Caribbean faced four major humanitarian challenges at once: the Venezuelan migrant and refugee crisis, which has become the largest regional human displacement crisis in recent history with an estimated 150,000 Venezuelan migrants/refugees having settled in Aruba, Curacao, Guyana and Trinidad and Tobago; the annual Atlantic hurricane season putting 16 out of 22 countries and territories at risk; other natural disasters, such as the volcanic eruption in Saint Vincent and the Grenadines and the extreme flooding in Guyana; and the global COVID-19 pandemic.

Despite these challenges, UNFPA continued to support governments, civil society organizations (CSOs) as well as other partners and stakeholders to maintain the provision of sexual and reproductive health and rights information and services and protect those who are most vulnerable. We also continued to institute measures to address increased gender based violence and harmful practices that have resulted from the pandemic and implement systems to ensure the supply of modern contraceptives and reproductive health commodities.

Our Sub-regional Programme Document (SRPD), which is based on three major outcomes grounded firmly in UNFPA's transformative results and linked to our Multi-Country Sustainable Development Cooperation Framework (MSDCF), was also developed and approved in 2021. The SRPD focuses mainly on achieving three transformative results: zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices.

These outcomes cannot be achieved without the continued support of our stakeholders and partners. I would like to thank them for being unwavering in their commitment during a period that has been incredibly unprecedented. The needs of our most vulnerable populations have become even more urgent and we must continue to partner and advocate so that we can keep providing the well-needed support and services that are required, while ensuring that we leave no one behind.

Alison Drayton

ALISON DRAYTON

Director, UNFPA Sub-regional Office for the Caribbean



EXECUTIVE SUMMARY

UNFPA Caribbean embarked on 2021 – the final year of its 2017-2021 programme for the English and Dutch-speaking Caribbean – with optimism and a determination to remain a source of support for governments and stakeholders, especially women and girls, despite an ongoing pandemic. The result was an active, exciting, demanding and thoroughly fulfilling year, one which saw UNFPA achieving key milestones and laying out plans to deepen and expand its partnership, cooperation and support in the region.

Sexual and reproductive health and rights are at the very heart of UNFPA's mandate. Every aspect of our work, every activity that we support, is clearly and inextricably linked to the right to access quality reproductive services; and while we continue to prioritise women and girls, we also remain committed to leaving no-one behind.

CHAPTER ONE provides insight into the work done in 2021 to support the sexual and reproductive health and rights of the most marginalized populations. From the finalization and costing of a Transgender Health Strategy for Jamaica – the first of its kind in the Caribbean – to the scaling up of mobile SRH service units for rural and indigenous populations in Belize, and providing similar services for Venezuelan migrants in Guyana, we were deliberate in ensuring that the underserved were not only identified and recognized, but also supported.

High levels of adolescent pregnancy, and the health, economical and emotional challenges associated with it, continue to threaten the potential and future of Caribbean youth. Critical to realising our vision is equipping adolescents and youth with the tools and the knowledge needed to safely navigate and explore their sexuality. Against this background, UNFPA remains a strong advocate for youth, for their right to an education that adequately informs and that empowers them to make responsible reproductive health choices, and an environment that enables them to exercise those rights.

CHAPTER TWO tells of UNFPA's advocacy for comprehensive sexuality education (CSE) in the Caribbean through a strengthened Health and Family Life Education (HFLE) curriculum; it highlights its India-funded project to reduce adolescent pregnancy in Guyana – the very essence of South-South Cooperation. It also demonstrates the steps being taken by UNFPA to realise the vision of every young person's potential being fulfilled.



Titled “Preventing Sexual Violence against Women and Girls,” **CHAPTER THREE** outlines initiatives that go hand in hand with adolescent SRH services and CSE, to support the fulfilment of youth potential. Sexual violence remains an unfortunate reality within the Caribbean. UNFPA, through its Implementing partners, including government organisations, continues to work to address this scourge within our society. To that end, this chapter highlights training of government employees in Belize to mainstream gender in policy-making, and it discusses the development of a model GBV workplace policy, as well as the work done with men and boys in Trinidad and Tobago as a long term strategy to bring about a change in cultural and behavioural norms.

While we continue to strive towards the day when VAWG will be only an unfortunate blight in Caribbean history, a key strategy to address the issue at present is to ensure that services are available for survivors. From state run shelters in Jamaica, to the development of the iMatter.gy platform in Guyana for GBV survivors, UNFPA continues to support quality services for survivors of VAWG.

With less than eight years to go to achieve Agenda 2030, now is the time for countries and governments to accelerate their push towards realising the Sustainable Development Goals (SDGs). Critical to this, is to strategically invest scarce resources for the best returns; it is evaluating the available information, discovering and understanding the gaps that exist, and designing a plan to address them – policy making. Reliable, accurate and current data are the building blocks of sound policy. **CHAPTER FOUR** therefore explores UNFPA’s support to Caribbean countries and National Statistics Offices (NSOs) in the execution of the Housing and Population Census and in the development of their SRH policies; it also introduces UNFPA’s data appreciation project with the University of the West Indies.

Taken together, these four chapters provide a brief, but strong overview of UNFPA’s work across the English and Dutch-speaking Caribbean in 2021. The milestones achieved, the opportunities for further growth are all encased in this report; But perhaps, most important, are the voices of the beneficiaries – the young women living in rural areas who were able to access well needed SRH services, the VAWG survivor who has been able to start healing due to one of our projects – who share their stories in each chapter. This report documents UNFPA’s achievements in 2021. But more importantly, we invite you to hear from Domitillah, Peaches and Britney and to let them tell you why we do it and let them encourage you to join us in supporting them.

