

UNITED NATIONS POPULATION FUND
Sub-regional Office for the Caribbean



Continuation of sexual & reproductive health and gender-based violence services during COVID-19

2020 COVID-19 Annual Report

Foreword



Alison Drayton
 Director,
 UNFPA Sub-Regional Office
 for the Caribbean

It has been over a year since the Caribbean documented its first case of the Novel Coronavirus (COVID-19). The Caribbean Public Health Agency (CARPHA) has reported that up to mid-March 2021, there were 7,989 deaths recorded in the Caribbean. The COVID-19 pandemic constitutes the largest global public health crisis in a century, with

daunting health and socioeconomic challenges. Governments globally and in the Caribbean Region are taking unprecedented measures to limit the spread of the virus, ramping up health systems and restricting the movement of millions. The pandemic is severely disrupting access to life-saving sexual and reproductive health services. It is also deepening existing gender inequalities, increasing gender-based violence, and worsening discrimination and barriers for marginalized groups. Sexual and reproductive health and rights is a significant public health issue that demands urgent and sustained attention and investment.

Even as we grapple with the pandemic, our mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled is at the core of our response. UNFPA is supporting governments to keep health systems functioning, to maintain the provision of sexual and reproductive health and rights information and services, to protect health workers and to limit the spread of COVID-19. We have also instituted measures to address increased gender-based violence and harmful practices that

have resulted from the pandemic, where many survivors are now forced to stay at home with their abusers, due to the stay-at-home restrictions and have also put systems in place to ensure the supply of modern contraceptives and reproductive health commodities.

I would like to thank our stakeholders and partners who have been collaborating with us and working assiduously during this unprecedented time, when the needs of our constituents have become even more urgent. We must keep working together to provide the well-needed support and services that are required. I look forward to your continued collaborative efforts and unwavering support.

United Nations Population Fund Sub-Regional Office for the Caribbean (UNFPA - SROC)

The United Nations Population Fund (UNFPA) is the Sexual and Reproductive Health and Rights (SRHR) agency of the United Nations and leads the global effort to achieve a world where every pregnancy is wanted; every childbirth is safe; and every woman and girl lives a life free from violence and abuse. UNFPA promotes the right of every woman, man and child to enjoy a life of health and equal opportunity, and applies a human rights and culturally sensitive approach, supported by evidence-based advocacy and policy dialogue to address issues of sexual and reproductive health, gender equality, youth and population dynamics. UNFPA's work is guided by its aim to achieve three transformative results by 2030: zero preventable maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices.



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UNFPA Sub-Regional Office for the Caribbean serves 22 countries and overseas territories in the English and Dutch-Speaking Caribbean. These include: Anguilla, Antigua and Barbuda, Aruba, The Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, the Cayman Islands, Curacao, Dominica, Grenada, Guyana, Jamaica, Montserrat, St Kitts and Nevis, St. Lucia, St. Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and the Turks and Caicos Islands.

Increasing national capacities to advocate for and deliver policies and programmes for access to integrated and quality sexual and reproductive health (SRH) and gender-based violence information and services is at the heart of UNFPA's support in the Caribbean.

REGIONAL CONTEXT

Sexual and Reproductive Health and Rights

Maternal mortality ratios remain relatively low in the region with the exception of Guyana and Suriname, who have ratios of 169 and 120 maternal deaths per 100,000 live births respectively. Slow progress has been made over the last two decades to reduce the unmet need for family planning (FP). The countries with the highest unmet need for FP in the region are Guyana (26.5%), Suriname (19.4%) and Trinidad and Tobago (19%) as compared to 10.7% average in Latin America and the Caribbean (LAC).

GUYANA

169
MATERNAL DEATHS PER 100,000 LIVE BIRTHS

SURINAME

120
MATERNAL DEATHS PER 100,000 LIVE BIRTHS

Despite progress in reducing the adolescent fertility rate in the Caribbean, it remains unacceptably high with an estimated rate of 60.2 births per 1,000 girls aged 15-19 for the 2010-2015 period. The Latin America and the Caribbean (LAC) region has the second highest rate of adolescent fertility in the world, and it is the only region in the world where the trend in births among girls under the age of 15 is rising.

In terms of HIV infection, advancements have been made in reducing the number of new HIV infections and AIDS-related mortalities in the region; the former having decreased by 29% between 2010 and 2019 and the latter by 37% during the same time period. Of all new infections in the region, 60% are accounted for by key populations and their sexual partners. These key populations include sex workers, men who have sex with men (MSM), transgender people, people who inject drugs, and prisoners. Young people aged 15-24 account for 33% of new HIV infections in the region.

REGIONAL CONTEXT

Gender Based Violence

GBV is a persistent problem across the Caribbean. Intimate partner violence (IPV), domestic violence (DV), sexual violence, trafficking in persons (TIP), sexual exploitation and abuse, femicide and incest are the most common forms of GBV. Recent studies undertaken in five Caribbean countries show that the prevalence of intimate partner violence and child sexual abuse is high. Between 27-40 percent of women reported experiencing violence at the hands of their partners in these countries. There is significant risk for women who are victims of domestic abuse being killed by intimate partners and family members. In Trinidad and Tobago, forty-three out of fifty-two women killed in 2017 were murdered because of domestic violence.

Those identified as being at highest risk of GBV in the Caribbean are women and girls, LGBTQI persons, sex workers, persons with disabilities and migrants/refugees. Their vulnerabilities are compounded by institutionalized gender inequalities and the harmful socio-cultural norms and practices that foster them, constraints in the policy and legislative enabling environment, limited livelihood opportunities, limited access to education; including comprehensive sexuality education, poverty, early pregnancy stigma, lack of bodily autonomy and, for the latter group, also language barriers and xenophobia.

THE HUMANITARIAN CONTEXT IN THE CARIBBEAN: A Perfect Storm

In an emergency, women and girls' vulnerability to GBV increases due to disrupted services, decreased privacy, weakened social support and family systems, and social norms that restrict safety and mobility. The need for SRH services remains and may even increase, and a lack of access to family planning services can increase unplanned pregnancies; childbirth can occur during evacuation and displacement; and lack of access to delivery care including basic and comprehensive emergency obstetric care can increase the risk of maternal and newborn complications and maternal and newborn deaths. Furthermore, an increased risk of sexual violence during emergencies is associated with an increased risk of contracting human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). SRH complications are a leading cause of women's mortality globally, and access to the Minimum Initial Service Package (MISP) for SRH and prevention and adequate response to GBV is vital in humanitarian settings, and are considered life-saving interventions.

