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Draft country programme document**

Guyana and Suriname

Summary

The draft country programme document (CPD) for the Guyana and Suriname country programme is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$8,500,000 from regular resources, subject to the availability of funds, and \$9,800,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2022 to December 2026.

* E/ICEF/2022/1.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 16 November to 6 December 2021. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2022 first regular session and in the other designated languages four weeks in advance.

Programme rationale¹

1. Although located geographically in South America, Guyana and Suriname share numerous bonds with the Caribbean countries and, as low-lying coastal countries, are considered small island developing States. The populations of both countries (Guyana: 746,955²; Suriname: 586,630³) are ethnically diverse, and some 35 per cent are children and adolescents (aged 0–19 years). Both are upper-middle-income countries; Guyana is in the medium human development category and while Suriname is a high human development country, its inequality-adjusted Human Development Index places it among low human development countries.

2. In Suriname, an estimated 26 per cent of the population live in poverty.⁴ In Guyana, 43.4 per cent of the population live on less than \$5.50 per person a day (the World Bank poverty line for upper-middle-income countries).⁵ Children from rural areas, urban poor families, indigenous communities and other marginalized groups suffer from multiple poverty-related deprivations.

3. Guyana and Suriname have similar disparities between urban coastal areas and less accessible interior areas. In Guyana, 90 per cent of the population live in low-lying coastal areas.⁶ Rural areas tend to be comparatively poorer than urban areas, and rural areas in the hinterland tend to be poorer than those on the coastal plains. In Suriname, two thirds of the population live in and around greater Paramaribo, the capital.⁷ Some 48 per cent of residents in the rural interior are poor.⁸ In both countries, ensuring accessibility and quality of services in sparsely populated rural and interior areas is a challenge.

4. Neither country was prepared for the multiple impacts of the coronavirus disease (COVID-19) pandemic. Although there is a lack of data, the pandemic is likely to exacerbate inequality, with income inequality expected to increase owing to significant loss of jobs and livelihoods. There has been a major loss of learning due to school closures, with many children, especially in rural and interior areas, victims of the digital divide, unable to access online learning and in danger of falling further behind.

5. In 2020, Guyana became an oil-producing country and its gross domestic product increased dramatically. The increased fiscal space offers the Government an unprecedented opportunity to invest in social sectors. Similarly, recently discovered offshore oil fields in Suriname have the potential to boost the country's socioeconomic development.

6. In 2020, there were approximately 22,000 Venezuelan migrants in Guyana, a number projected to reach 39,000 by the end of 2021, according to the Common Country Analysis. An estimated 79 per cent of the migrants need some form of assistance and some 9,600 Guyanese members of host communities also need special support. Guyana has adopted a policy that allows access to services for all migrant children and families.

¹ Unless otherwise indicated, data in this section are from the respective multiple indicator cluster surveys (MICS). The Guyana MICS was conducted in 2019–2020 and published in 2021 and the Suriname MICS was conducted in 2018 and published in 2019.

² United Nations Guyana, Common Country Analysis (CCA), July 2021, p. 63.

³ Republic of Suriname, Common Country Analysis, Final Report, December 2020, p. 7.

⁴ Suriname CCA, p.9.

⁵ Guyana CCA, p.19.

⁶ Guyana CCA, p.70.

⁷ Suriname CCA, p.14.

⁸ Suriname CCA, p.9.

7. Both countries have made remarkable progress in reducing child mortality and are close to achieving Sustainable Development Goal target 3.2 for neonatal mortality, with neonatal mortality rates of 14 per 1,000 live births in Guyana and 12 per 1,000 live births in Suriname; and under-five mortality rates of 23 and 19 per 1,000 live births, respectively. While well below global averages, these figures mask internal disparities. Access to primary health care in remote areas is undermined by shortages of medical personnel, high staff turnover, poor transportation services and lengthy travel times to health-care facilities, especially in the hinterland.

8. Even before the COVID-19 pandemic, immunization rates were declining. According to the World Health Organization/UNICEF estimates of national immunization coverage, in 2020 Guyana and Suriname had coverage below 80 per cent for three doses of diphtheria/tetanus/pertussis vaccine. The bottlenecks include: vaccine stockouts; weak cold chains; vaccine hesitancy among some parents in the hinterland; medical workers' poor communication skills; and lack of a data management system for immunization.