CHAPTER

1

IMPROVED ACCESS TO SRH SERVICES

Sexual and reproductive health (SRH) and rights are at the centre of development. Good SRH is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It means that people are able to have a safe and satisfying sex life, and the freedom to decide if, when, and how often to have children. In 2021, UNFPA Caribbean continued interventions to increase access to local SRH services in the region particularly in marginalised communities.

MOBILE WOMEN CENTERS IN BELIZE

In Belize, for example, UNFPA worked with local partners to bring reproductive health and psychosocial services to 31 rural communities by hosting six mobile health centres. Through this initiative 804 people (690 females and 114 males) were able to access the services of doctors and other medical personnel. The Mobile Women Centers targeted indigenous Maya (Yucatec, Que'chi, Mopan Maya), indigenous Garifuna and migrant women, and were implemented through partnership with four (4) CSOs.

Mobile Women Centers provide child care and transportation to make it more convenient for women to visit the centres. Community stakeholders, including school principals, teachers and community health workers (CHWs) mobilised clients, thereby demonstrating a high level of buy-in, which supports the sustainability of the project.



Village Chairwoman Patty Witzil and her son at the daycare offered by Mobile Women Centers.

Photo Credit: Perla Hinojosa/Spotlight Initiative



In Belize, UNFPA worked with local partners to bring reproductive health and psychosocial services to **31 rural communities** by hosting six mobile health centres under the Spotlight Initiative with funding from the European Union. Through this initiative **804 people (690 females and 114 males)** were able to access the services of doctors and other medical personnel.

Domitillah Noh, 45, is a beneficiary of this initiative. She lives in Guinea Grass, a small village in the Orange Walk District of Belize and has found it difficult to access healthcare services since the onset of COVID-19. When the town's only nurse was relocated to assist with pandemic relief efforts, residents were left with few options. She heard about the mobile centres from other women in her village and was encouraged to visit. Not only was she able to get a health check up close to her home, but the centre offered legal advice. She also had the opportunity to ask questions about her separation from her husband and the adoption of her child.



[The centre is] a great help to women like me. We can get services by visiting the nurse or advice on legal matters which we often don't get because it comes with a cost. I know the counseling helps so many women here. They feel good being able to talk to someone and get the advice they need. It gives me hope to push forward despite my problems — it gave me strength.”



CARIBBEAN OBSERVATORY ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In September 2021, UNFPA launched the Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR). The main objectives of the Observatory are advocating for strengthened policy and programmatic linkages between family violence and SRHR and promoting social monitoring towards the advancement of integrated SRHR in the region. The Observatory will also provide timely and independent analysis and will serve as

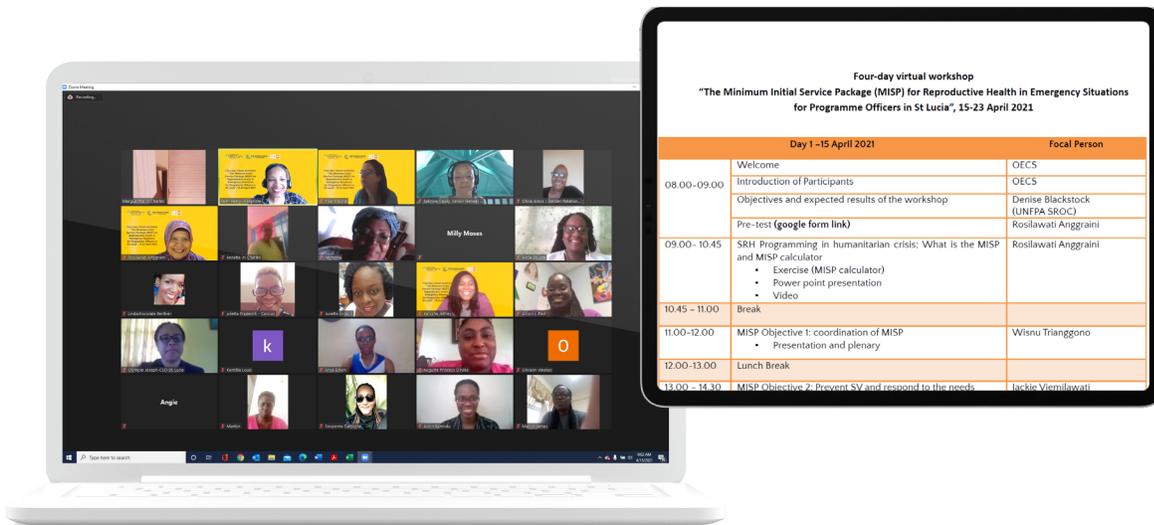
an advocacy platform for development of social norms change across the Caribbean.

The Observatory is being hosted by the Caribbean Family Planning Affiliation which offers the advantage of increased community-level engagement due to its strong regional presence.

SAFEGUARDING REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS

Reproductive health needs become even more important at the onset of an emergency and yet are often overlooked or considered secondary during humanitarian responses. UNFPA's [Minimum Initial Service Package \(MISP\)](#) - a series of crucial, lifesaving activities to be implemented to respond to the SRH needs of affected populations at the

onset of a humanitarian crisis - seeks to remedy this. As a region that is affected by natural disasters annually, MISP training and the implementation of associated action plans are critical to being proactive and ensuring that lifesaving SRH services are available at the onset of crises.