The Venezuelan displacement crisis is the largest in Latin America's history, and since its start, several Caribbean countries have received a large influx of migrants/refugees

escaping the humanitarian emergency. The Caribbean also faces persistent threats from natural hazards; mainly hurricanes, earthquakes and flooding, and the 2020 Atlantic hurricane season was extremely active, producing a record-breaking 30 named storms. These two emergencies in combination with the emergency caused by the COVID-19 pandemic have created a perfect storm; disrupting the work of UNFPA and partners, and threatening to critically undermine progress made towards achieving the three transformative results.

The COVID-19 pandemic is disrupting access to both essential SRH and GBV services. The prevention and response measures imposed by national authorities have severely impacted women and girls' survivors and those who are most at risk of GBV, with quarantine and movement restriction measures often forcing them to isolate with their perpetrators, losing their social support networks, and making it even more difficult for them to reach out for help and access life-saving SRH and GBV services. This is especially true for children whose teachers are not able to identify them as survivors of violence in a school setting any longer as well as for refugees and migrants from Venezuela.

The COVID-19 pandemic is disrupting access to both essential SRH and GBV services.

Our Response

UNFPA, in collaboration with its partners, has been responding to the COVID-19 crisis in the Caribbean through three strategic priorities:

- Continuity of sexual and reproductive health services and interventions, including protection of the health workforce COVID-19
- Addressing gender-based violence and harmful practices
- Ensuring the supply of modern contraceptives and reproductive health commodities

Under these strategic priorities, three accelerator interventions, which all integrate the leave no one behind lens, have been critical to UNFPA's response: (i) risk communication; (ii) youth engagement; and (iii) data.



1. Continuity of sexual and reproductive health services and interventions, including protection of the health workforce during COVID-19

UNFPA is supporting governments to keep health systems functioning, to maintain the provision of sexual and reproductive health and rights information and services, to protect health workers and to limit the spread of COVID-19. These essential efforts aim at avoiding higher rates of maternal and neonatal mortality and morbidity, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and STIs.

SRH TELECOUNSELING AND TELEMEDICINE

Immediately at the start of the pandemic, UNFPA supported IPPF affiliates, UNFPA's main implementing partners across the Caribbean, with skills training and delivery of ICT equipment to effectively roll-out remote (online) SRH services.

In Suriname, UNFPA supported the Lobi Health Center (national IPPF affiliate) to ensure continued delivery of SRH services, including psychosocial support, home delivery of contraceptives, online counselling and intake interviews, as well as necessary in-person services such as HIV counselling and testing and IUD insertion. Klaitha Hanoeman, a psychosocial counsellor at Lobi Health Center, providing counselling and exercises for the clients' mental health and social wellbeing said that the transition to remote counselling due to COVID-19 was a new challenge at the Center. New tablets had to be procured, as well as fast-running Internet, so that she could provide the same level of services from her home; but the biggest challenge was that people were not familiar with online counselling.

With support from UNFPA, the Lobi Health Center filled in those gaps by procuring Personal Protective Equipment (PPEs) and by providing SRH services through various technologies and communication systems that do not require in-person visits. UNFPA procured 104,300 masks along with other PPEs such as gloves, disposable towels, liquid soap and hand sanitizers for Lobi. This assisted with supporting the provision of remote SRH services, allowing those in need of contraceptives or counselling to easily access the services even during COVID-19.



© UNFPA SROC/Oneilia Bryan 2020: Supplying PPE to medical personnel delivering SRH services in public health facilities, is critical to supporting the continuity of SRH services and choices during the COVID-19 pandemic.

UNFPA supported the Caribbean Family Planning Affiliation (CFPA) to expand its remote modes of service delivery, such as telemedicine, in 6 countries (Antigua and Barbuda, Aruba, Curacao, Dominica, St. Lucia, and St. Vincent and the Grenadines). CFPA was able to reach a combined total of 106,430 clients with SRH and GBV services through virtual consultations, health education sessions and hotline counselling on family planning, HIV/STIs, psychosocial and GBV support and referrals. In addition, 426 vulnerable clients benefited from home delivery services. In Barbados, the Barbados Family Planning Association reached 115,482 persons with SRH and GBV communications messages and products via social media platforms and traditional media.

MOBILE SRH/GBV UNITS

Another area in which the UNFA provided support was family planning in Belize, where there is a very high adolescent birth rate at 74 live births per 1000 girls aged 15-19. The disparity between urban and rural areas is significant, with an adolescent birth rate of 55 in urban areas as compared to 90 in rural areas. Under regular circumstances the coverage for antenatal care is considerably high, but during emergencies SRH needs are often overlooked, with potentially life-threatening consequences. As part of the pandemic response and in close collaboration with the Ministry of Health, the Belize Family Life Association (BFLA), with support from UNFPA has been providing mobile SRH services to rural communities across Belize. Both of these districts have high levels of poverty and are home to a large number of vulnerable populations, including migrants/refugees and indigenous Maya people. This initiative came at the request of government and civil society for continued delivery of lifesaving SRH information, services and commodities, with the recognition that SRH services should be prioritized as essential core health services.



© UNFPA SROC/Ignite Ltd. 2020: Mobile women clinics, such as the one pictured here from the Toledo District in Belize, are critical to supporting the continuity of sexual and reproductive health and gender empowerment services in rural areas during COVID-19.

The BFLA mobile clinics provide family planning services, contraceptive commodities, HIV testing, counselling services (including HIV counselling), emergency contraceptives and weight and blood pressure measurement, as well as information sharing on SRH and GBV. BFLA also provides cervical cancer screening services, which allowed patients to begin lifesaving treatment in a timely manner. The initiative reached a total of 983 persons through 51 mobile outreaches.