9. The two countries are affected by both undernutrition and increasing overweight and obesity among children. Among the causes are poor diets and lack of awareness of appropriate feeding practices. In Guyana and Suriname, some 50 per cent of newborns are put to the breast within an hour of birth, but just 32 per cent and 9 per cent, in the respective countries, of infants under 6 months of age are exclusively breastfed. Infant and young child feeding practices that negatively affect child nutrition include the early introduction of dairy products and insufficient variety of complementary foods. Increasing rates of overweight and obesity result from poor eating habits, spurred by the marketing of ultra-processed products and sugary beverages, and insufficient physical activity. An evaluation of the communication strategy for infant and young child feeding and essential care in Suriname recommended that these activities be part of an integrated package of primary-health-care services for children aged 0–2 years, encompassing newborn and child health, early childhood development (ECD) and nutrition.⁹

10. Children in Guyana and Suriname experience frequent and multiple forms of physical, emotional and verbal abuse and violence. Among children aged 1–14 years in Guyana, 72.5 per cent had experienced violent discipline. In Suriname, 88 per cent of children aged 2–14 years had been subjected to at least one form of violent psychological or physical punishment by a household member, with a higher incidence of violent discipline for boys (89 per cent) than girls (86 per cent).

11. The lack of social protection measures contributes to the cycle of domestic violence, abuse and neglect. The most vulnerable children belong to already disadvantaged groups, i.e., indigenous and tribal peoples and the urban poor. This amplifies the urgent need for adequate investment in social services and the provision of child-sensitive, risk-informed and portable social protection systems that reach those most in need.

12. School closures related to the COVID-19 pandemic have had a significant impact on the mental and psychosocial well-being of children, adolescents and their families. In both countries, suicide is among the main causes of death of children and adolescents aged 10–19 years.¹⁰ Providing appropriate services is critical to addressing the mental health and psychosocial needs of children and adolescents.

⁹ UNICEF Evaluation Office, Evaluation of the “Infant and young child feeding and essential care” (IYCF+) Communication Strategy in Suriname, New York, 2020.

¹⁰ Pan American Health Organization/World Health Organization, Adolescent and Youth Health - 2017 Country Profiles for Guyana and Suriname, 2017.

13. Adolescent pregnancy is a major issue in Guyana, with more than 20 per cent of all pregnancies occurring among adolescent girls aged 15–19 years.¹¹ In Suriname, although there has been a decrease in the adolescent birth rate, the rates are higher in the rural interior and among girls with less education. In Guyana, 30 per cent of women aged 20 to 24 years were first married or in union before age 18, compared to 19 per cent in Suriname.¹²

14. Serious climate-related events, including flooding, coastal erosion and higher temperatures, affect child health, e.g., through the spread of vector-borne diseases and contamination of water sources. They also affect education through damage to physical infrastructure or lead to the suspension of teaching when schools are used as shelters.

15. The pandemic drew attention to the importance of safely managed water, hygiene and sanitation (WASH) services. There are significant differences between coastal and interior locations. For example, in Suriname, at the national level, 42.5 per cent of households had *Escherichia coli* in source water, compared to 72 per cent in the rural interior. In Guyana, contamination was highest in the interior Region 1 (83.4 per cent) and lowest in coastal Region 4 (33.5 per cent). There are similar disparities in rates of improved sanitation and hand-washing facilities.

16. Guyana and Suriname have made significant efforts to improve early childhood education (ECE) for children aged 0–6 years, but challenges remain in terms of equitable access and responsive caregiving. In Suriname, 51 per cent of children in urban areas attend ECE, compared to 33 per cent in the rural interior. Children in the richest households are more likely to attend ECE than children in the poorest households. In Guyana, attendance in pre-primary school ranges from 41 to 63 per cent and school readiness between 92 and 100 per cent. Access to preschool for children with disabilities remains a challenge in both countries.

17. Lack of parental engagement and of playthings and books in the home hinder optimal early childhood stimulation. Harmful social norms that reject positive discipline, early stimulation and hygiene practices constrain parents' abilities to practice responsive caregiving, which is exacerbated by a lack of comprehensive policies and intersectoral coordination between the Government and civil society organizations (CSOs), non-governmental organizations and the private sector in developing strategic partnerships for ECD.

18. Even before the pandemic, Guyana and Suriname struggled with consistently poor completion rates for the final cycle of secondary education, more so for boys than girls. The quality of and access to education and opportunities for skills development are limited, especially for the most marginalized children and young people. Many schools are not accessible to children with disabilities.

19. In Guyana, 98 per cent of children complete primary school (boys: 96 per cent; girls: 99 per cent). This declines to 86 per cent for lower secondary (boys: 82 per cent; girls: 89 per cent), decreasing to 55 per cent for upper secondary, with a gender gap of 16 percentage points (boys: 47 per cent; girls: 63 per cent). In Suriname, there is a notable decline in completion rates for boys and girls (respectively 39 and 32 percentage points) from primary to lower secondary education. Sixty-five per cent of primary school students transition to lower secondary but of these, only 47 per cent progress to the last grade. Only 49 per cent of children complete lower secondary

¹¹ UNICEF Guyana, Situation Analysis of Adolescent Pregnancy in Guyana, September 2017, p.13.