A screenshot from one of the MISP OECS training sessions

Against this background, UNFPA conducted a series of 4-day virtual MISP workshops in Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines from April to June 2021. The workshops were done in collaboration with the Organisation of Eastern Caribbean States (OECS) Commission with funding from the World Bank-financed OECS Regional Health Project.

Ms. Janey Joseph Director of the Gender Affairs Department of the Public Service, Labour and Gender Affairs in Saint Lucia said attending the MISP training created the avenue to form new partnerships necessary for preventing and responding to GBV in emergency settings.

“The MISP training created the opportunity for various sectors to work collaboratively with partners to identify priorities for improvement of processes post disaster. These changes will ensure that sexual and reproductive health and services for survivors of gender-based violence are considered in emergency situations, as they would have been included in national response plans.”

Additionally, MISP assessments were done to ascertain the state of readiness in Trinidad and Tobago and the four previously mentioned OECS countries. Based on the assessments action plans were created to support these countries in integrating MISP in their national disaster plans.



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UNFPA in Trinidad and Tobago and Guyana, continue to support those displaced by the ongoing Venezuelan migrant crisis. Family planning, STI treatments

and clinical management of rape services were provided to the migrants and members of the host communities in Guyana and Trinidad and Tobago.

A video was also created by the Guyana Responsible Parenthood Association, with support from UNFPA, to debunk SRH and GBV myths and provide factual information on its causes and consequences. This video has reached 10,483 individuals thus far.

TRANSGENDER HEALTH STRATEGY

UNFPA invested in the Transgender Health Strategy that was developed in 2020 by Transwave Jamaica. It is estimated that US\$11,000,000 - 1.9% of the national recurrent health budget in 2020/2021 - is needed to implement the five-year strategy.

An Advocacy Plan was produced to promote inclusive human rights-based legislation and policies that reduce the social, educational, health and economic vulnerability of trans and gender non-conforming people by 2025. Steps have further been taken to

provide resources for the provision of psychosocial services for members of the trans and gender non-conforming community through the development of a Peer Psychosocial Support Counselling Pilot Initiative.

HIV

In Jamaica, UNFPA and the Jamaica Community of Positive Women (JCW+) worked with women living with HIV who are mothers, expectant mothers or planning to become pregnant. The women were connected with other women who have experience in similar situations who shared with them about self-efficacy, integrated sexual and reproductive health and rights, combination prevention, integrated family planning, obstetric care and other relevant topics. Additionally, through this initiative, 13 Mentor Moms held sensitization sessions with 100 women living with HIV.

In Guyana, GRPA and UNFPA Caribbean implemented an HIV combination prevention project with Venezuelan migrants and refugees and returning Guyanese from Venezuela to ensure access to SRH services. Overall, the project reached 1,234 women of reproductive age (15-49 years); 136 young people; and 517 individuals identifying as LGBTQ who were counseled, referred and accessed HIV and STI services.

MENSTRUAL HEALTH AND HYGIENE

UNFPA also partnered with the Gender Affairs Division of St. Vincent and the Grenadines on a Period Poverty Drive to procure and distribute sanitary supplies to 150 women and girls residing in three of the most vulnerable communities in St. Vincent. Advocacy with the Government is ongoing to make sanitary supplies more accessible and affordable to vulnerable women and girls, whose situations have been greatly exacerbated by the economic fall-out from the COVID-19 pandemic.

In Trinidad and Tobago, at the start of the year, advocacy efforts were supported with the release of the publication [“Legal Barriers that Affect Adolescent Access to SRH Services in Trinidad and Tobago”](#). Additionally a Catalogue of Services was published which acts as a resource guide for victims and survivors of gender based violence seeking support services to enhance their economic security, and increased autonomy and well-being, thus making them less dependent on their abusive partners.



CHAPTER

2

EMPOWERING
CARIBBEAN
YOUTH
THROUGH CSE



Comprehensive sexuality education (CSE) is providing young people with age appropriate SRH information that enables them to protect and advocate for their health, well-being and dignity. CSE is critical to the development and promotion of gender-equitable norms and attitudes.

CSE IN SCHOOL AND OUT OF SCHOOL

In order to map a path forward, it is important to understand our current situation. As such, UNFPA spearheaded the execution of a [Formative Assessment of CSE within the Health and Family Life Education \(HFLE\) curriculum](#) in schools in the Caribbean. This assessment reviewed and evaluated the CSE content currently being provided against international best practices, specifically, the International Technical Guidance on Sexuality Education.

The report on the formative assessment examines the current state of school-based CSE in the Caribbean, and provides recommendations on how to strengthen the ability of regional partners to advocate for and

deliver quality, evidence-based and informed CSE in schools throughout the Caribbean.

Another valuable resource developed by UNFPA in 2021 is the Monitoring and Evaluation (M&E) Guidelines and Tools to assess the impact of CSE through HFLE. This framework enables countries to focus on the indicators most relevant to their context, while ensuring consistent and standardised data collection and analysis.

UNFPA also developed a Caribbean Toolkit for CSOs to Implement Out-of-School CSE. This resource will leverage partnerships with CSOs in an effort to reach the most vulnerable and marginalised youth who are not in school.

ADDRESSING GBV THROUGH CSE

Teachers and practitioners from nine schools in Grenada, Carriacou and Petite Martinique, are today, better able to effectively deliver HFLE programmes to address the root causes of gender-based violence (GBV), having benefited from training spearheaded by UNFPA in the framework of the Spotlight Initiative. The training was conducted in collaboration with the Ministry of Education of Grenada and NotesMaster.