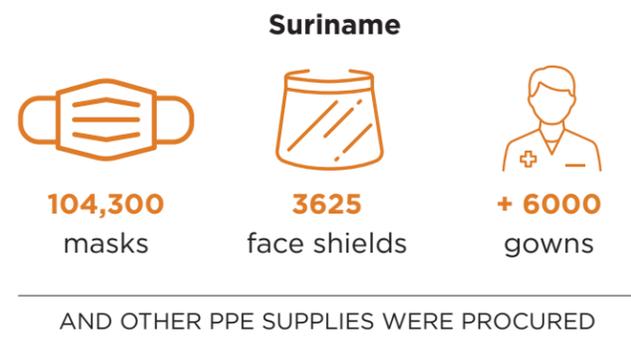
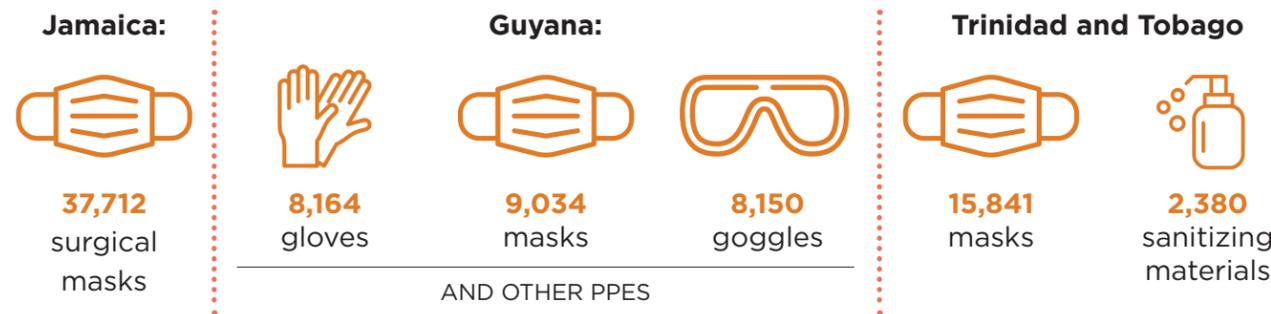
The Belize Family Life Association (BFLA), with support from UNFPA has been providing mobile SRH services to rural communities across Belize.

PERSONAL PROTECTIVE EQUIPMENT

UNFPA has been supporting the continuity of SRH and GBV services through the provision of PPE. Between April and December of 2020, PPEs worth of USD 504,520 were procured throughout the region and distributed to the governments and IPPF affiliates. The equipment procured included medical masks (FFP2/N95, surgical mask type IIR, surgical mask type I), face shields, gloves, gowns, hand sanitizers, alcohol gels and disinfectants among others.

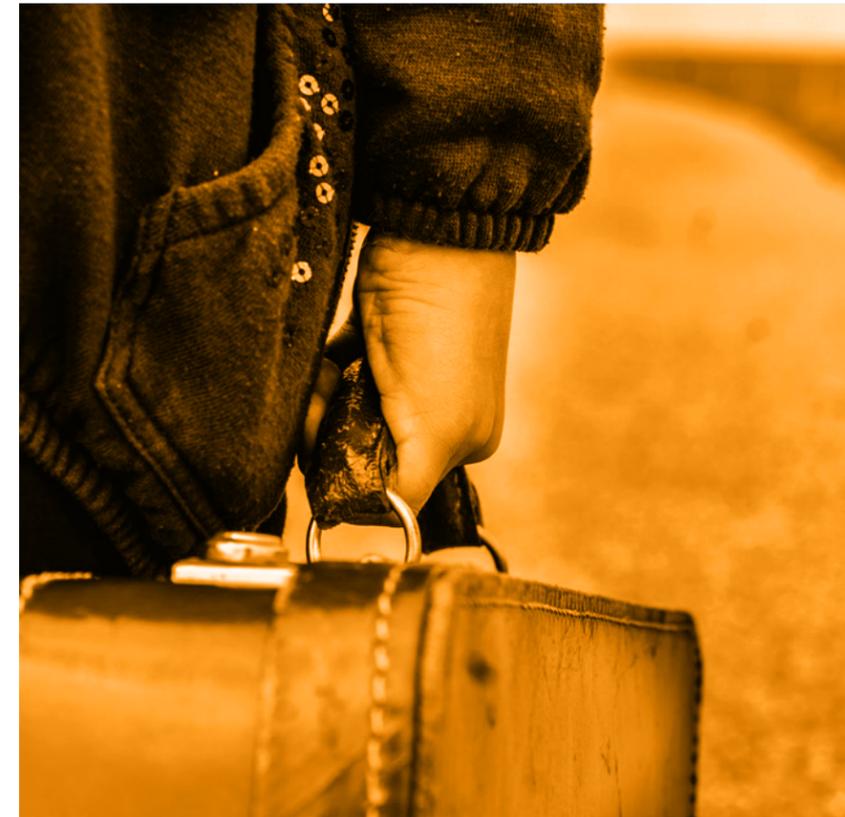


© UNFPA SROC/Oneilia Bryan, 2020. Seth Broekman, Deputy Director, UNFPA Sub-Regional Office for the Caribbean, hands over personal protective equipment (PPE) to The Hon. Christopher Tufton, Minister of Health and Wellness of Jamaica, on November 24, 2020.



Barbados & OECS received a total of 58,616 PPE as follows:

Barbados-3,409; Dominica -10,382; St. Lucia -12,471; and Antigua -32,354, distributed among 7 SRH and GBV organizations, namely, Barbados Family Planning Association, Dominica Planned Parenthood Association, Lifeline Ministries Inc. Dominica, St. Lucia Planned Parenthood Association, St. Lucia Crisis Centre, Caribbean Family Planning Association and Women Against Rape Inc.



SRH SERVICES FOR MIGRANT AND REFUGEE POPULATIONS

UNFPA SROC has been responding to the Venezuelan displacement crisis in Guyana and Trinidad & Tobago, by working alongside government ministries and CSOs to ensure access for migrants/refugees to critical and life-saving SRH and GBV services, taking into account their particular vulnerabilities and barriers to access.

The Guyana Responsible Parenthood Association (GRPA) recognized an increased need for SRH services during the pandemic for both Venezuelan migrants and refugees and Guyanese host communities and populations. With UNFPA's support, the GRPA launched a project in July to provide free and confidential SRH services to those who need them and to safely identify those at risk of GBV and refer them to GBV specialized services. The services included HIV combination prevention services for people at risk, including vulnerable populations such as sex workers, LGBT individuals and vulnerable youth.

Jolene DaSilva is a bilingual cultural mediator at the GRPA, providing translation support to make services more accessible for Venezuelan migrants and refugees. She said for her, the work is about ensuring that the people feel comfortable with them and that they get the services and the information they need.

In relation to the response from sex workers upon receiving SRH services, Joleen notes that they are grateful and often become very emotional about the support they receive. Most of the migrants do not speak English and many are not aware of the services available.

“I remember many of the sex workers started to cry and were very emotional because they were so happy that the GRPA was offering them these services. Before the program they simply did not know that these services existed.”

“We have given the girls skills to help themselves through the pandemic, and I really want to think that these kinds of preventative measures have helped prevent GBV”

SRH SERVICES FOR ADOLESCENT MOTHERS

Stay-at-home measures and movement restrictions put young mothers and pregnant adolescents at increased risk of negative SRH outcomes, such as repeated unplanned pregnancies and sexually transmitted infections (including HIV), as well as gender-based violence. In response to these increased risks, UNFPA and the Women’s Centre for Jamaica



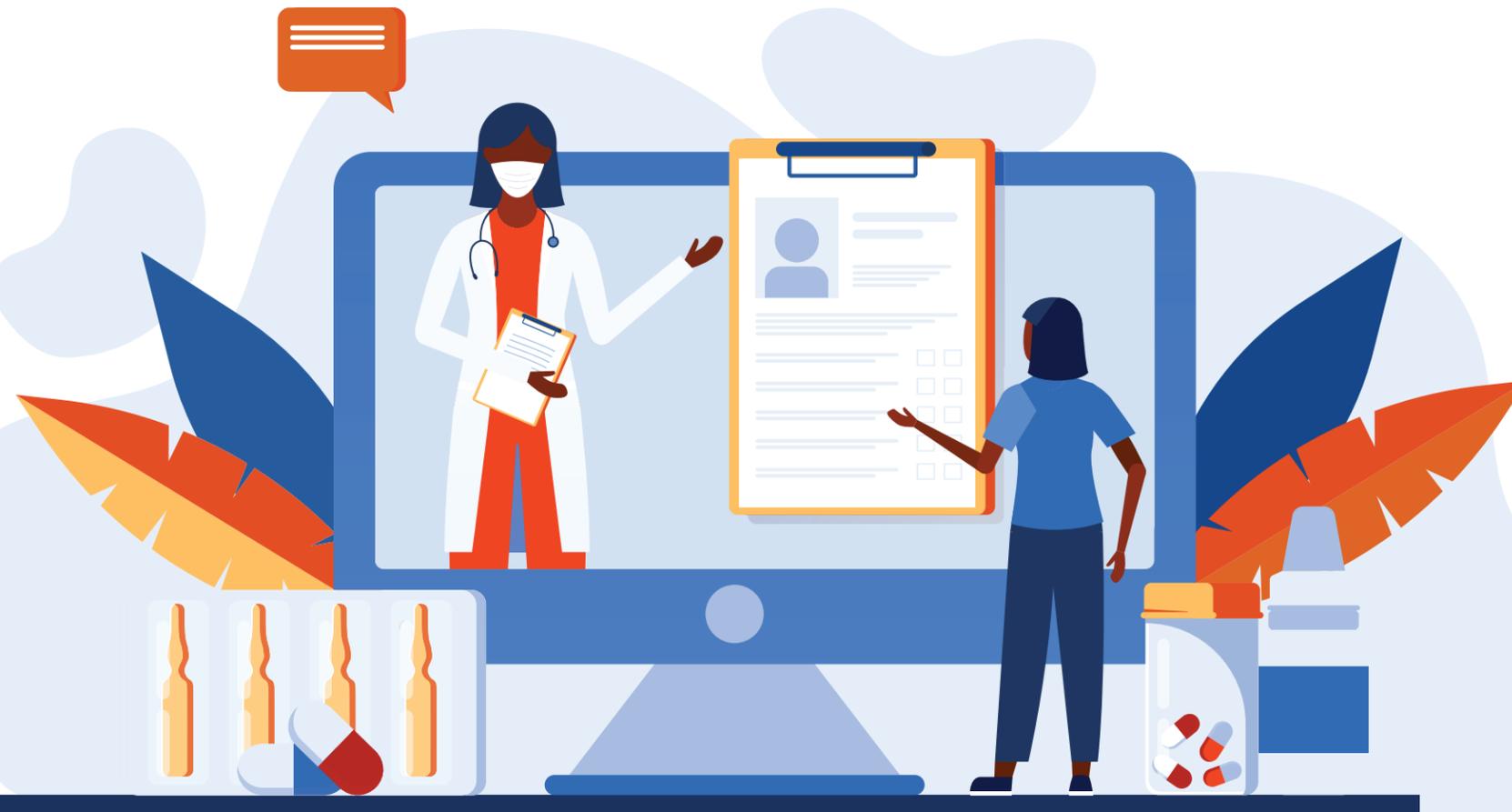
Foundation (WCJF), a Jamaican government agency that is mandated to provide adolescent girls aged 17 or under, who have dropped out of school due to pregnancy, the opportunity to continue their education and ultimately re-integrate into the formal school system, collaborated on a project to address two urgent needs.

The first being to reach adolescents with information on how to reduce risks of GBV, unplanned pregnancies and STIs during COVID-19. This information was shared in the form of eight short video-clips, produced with the support of youth, to sensitize about GBV and its prevention and encourage responsible sexual practices among the adolescent population during and after the COVID-19 pandemic, and the clips were disseminated through social media. The second need addressed by the project was to strengthen the capacity of WCJF managers and counsellors to safely identify, respond to and refer pregnant adolescents/adolescent mothers who are at risk of or are survivors of GBV.

“We have given the girls skills to help themselves through the pandemic, and I really want to think that these kinds of preventative measures have helped prevent GBV,” said Dr. Zoe Simpson, Executive Director at the WCJF.

MIDWIFERY SERVICES

UNFPA supported the Caribbean Regional Midwives Association (CRMA) with the capacity strengthening of midwives across the Caribbean during the pandemic, including on the following topics: infection control measures, updates and training on guidelines related to COVID-19 and maternal care. UNFPA has especially supported the CRMA’s production of relevant materials and its facilitation of monthly webinars, which highlighted an overview of COVID-19’s impact on and implications for SRH care in the Caribbean and approaches to maintain continuity of maternal and newborn care and other SRH services. The webinars also focused on mental health and infection prevention in maternal settings, as well as family planning service continuity. The webinar series successfully hosted almost 600 participants.





2. Addressing gender-based violence and harmful practices

UNFPA is ensuring the continuity of lifesaving, multi-sector services for survivors of gender-based violence (GBV) and the most at-risk women and girls. UNFPA is helping to ensure a flexible and adaptive approach, including in the context of most strict movement restrictions, confinement, connection failure and closure of service points, to ensure that life-saving services continue to be made available without compromising the safety of GBV caseworkers or survivors.