Similarly, in Jamaica, UNFPA collaborated with CSO implementing partner, WMW Jamaica, to train the programme staff from the Ministry of Education, Youth and Information (MOEYI) in gender-based violence, and reviewed and updated materials for HFLE sessions/workshops in schools and out-of-schools.

The training in GBV/VAWG and family violence was conducted with various cohorts including MOEYI educators, guidance counsellors, deans of discipline, and HFLE teachers selected from 16 schools in Kingston and St. Andrew, St. Thomas, Clarendon, and Westmoreland. Due to the vocational nature of HFLE training, for the HFLE teachers, youth empowerment organisations (YEOs) and CSOs, greater emphasis was placed on practical strategies to prevent and respond to GBV, whether occurring in the classroom or out of school.

CSE PEER EDUCATORS: A SUSTAINABLE APPROACH

In Belize twenty-seven (27) community level peer educators were certified in the delivery of CSE to out-of-school youth, following their successful completion of a CSE Training of Trainers (ToT) Programme conducted in partnership with the Belize Family Life Association (BFLA). The ToT was

guided by the BFLA's CSE Training manual which was updated and aligned with international standards also in 2020. The certified peer educators have since delivered guided CSE trainings to 257 youth in communities countrywide.

THE STORY OF PEACHES*

Peaches is an out of school young woman who shared her perspective on violence against women and girls during a session convened by UNFPA Caribbean implementing partner, WMW Jamaica. During the session a co-creative approach was used with HFLE teachers to develop materials that took into account the needs of out of school youth based on the perspectives they gave.

Peaches shared that she thinks domestic violence and sexual violence are not the only types of violence affecting women and girls in the country. She points to the way men address women and girls, the things that men say to women and girls, the fact that women and girls are not allowed to express themselves freely through their mode of dress.



I am a female, I speak out - and it's not only sexual stuff, but it is also the fact that we cannot be ourselves... the fact that I feel that I have to be what society thinks I should be.”

Peaches says that the issues of sexual stereotyping and sexual violence affect women's ability to get a job because of the expectation that women are supposed to behave a certain way. She says that “the problem is broad, it stretches across everywhere, the workforce...”



Peaches feels that women should be allowed to make their own choice, and not be told what to and how to be. “It is 2021”, she says. “Why can’t we teach girls it is ok to go outside; it is ok for a man to get a pedicure or manicure?” She says many women have noticed how their parents treated them and need to make sure they do not grow up with a similar mentality. “Me a go chop the bush as a woman because I can do it,” she says.

Sexual violence may come from within the family. Peaches said she had heard about a child who was crying because her uncle was using her for sex trafficking. She laments that too often we do not believe the children when they say ‘Mummy, X is touching me’. She says sexual violence is often perpetrated against children by the father, uncle, brother, aunty. It starts with touching and may lead to rape. She points out that the people who are supposed to protect children are the ones who sexually abuse children, and it often starts in the home.

Peaches is also concerned that adults are not making children adequately aware about sexual abuse. “We have bad touch and good touch. How about telling them not to let anyone touch their vagina. Or if they try to put their penis inside of you, come and talk to me,” she says. She is also concerned about the way in which families and society protect rapists. She asserts that family members often know or suspect a relative may be a sexual predator. “It is a norm, they touch your daughter and they touch your son” she says. “Can’t it be a norm that the rapist is sent to jail?” she asks.

Peaches disagrees with the myth that someone who reports violence a long time after it happens must be lying. She says that Jamaica does make it hard to report violence. She suggests that teachers can identify certain situations of abuse affecting some of their students. She says “Children cry out in their work, they look at you in your eyes and wish they could just say, ‘Miss, I am hurting’”. She feels that society tells children to, “Just deal with it and keep quiet”. Much later in life a woman may disclose that “My mother sent me out to a don [a gang leader who exerts control over an inner-city community through violent means] because he called for me, at age 12”. By then, it may be too late for redress. She related the example of a popular Jamaican female singer/celebrity who did not feel able to speak out about her experience of sexual abuse until she was a mature adult, a grown woman. “How can you blame a six-year-old?” Peaches lamented.

Peaches welcomes the Spotlight Initiative in Jamaica and feels empowered that she has been able to speak out.

**Name changed to protect identity*

REDUCING ADOLESCENT PREGNANCY THROUGH INCREASED ACCESS TO SRH SERVICES



Adolescent pregnancy can trap girls in an endless cycle of poverty”

- Dr Natalia Kanem, UNFPA Executive Director



In the Caribbean, adolescent birth rates remain unacceptably high, with 69 per cent of the countries having an adolescent birth rate above 40 births per 1,000 girls aged 15-19, which is above the estimated global average for middle income countries. Adolescent pregnancy has the ability to significantly and irrevocably impact the life of a young woman. In addition to the physical impact, there are the psychological, emotional and financial repercussions.

It is for this reason that UNFPA works alongside the Government of Guyana, with support from the India-UN Development Partnership Fund to address adolescent pregnancy in Regions 1 and 9, among those with the highest incidents of adolescent pregnancy.

From that project the Standards for Quality Health Care Services for Adolescents in Guyana were developed, and finalised in 2021. It is anticipated that this valuable resource will receive the endorsement of the country’s Ministry of Health and be adopted by the same as an official document, to guide the delivery of quality health care services for adolescents by health care facilities in Guyana.