SERVICE MAPPINGS AND GENDER-BASED VIOLENCE REFERRAL PATHWAYS

Across the region UNFPA has been working in collaboration with national authorities and key stakeholders to develop both SRH and GBV service mappings, ensuring integration between the two, as well as GBV referral pathways updated to the COVID-19 context. Given the pandemic and social distancing measures put in place across the region, the service mappings have all been conducted remotely. Service mappings are crucial to identify available GBV and SRH services within a country, as well as to identify gaps, and they can be used to inform and strengthen future programming, coordination and priority-setting. GBV service mappings are also used to inform the development of GBV referral pathways.

Referral systems are one of the 16 Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies programming, and the establishment of updated referral pathways is a fundamental requirement for a functional referral system. Referral pathways are used by GBV specialists to safely connect survivors with life-saving and supportive multi-sectoral services, including mental health and psychosocial services, police assistance, medical care and legal and justice support, and they essentially outline where, when and how these services can be reached.

During 2020 GBV referral pathways have been developed in the following 13 countries and territories: Belize, Guyana, Suriname, Trinidad & Tobago, Jamaica, Barbados, The Bahamas, British Virgin Islands, Grenada,

St Vincent and the Grenadines, St Kitts and Nevis, Anguilla, and Saint Lucia. Based on the service mappings, UNFPA also developed maps to outline the geographical coverage of services available by country for women and girls at risk of and survivors of GBV, and to facilitate the identification of gaps across countries.

DIGNITY KITS

UNFPA's Dignity Kits are a critical tool for women and girls in emergencies to access basic sanitary and hygiene items, and distribution of the kits enables recipients to use their limited resources to purchase other critical items, such as food. The simplest of items can have a large impact, and something as simple as access to underwear or menstrual pads, both of which are standard items in most kits, can have a significant impact for women and girls who are in vulnerable situations. In addition to containing essential supplies, they are designed together with affected communities and contain other items tailored towards local women and girls. Dignity Kit distributions can be an entry point to reach women and girls at risk of GBV, to share critical information on how and where to access life-saving GBV and SRH services, and to raise awareness about GBV. The kits can also include protective items that can help mitigate GBV risks.

Mr. Nigel Phillip is the Gender Officer at the Division of Health, Wellness and Family Development in the Tobago House of Assembly responsible for the Office of Gender Affairs. An important part of his role involves working with survivors of GBV. He explained that since the start of



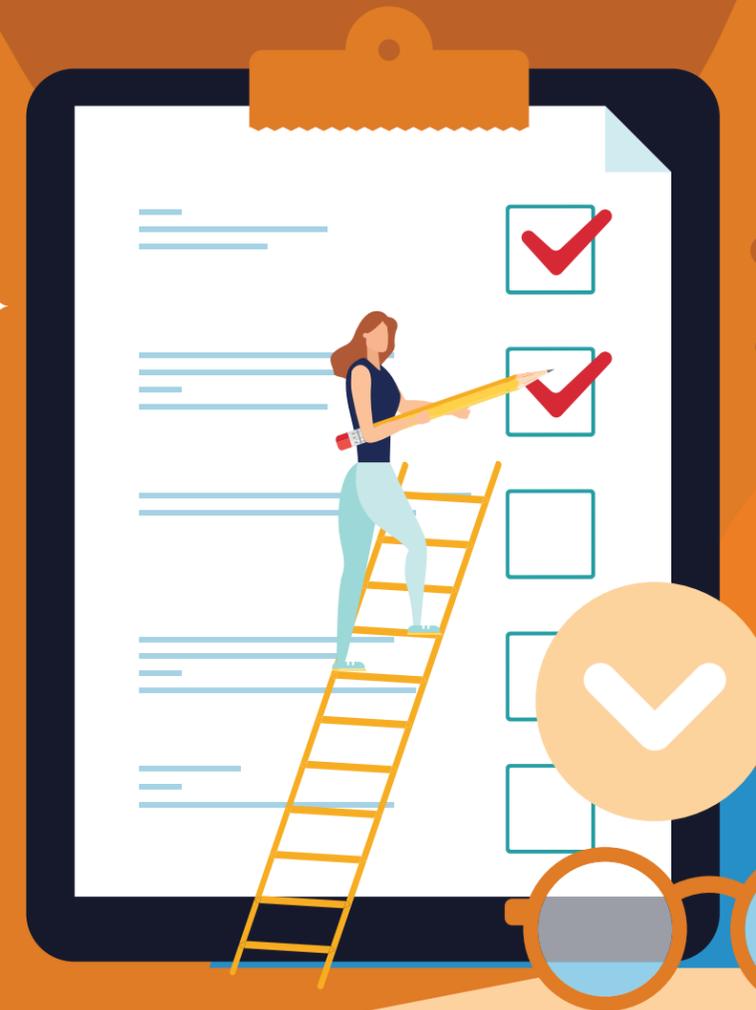
the pandemic, many people have visited the Office of Gender Affairs for services including counselling, food and income support. One of the things being highlighted by women coming into the office is that they are unable to provide basic hygiene and sanitary items for themselves or their daughters/loved ones. To respond to this unmet need, Mr. Phillip reached out to UNFPA Liaison Office in Trinidad & Tobago for support and received Dignity Kits for distribution to vulnerable women and girls.

Some of the items included in the kits distributed in Tobago were laundry detergent, soap, toothbrush and toothpaste, a washcloth, menstrual pads, a flashlight, and several different sizes of underwear for different age-groups. These items were contained in a plastic bucket with a sealed cover, which, as Mr. Phillip explained, was particularly useful for women and girls living in rural areas of the island with no access to running water or electricity. The buckets can be used for collecting water, and the flashlight means that women and girls do not have to walk in the dark, offering them some measure of protection.

GENDER-BASED VIOLENCE & COVID-19 GUIDELINES

In response to the urgent need for adapting service provision to the new COVID-19 context, UNFPA SROC, in collaboration with the Latin America and Caribbean Regional Office (LACRO), has been a part of the development and revision of guidelines for the provision of remote services for GBV survivors. The guidelines are now available in both Spanish and English, and the SROC facilitated a webinar to launch the guidelines in the Caribbean. The SROC also collaborated with LACRO on the development of an Advocacy Brief on the criticality of GBV service provision during COVID-19, and on a technical guidance for IPPF affiliates on “Management of Essential Services in Sexual and Reproductive Healthcare during the COVID-19 outbreak”.