In Lethem, Guyana, UNFPA continued to play a leading role in expanding the contraceptives method mix and supported the procurement of commodities for distribution to eight (8) health facilities in Guyana’s harder to reach hinterland communities. UNFPA also supported the initiation of a larger procurement process for the eight (8) health facilities in Guyana’s harder to reach hinterland communities.

Community level information sessions and dialogues were also conducted in communities that are heavily populated by Guyana’s indigenous peoples. The sessions and dialogue allowed for the engagement of religious and traditional leaders, parents, teachers, adolescents, as well as men and boys, on issues related to adolescent sexual and reproductive health and rights; with the intent of supporting understanding of adolescent sexual and reproductive health issues as well as mobilizing community support for adequately responding to adolescent sexual and reproductive health issues.

CHAPTER

3

COMBATTING
GBV AND
VAWG

Globally, one in three women will experience physical or sexual violence in her lifetime, while approximately one in four girls in the developing world is married before age 18. Violence against women and girls is a violation of the individual rights of women and girls, and the impunity enjoyed by perpetrators and the fear generated by their actions, engenders a culture of silence that is detrimental to survivors.

UNFPA Caribbean, in its quest to end gender-based violence and harmful practices, continued to partner with governments and other stakeholders to address GBV and VAWG.

HEALTH RESPONSES TO GBV

Gender based violence has a profound impact on health. It can contribute to HIV prevalence, cause unintended pregnancies, and increase the rate of maternal injury and death. While UNFPA Caribbean continues in its quest to end GBV and harmful practices, it also works actively to support survivors in the region.

A key achievement for UNFPA in Jamaica, through the Spotlight Initiative, is the provision of training to current and future medical practitioners on how to handle situations that may involve GBV. The training was conducted through a partnership with the Faculty of Medical Sciences at the University of West Indies (UWI), Mona

A revision of the pre-service training curriculum for medical doctors and nurses was done, to comprehensively integrate intimate partner violence (IPV) and VAWG. Additionally, new materials to prepare future medical professionals to identify cases of GBV and provide timely, appropriate and quality essential services to GBV survivors were developed. A training of trainers (lecturers) and a pilot of the curricula for students of nursing schools and of the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme were conducted. 11 teachers were trained as trainers of the new curricula and stakeholders, including the President of the Nursing Student Body at Mona. The participants in the training were from Jamaica and other countries across the region.

Roxanne Stowe-Maloney, Deputy Dean Division of Nursing Education, SVG Community College, who benefited from the training said it would assist students with understanding how to deal with women and girls that have been exposed to violence.

“We realise that there are shortcomings in our system that we need to improve so that we can help women to see themselves differently and empower themselves”, she expressed.

Second year student at the UWI School of Nursing Mona Campus, Britney Hay said the sessions were useful for her. “I will be able to know how to address patients who might be survivors of violence, it will help me to treat them physically, emotionally and psychologically,” she said.

Verona Henry-Ferguson is a Lecturer at UWI School of Nursing - Western Jamaica Campus. She facilitates the undergraduate nursing programme and is a beneficiary of the ToT workshops. She said the training sessions resonated with her both as a woman and a nurse.

“Some of the things that we accept as normal are not so normal and could in fact be categorized as violence against women and girls. We realise it is not only physical in nature but emotional and physiological as well.” she remarked.

She said the training was timely and that she would be using it in her personal and professional life. “I really believe that the integration of this programme into the curriculum is a very good idea because it ensures its sustainability. I know it is piloted at the UWI but I would like to see it embraced by all other spaces that are responsible for preparing healthcare professionals as well as other stakeholders including

those who have already exited the school system.”

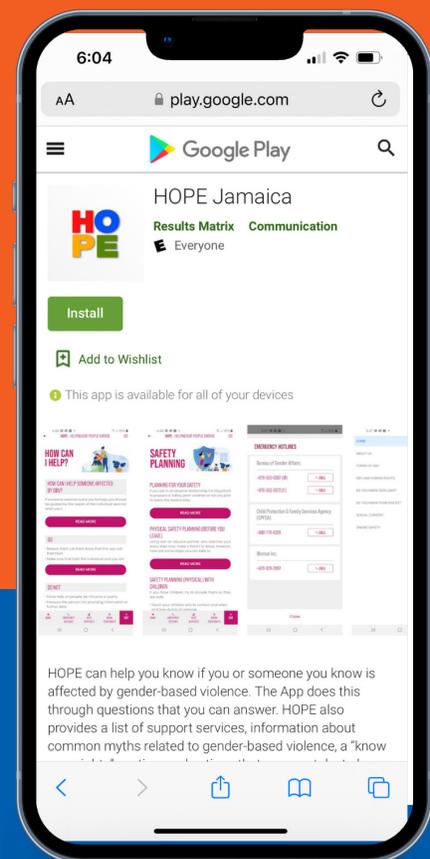
An advocacy plan has been developed to have the curricula integrated by other tertiary education institutions; other Faculties, such as the faculty of pharmacy, expressed interest in having GBV integrated in their curricula. This is an important innovation that will have a sustainable impact on the quality-of-service provision from the health sector since this kind of training was previously only offered to in-service health providers.

INNOVATIVE GBV RESPONSES

UNFPA also prioritised bringing services and systems to the survivor, and partnered with Eve For Life, a CSO serving adolescent mothers living with HIV and offering case management to survivors of GBV, to develop the [H.O.P.E APP](#) in Jamaica. **Help Our People Emerge** is an Android Application that provides science-based, reliable, accurate information on the services available and how to access them. The APP encourages legal literacy, human rights awareness, with a special focus on GBV. As an information tool developed with the input of survivors, its content also serves a preventative role, by illustrating examples of problematic scenarios that may evolve into a form of GBV.



UNFPA Gender and GBV Specialist - Elga Salvador, Executive Director, Eve for Life - Joy Crawford and UNFPA Caribbean Deputy Director - Seth Broekman share lens time after the launch



The H.O.P.E. APP is

-  **SCIENCE-BASED**
-  **RELIABLE**
-  **ACCURATE**

Similarly, in Guyana, UNFPA in collaboration with the Ministry of Human Services and Social Security (MHSSS), developed a GBV technological (online) platform called iMatter.gy. Recognizing the importance of guaranteeing the safety of GBV survivors and persons at risk of GBV, iMatter.gy provides survivors and those at risk with an additional option for seeking

support. It is a central online portal for members of the public, providing current information on essential services, laws, policies, information and resources on GBV in Guyana. It also provides access to the national 914 GBV Hotline service and its constantly being updated by the MHSSS.



His Excellency Dr. Mohamed Irfaan Ali, President of the Cooperative Republic of Guyana, and the Honorable Minister Dr. Vindhya Persaud, Minister of Human Services and Social Security attend the launch of iMatter.gy in November 2021.

Photo Credit: Office of the President, Guyana

ENSURING ACCESS TO ADEQUATE SERVICES

Police officers are often the first to respond in instances of GBV. They are frequently among the first people with whom a survivor interacts and thus it is crucial that they apply a survivor centred approach. As such, UNFPA collaborated with the Ministry of Human Services and Social Security in Guyana to train three hundred and thirty-five (335) police officers to ensure that they were familiar with protocols in relation to confidentiality, types of GBV including rape, sexual assault, and techniques for interviewing survivors. This will enable an environment in which survivors are comfortable reporting to the police.

Much like the police, CSOs and community led organisations (CLOs) in particular play a key role in supporting survivors of violence. They occupy a unique space in the landscape of GBV services, as they are seen as more approachable than government-run facilities. In Jamaica, UNFPA evaluated the ability of 21 CLOs and CSOs to respond to cases of sexual violence, particularly against the most marginalized populations. Titled “An imperative to leave no one behind supporting civil society to offer intersectional

gender based violence services to marginalised communities in Jamaica” is a critical advocacy tool for CSOs and members of marginalised communities.

The work of UNFPA Caribbean in addressing sexual violence through partnership is also reflected in a two-day workshop on safe identification and response to GBV. Twenty (20) CSOs benefited from training, two of which - Jamaican Network of Seropositives (JN+) and Jamaica Mental Health Advocacy Network (JaMHAN) - were subsequently awarded USD\$10,000 each in UNFPA grants for institutional capacity building.

Additionally, UNFPA conducted 10 capacity building workshops on psychological first aid with service providers, thereby enhancing their skills. Three hundred and eighty-five (385) people have been trained in Aruba, Curacao, Guyana, and Trinidad and Tobago to provide quality, age-appropriate, remote GBV services to women and girls. These include safe referrals, remote GBV case management services, tele-counselling and psychosocial support services.



Certificates presented to police officers who completed GBV training. In front, L-R: Ms. Natalia Isava, GBV Projects Officer, UNFPA; Mr. Adler Bynoe, UNFPA Liaison Officer for Guyana; Ms. Wemyss de Florimontie, GBV Coordinator, UNFPA; the Honourable Minister Dr. Vindhya Persaud, Minister of Human Services and Social Security and the Honourable Robeson Benn, Minister of Home Affairs.

Photo Credit: Newsroom Guyana



HELPLINES, HOTLINES AND TOLL-FREE NUMBERS

The COVID-19 pandemic exacerbated GBV dramatically, and with movement restrictions that persisted in 2021, demand for GBV hotlines increased. In light of this UNFPA prioritised establishing helplines in Jamaica and Guyana under the Spotlight Initiative. In both countries, UNFPA supported the procurement of necessary equipment and developed Standard Operating Procedures (SOPs). In Guyana, the 24 hours hotline which was officially launched on December 11, 2020 remains operational while in Jamaica, UNFPA continues to work with national service providers to obtain a toll-free number.

Another achievement was the establishment of a bilingual hotline for those at risk and survivors of family violence, in collaboration with the Family Planning Association of Trinidad and Tobago (FPATT). Through the hotline, clients were referred to GBV and SRH services with upwards of 230 calls being received. This was complemented by psychological support services particularly for Tobago.

SHELTERS

UNFPA developed and published [Guidelines to Integrate GBV and SRH Considerations in Emergency Shelters in the Caribbean](#). This invaluable resource will assist shelter managers, disaster management bodies and national gender machineries in integrating lifesaving response services in emergency shelters.

Similarly, UNFPA's *Guidelines for the Management of Safe Shelters for GBV Survivors: A survivor-centred approach* was completed in 2021. This publication differs from the previous as its focus is to support managers in the operationalization and management of safe shelters for GBV survivors in all situations, and not only during emergencies. This manual will be launched in 2022.

UNFPA, with support from the EU funded SPotlight Initiative, supported the Bureau of Gender Affairs (BGA) in Jamaica to establish and operationalise one of three state-run shelters. The second shelter will begin receiving clients in 2022.



The guidance provided by this document is customisable to domestic contexts.

Through UNFPA support, two (2) Child Advocacy Centres were created in Region 6 of Guyana. These facilities provide a space for the delivery of psychosocial support and linkage to support services for child survivors of abuse and their families.