UNFPA will launch two shelter guidelines for use across the Caribbean sub-region; one for emergency shelters, and one for shelters for GBV survivors. Both documents provide guidance on managing GBV and SRH in shelters, and they build not only on global best practices and resources, but are contextualized to the Caribbean and build on experiences and best practices from shelters across the region. In April 2020, a collaboration between UN Women, PAHO and UNFPA resulted in the development and dissemination of the COVID-19 Infection Prevention and Control guidelines in GBV Shelters in the Caribbean.



GENDER-BASED VIOLENCE TRAINING OF SERVICE PROVIDERS

UNFPA rolled out a regional two-part webinar series on gender-based violence in emergencies (GBViE) adapted to the COVID-19 context. The first session was about UNFPA's response to GBV in emergencies, and the second was a launch of UNFPA's guidelines for the provision of remote services for GBV survivors. The webinar series was open for participation by all interested and attracted 125 GBV practitioners.

UNFPA also facilitated a two-part virtual GBV Training-of-Trainers (ToT) for 18 GBV focal points from 8 countries, with the aim of increasing and strengthening the Caribbean's response to GBV. The training took place across four days and was divided into the following four segments: (1) Introduction to GBV in Emergencies, GBV core programming, and Mental Health and Psychosocial Support, (2) Protocols to manage GBV incidents remotely, understanding and utilizing psychosocial support to mitigate risks, (3) GBV Pocket Guidelines and safe referrals for medical personnel, and (4) Basic psychosocial skills

to reinforce response, planning and rolling out training with medical personnel. The GBV focal points who participated in the ToTs will then cascade the training down, using the training package developed and shared by UNFPA.

GENDER-BASED VIOLENCE COORDINATION

In early September, UNFPA formally activated the Sub Regional GBV Sub Sector under the Response for Venezuelans (R4V) Platform, through the hiring of the GBV Subsector Coordinator based in Trinidad and Tobago, covering all countries in the Caribbean involved in the Venezuelan response. Moreover, UNFPA Guyana Liaison Office has officially activated the national GBV Working Group under the R4V in the country, through the hiring and deployment of the GBV Working Group Coordinator, also representing UNFPA as a standing member at the Government's National Task Force for the Prevention of Sexual Violence.





Reproductive Health Commodity Security (RHCS) means that all individuals have access to affordable, quality sexual and reproductive health supplies of their choice whenever they need them

3. Ensuring the supply of modern contraceptives and reproductive health commodities

UNFPA is acting to mitigate the impact of the COVID-19 pandemic on reproductive health supplies, including modern contraceptives, maternal health medicines and menstrual health supplies.

PROCUREMENT OF CONTRACEPTIVES AND COMMODITIES

In 2020, UNFPA continued to support the Ministries of Health and CSOs with the procurement of contraceptives on behalf of governments through Third Party Procurement and with additional resources from UNFPA's Emergency Funds (EF)

and the Multi Partner Trust Fund (MPTF). Contraceptives procured include injectables (Belize, Guyana, Jamaica), oral contraceptives (Belize, The Bahamas, Guyana, Jamaica), male condoms (Guyana, Jamaica) and lubricants. Given the small size of these countries and limited access to competitive markets, having access to cost-effective procurement

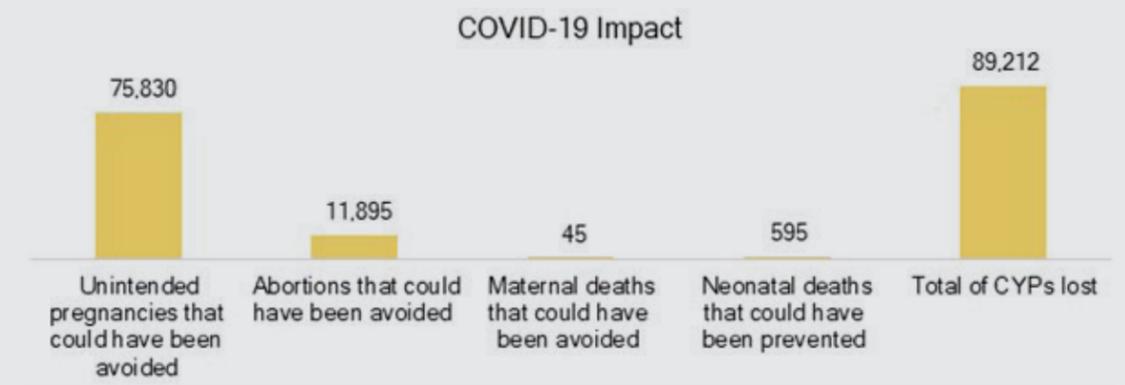
mechanisms with certified quality products and prequalified suppliers like TPP, guarantees economies of scale and access to quality commodities. For instance, both through the MPFT and TPP, UNFPA was able to secure the availability of injectables in Jamaica, one of the most demanded contraceptives on the island.