The intervention allowed for the training of officers from key stakeholders (the Childcare and Protection

Agency, the Ministry of Health, the Police, the Judiciary, ChildLink) to provide adequate services to child sexual assault survivors. The two Child Advocacy Centres were declared open by the Honourable Dr. Vindhya Persaud, Minister of Human Services and Social Security, on February 27, 2021.

GBV IN EMERGENCIES

On 9th April 2021, La Soufriere Volcano erupted in St Vincent and the Grenadines triggering an immediate mandatory evacuation order by the Prime Minister Dr Ralph Gonsalves for those persons living in impacted areas. As a part of the emergency response, UNFPA supported the Vincentian Division of Gender Affairs to conduct a GBV Assessment, including a GBV Safety Audit in 75 of 82 of the public emergency shelters that were activated. UNFPA Caribbean also developed the assessment tools, facilitated an orientation with all field staff working on the response, and also monitored the data collected, compiling it and developing a comprehensive report which was endorsed by the government.

Referral pathways provide guidance for survivors of

are available at different referral points. The Trinidad and Tobago GBV referral pathway was expanded and service mapping was conducted to include the SRH needs of refugees and migrants and other vulnerable groups. Meanwhile, in Guyana, GBV referral pathways for the regions have been created and shared with the government counterparts.

UNFPA, utilizes a sustainable approach in our interventions. GBV focal points were trained on addressing GBV in emergencies, targeting 13 officers representing: Aruba & Curaçao, Anguilla, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat to equip them with the tools to respond to GBV situations. These officers have been trained to impart their knowledge to other focal points



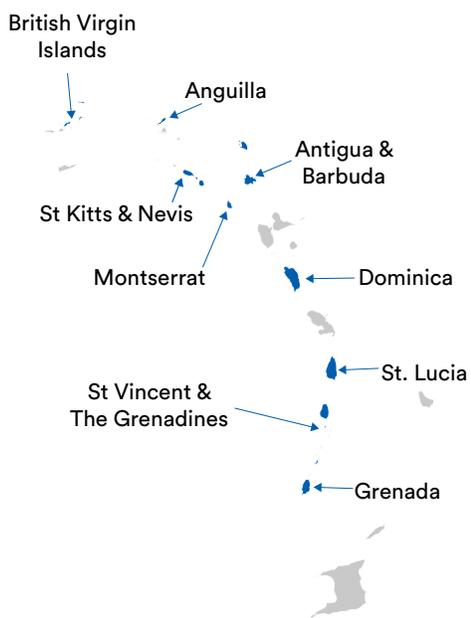
CHAPTER

4

DATA THE BUILDING BLOCKS OF SOUND DECISIONS

UNFPA's work is crucial to the realisation of the goals set by the international community to eradicate poverty and achieve sustainable development. It is therefore important to take into account factors such as the ageing of the population, internal and international migration, urbanisation and issues related to fertility. Policy must be driven by accurate, reliable and current data. It is therefore critical that Governments prioritise the collection, monitoring and analysis of demographic trends, and that this information be utilised to inform all aspects of national planning.

Accurate population data is not only critical for development, but also for addressing global health emergencies such as COVID-19. For example, governments need up-to-date knowledge of population densities in major cities, as locations of higher transmission; the elevated case fatality rates among older populations demand knowledge of where older people are clustered and even basic metrics on COVID-19 caseloads require accurate population denominators by location. The English and Dutch speaking Caribbean countries and territories are also going through the intermediate stage of the demographic transition. Most of these countries currently have a high median population age in the mid-to-late 20s and some have even graduated to early 30s.



Map showing OECS States and Associate Members

CENSUS SUPPORT

The dearth of current, reliable, disaggregated data in the region remains a significant challenge and impediment to policy making and development planning. A major investment in this area was a UNFPA sponsored Population and Housing (PHC) Census Toolkit developed for the OECS countries which was launched in 2021. The Toolkit is a repository of guidelines, templates, best practices spanning pre-census planning and advocacy to dissemination of census results. It serves as an accompaniment to the usual support technical, financial and advisory provided by International Development Partners (IDPs) to the Member States for the PHC.

Building on the investment made in to develop the OECS Tool Kit, UNFPA Caribbean supported National Statistics Offices (NSOs) to implement high-quality modern censuses and to facilitate the strengthening of national capacities to ensure high quality data production, analysis, utilisation, and dissemination.

NSOs from the following ten (10) countries and territories benefited from this intervention: Aruba, Anguilla, Belize, Grenada, Guyana, Montserrat, St. Kitts and Nevis, Jamaica, Suriname, and Trinidad and Tobago. One of the direct outcomes of this investment was the strengthened capacity of NSOs to plan, prepare and conduct censuses.

UNFPA, in conjunction with the United States Census Bureau (USCB) conducted two (2) workshops for NSOs in the region. The first – a Training of Trainers to administer the Tool for Assessing Statistical Capacity (TASC) – took place remotely over the course of two days. The TASC – a quantitative assessment which measures the capacity of a NSO to gauge their readiness to undertake a Population and Housing Census or a survey by examining their strengths and weaknesses – will also benefit NSOs as they conduct other recurring household-based surveys in years to come.

The second session was a week-long workshop on Demographic Analysis and Population Projections

and how to apply them to the Caribbean context. This training was designed for demographers and specialists in National Planning Departments who are responsible for producing and using population projections. The workshop covered the preparation of base population, fertility, mortality, and migration estimates, and was a direct response to requests from NSOs.