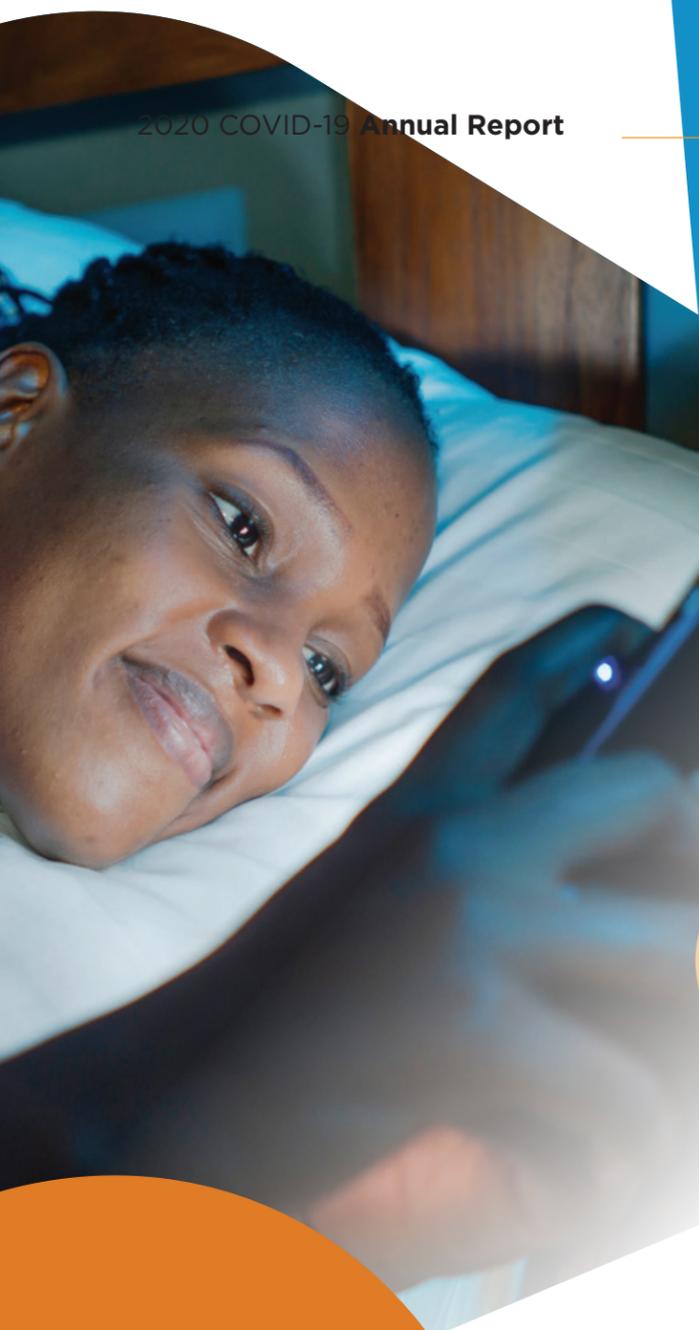
REPRODUCTIVE HEALTH COMMODITY SECURITY ASSESSMENT

Reproductive Health Commodity Security (RHCS) means that all individuals have access to affordable, quality sexual and reproductive health supplies of their choice whenever they need them, and it is a fundamental prerequisite for a functional sexual and reproductive health system.

UNFPA conducted an assessment of the RHCS situation in 16 countries across the Caribbean to analyze RHCS maturity and identify strengths, weaknesses, threats and opportunities in each country. The purpose of the assessment is to inform future interventions at national and sub-regional level to achieve strong and resilient reproductive health supply chain systems.

The assessment included an analysis of the extent to which the COVID-19 pandemic is adversely impacting supply chains, including potential stock-outs, and an estimate of the impact of the pandemic. It reveals a very worrisome scenario for the Caribbean from November 2020 to July 2021 (data aggregated for 13 countries): 89,121 Couple Year Protection (CYPs) are estimated to be lost and, as a result, 75,830 unintended pregnancies, 11,898 abortions, 45 maternal deaths, 595 neonatal deaths will not be averted. It is very likely that the most vulnerable will be disproportionately affected, especially adolescents living in poverty and adolescents from marginalized groups.





Some communication materials were specifically targeted to people living with HIV, LGBTQI communities, sex workers and adolescents

4. Accelerator interventions

RISK COMMUNICATION

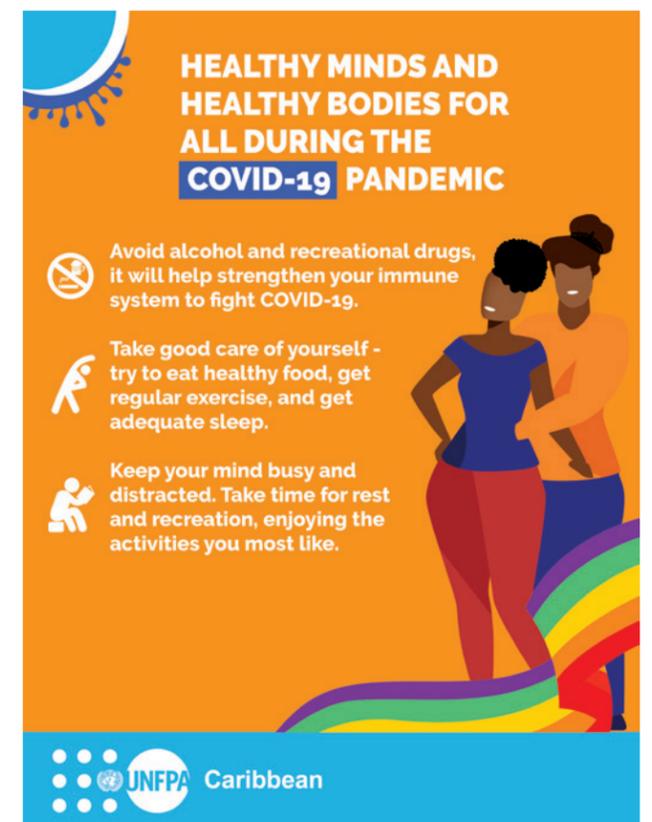
UNFPA developed key communication messages addressing GBV, SRH and family planning in the COVID-19 context and disseminated them through various media platforms, including the platforms of strategic partners. Some communication materials were specifically targeted to people living with HIV, LGBTQI communities, sex workers and adolescents, and the messages were translated into Spanish, Dutch and Papiamentu.

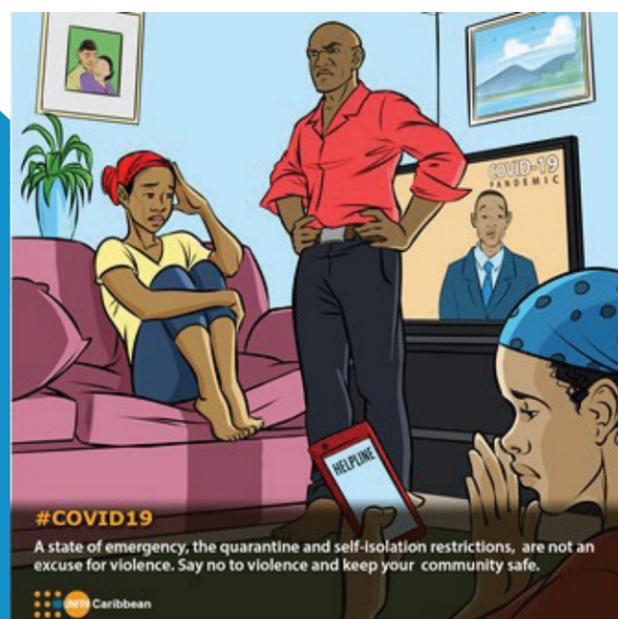
In partnership with the Barbados Council for the Disabled, messages were also adapted specifically for people living with disabilities. This involved adapting the language

style of the messages using close caption (subtitles), sign language, in addition to developing 2D animations that could speak to persons with intellectual disabilities who may have trouble understanding the text. Content was produced for flyers, posters and social media, and animations were developed for television and social media channels. Additionally, audio messages were recorded for radio broadcasting, and several of the audio narrations were voiced by people with disabilities.