In September, 100 participants from 46 countries in the Caribbean, Africa and Asia participated in UNFPA and CARICOM's online talk-show titled 'Emerging Challenges to the Successful Conduct of 2020 Round of Population & Housing Census in the Caribbean Region'. The event included panelists from West-Africa and the Caribbean who had recently conducted their 2020 census or were at an advanced stage of conducting theirs. The talk-show was a novel idea that allowed specialists from the respective regions to exchange their knowledge and experiences.

UNFPA **CARICOM**

Inter-Regional Knowledge Sharing on Conducting a Census during the COVID-19 Pandemic

ONLINE TALK SHOW

October 13th, 2021 10 AM EDT

Expert Panelists

Ms. Desiree Helder, Deputy Director, Aruba Central Bureau of Statistics
Prof. Samuel Annim, Government Statistician, Ghana Statistical Service
Mr. Halim Brizan, Director-General, Grenada Central Statistical Office

@UNFPACaribbean

POPULATION POLICIES

Population policies are deliberately constructed or modified institutional arrangements and/or specific programs through which governments influence, directly or indirectly, demographic change.¹ Population size, structure, composition and distribution impact a country's economy as well as its ability to provide social protection such as access to health care, education, housing, water and food. Population dynamics vary widely – from countries trying to provide opportunities for large youth populations to those coping with low fertility and ageing – policies dealing with population issues must be contextually appropriate.

UNFPA strongly supports population policies that, inter alia, recognise the bodily autonomy of all

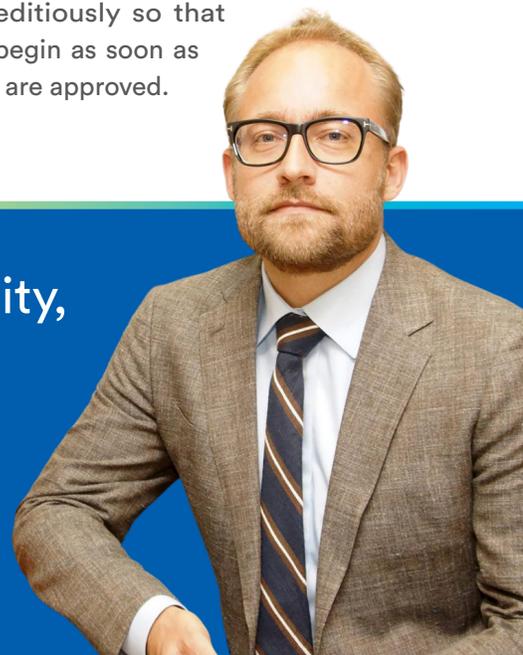
people, especially women and girls. UNFPA therefore supports governments to develop policies that align with our mission of achieving a world where every pregnancy is wanted, every childbirth is safe and every young person's potential fulfilled.

Jamaica - with support from UNFPA - submitted the Draft Jamaica National Population and Sustainable Development Policy and its accompanying Programme of Action (PoA) to Cabinet for approval as a Green Paper. UNFPA has committed its support to the Planning Institute of Jamaica (PIOJ) to ensure that the policy and the supporting documents are completed expeditiously so that implementation can begin as soon as the policy documents are approved.



Population data such as the rates of fertility, mortality and migration guides decision makers in developing policies that are most relevant and that will have the most impact.”

- Seth Broekman, Deputy Director, UNFPA Caribbean



¹ Demeny, Paul. 2003. "Population policy: A concise summary," Policy Research Division Working Paper no. 173. New York: Population Council.

RECOGNITION OF SUPPORT

UNFPA's Sub-Regional Office for the Caribbean acknowledges with gratitude, the support of its global and regional partners, donors and stakeholders.

GOVERNMENTS

Anguilla; Antigua and Barbuda; Aruba; The Bahamas; Barbados; Belize; Bermuda; British Virgin Islands; Cayman Islands; Curaçao; Dominica; Grenada; Guyana; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Saint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands.

DONORS

Australia; Belgium; Canada; Denmark; European Union; Finland; France; Germany; India; Ireland; Italy; Japan; Luxembourg; Netherlands (The); New Zealand; Norway; Republic of Korea; Sweden; Switzerland; United Kingdom of Great Britain and Northern Ireland; and the World Bank.

CIVIL SOCIETY AND NON-GOVERNMENTAL PARTNERS

Barbados and the Eastern Caribbean: Family Planning Association of Barbados; Barbados Council for the Disabled; Caribbean Family Planning Affiliation;

Belize: Belize Family Life Association (BFLA); Human Rights Commission of Belize (HRCB); Child Development Foundation (CDF); Productive Organisation for Women in Action (POWA);

Guyana: Guyana Responsible Parenthood Association; ChildLink Inc; Help and Shelter; St. Francis Community Developers; Guyana Women Miners' Organisation;

Jamaica: Transwave Jamaica; Jamaica Community of Positive Women (JCW+); WMW Jamaica; Eve for Life (EFL); Woman Inc; University of the West Indies; Jamaicans for Justice; The Institute for Law and Economics (ILE)

Suriname: Lobi Foundation.

Trinidad and Tobago: Family Planning Association of Trinidad and Tobago (FPATT); Arthur Lok Jack GSB; Coalition Against Domestic Violence (CADV); National Trade Union Centre; Employers' Consultative Association; Network of NGOs; Ida Marie Guerra Indigenous Creative Arts Network (ICAN)



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