“We need to make it abundantly clear that people with disabilities have the right to a safe and healthy sexual life just like everyone else” says Rose-Ann Foster-Vaughan, a Project Officer at the Barbados Council for the Disabled and a fierce advocate for the rights of persons with disabilities (PWD). According to Ms Foster-Vaughan, persons with disabilities are often viewed as asexual. She concludes that this misconception is one of the barriers they face in accessing sexual and reproductive health services and information.

As of January 2021, the UNFPA had directly reached over 230,000 people with its COVID-19 communication and risk mitigation products.





YOUTH ENGAGEMENT

In emergency situations young people are particularly vulnerable both to GBV and to negative SRH outcomes, but their unique needs are too often overlooked and ignored. As part of the commitment to leave no one behind, UNFPA conducted a rapid needs assessment to systematically gather and analyze information relating to the comprehensive SRH/HIV/GBV needs of young women, men, girls, and boys in all their diversity and vulnerability, to determine the needs and gaps that have emerged or have been exacerbated by the COVID-19 pandemic in the Caribbean. The results of the assessment will be used to inform interventions to effectively address the needs and gaps identified and improve the health and wellbeing of young people across the region.

Moreover, the different liaison offices of UNFPA SROC have successfully engaged young people through #YouthAgainstCOVID videos created in collaboration with partners and youth groups in the region. Over 75,000 engagements were made over the course of the campaign.

DATA

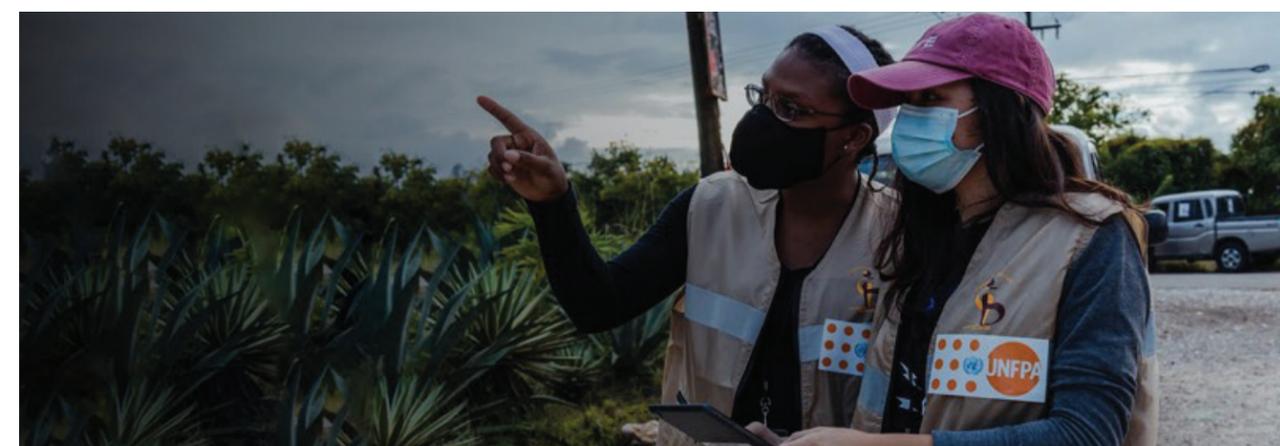
As the world grapples with the spread of COVID-19, UNFPA must address the implications of the outbreak on preparations and implementation of the 2020 census round. With 150 countries (including 85 UNFPA programme countries) scheduled to conduct census enumeration in 2020 and 2021, the potential disruption of the 2020 census round could be significant. The COVID-19 pandemic will threaten the successful conduct of censuses in many countries through delays, interruptions

that compromise quality, or complete cancellation of census projects. Domestic and donor financing for the census may be diverted to address COVID-19 leaving the census without crucial funds. Several countries have already taken decisions to postpone the census, with many others yet to announce the way forward.

Accurate population data is not only critical for development, but also for addressing global health emergencies, such as COVID-19. While UNFPA routinely emphasizes the criticality of population data for humanitarian preparedness and response, these data are no less critical in the face of a pandemic. For example, governments need up-to-date knowledge of population densities in major cities, as these are locations of higher transmission; the elevated case fatality rates among older populations demand knowledge of where older people are clustered; the provision of emergency medical facilities requires data on catchment area populations; and even basic metrics on COVID-19 case-loads require accurate population denominators by location.

In Belize for example, while a new census was initially supposed to take place in 2020, sending out over 1,000 data collectors to visit households was not possible in the midst of COVID-19 pandemic. As a result, the census was tentatively rescheduled to 2021, and the resources for census mapping have been redirected to the Ministry of Health to help with the pandemic. COVID-19 has also changed the landscape of how the staff at the Statistical Institute of Belize (SIB) work. While most work from home, those who have to be in the office maintain COVID-19 protocols, such as wearing masks, sanitizing and keeping social distances. UNFPA has supported SIB through the acquisition of resources such as tablets, laptops and servers for approximately 1,000 data collectors in the field as well as providing funding for the mapping process and its preparation work.

The Statistical Offices in Jamaica, Grenada and Dominica as well as the OECS Commission benefitted from UNFPA technical and financial support in 2020.



UNFPA SROC/Ignite. Population data is key to responding to the sexual and reproductive rights and needs of a population. In November 2020, the Statistical Institute of Belize, through support from UNFPA, concluded GIS mapping across Belize for the upcoming Population and Housing Census.

RECOGNITION OF SUPPORT

UNFPA's Sub-Regional Office for the Caribbean acknowledges with gratitude, the support of its global and regional partners and donors in safeguarding the choices and rights of women, girls and the most vulnerable prior to and throughout the COVID-19 pandemic.

United Nations

European Commission

United Kingdom

Norway

World Bank

Denmark

Australia

Japan

Canada

Netherlands

Sweden

Republic of Korea

Finland

Switzerland

France

“Now is a time for solidarity, resolve and selflessness. We must not forget that there are people we may not immediately see, who are at great risk as a result of the consequences of the crisis.”

Dr. Natalia Kanem, UNFPA Executive Director

CONTACT INFORMATION

Alison Drayton

Director, Sub-regional Office for the Caribbean
drayton@unfpa.org

Seth Broekman

Deputy Director, Sub-regional Office for the Caribbean
broekman@unfpa.org

Jascene Dunkley-Malcolm

Communications & Partnership Specialist, Sub-regional Office for the Caribbean
dunkley-malcolm@unfpa.org

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