¹² UNICEF, A Profile of Child Marriage and Early Unions in Latin America and the Caribbean, New York, 2019.

education and 23 per cent complete upper secondary education. The poor quality of teaching, learning and skills development contributes to high dropout rates.

20. Both education systems are challenged to assure the quality of teaching. Other constraints impact school attendance, affecting active participation and successful completion. In Suriname, these include physical access to schools in the interior and high transportation costs. In Guyana, inflexible term schedules do not offer children who miss school due to farm work or bad weather the possibility to catch up. These difficulties will be compounded by increasingly extreme weather events caused by climate change.

21. In both countries, many children are not acquiring the skills needed for decent employment and there are limited opportunities for adolescent participation and engagement. School curricula need to offer twenty-first century skills and ensure alternative education opportunities for out-of-school-adolescents.

22. In 2019, Guyana ranked 115 and Suriname 105 out of 189 countries in the Gender Inequality Index.¹³ Both Governments have demonstrated their commitment to address gender-based violence; however, there are challenges due to lack of physical infrastructure, financial resources and skilled staff.

23. A critical lesson learned following the onset of the COVID-19 pandemic was the importance of risk-informed planning and programming. The pandemic required an immediate programmatic shift towards emergency response, including provision of essential supplies and an integrated package of interventions (essential items, WASH services, health care and psychosocial and educational support) to indigenous villages in the Guyanese hinterland and southern Suriname. Host communities in already deprived regions required support, not only for the migrants, but for their own children, and the programme was adjusted accordingly.

Programme priorities and partnerships

24. The Ministry of Foreign Affairs and International Cooperation in Guyana and the Ministry of Foreign Affairs, International Business and International Cooperation in Suriname are the primary counterparts of the United Nations system. The country programme was developed based on the recent situation analyses, the Common Country Analyses and a series of strategic consultations in both countries with Government, civil society, the private sector and children and adolescents. The programme builds on lessons learned from the previous programme cycle, the evolving situation of boys and girls and national development priorities.

25. In Guyana, the programme is aligned with national development strategies and sectoral plans, including the Education Sector Plan, 2021–2025; and in Suriname, with sectoral strategies, policies and plans, pending the finalization of the next national development plan, 2022–2026. The five UNICEF programme outcomes are directly aligned with three of the four priority areas of the United Nations Multi-Country Sustainable Development Cooperation Framework (UNMSDCF), 2022–2026: (a) pillar 2, equality, well-being and leaving no one behind, through outcomes on health and nutrition, education and social protection; (b) pillar 3, resilience to climate change and sustainable natural resource management, through an outcome on climate resilience and WASH; and (c) pillar 4, peace, safety, justice, and the rule of law, through an outcome on child protection. These programmes will contribute to pillar 1, shared prosperity and economic resilience.

¹³ United Nations Development Programme, Human Development Reports, <<http://hdr.undp.org/en/indicators/68606>>, accessed on 10 October 2021.

26. The overarching goal of the country programme is to support the Governments of Guyana and Suriname in developing and strengthening systems that will allow children and adolescents to grow up healthy and resilient; have equitable access to improved learning and skills for life and work; be protected from all forms of violence, abuse, neglect and extreme poverty; and live in a safe and sustainable environment. The mix of strategies will include: gender-transformative programming; public and private partnerships and engagement; system strengthening; risk-informed humanitarian and development nexus programming; evidence generation and knowledge management; social and behaviour change; and advocacy and communications. While the programme will operate at the national level, improving service delivery in hinterland areas and among the urban poor will be a priority.

27. UNICEF brings its technical strength, convening power and advocacy to support Government and civil society in achieving tangible results for children. The multisectoral nature of its work is critical to the success of the programme, for example in ECD, child protection and climate change adaptation. In both countries, UNICEF will explore innovative means of engagement with new and emerging partners, including the private sector, international financial institutions and CSOs.

28. In line with the current Gender Action Plan, 2018–2021 a gender review of the programme will be completed by the end of 2021. The review will inform the new programme, focusing on changing mindsets and transforming harmful and unequal gender norms such as teenage pregnancy and gender-based violence.

Survive and thrive

29. The long-term vision for change is that by 2026, girls and boys in Guyana and Suriname, including in humanitarian settings, grow up healthy, thrive, develop to their full potential and build resilience by benefiting from increased access to quality health and nutrition services.

30. UNICEF will provide technical support to the Ministries of Health to deliver high-impact maternal and child health interventions (newborn care, breastfeeding support and immunization) with a focus on hard-to-reach and underserved areas. The programme will offer technical support for strengthening the cold chain in the hinterlands, complemented by demand creation for immunization through social and behavioural change communication. UNICEF will continue to support the Governments in procuring vaccines, including the roll-out of the human papillomavirus vaccine in Guyana.

31. In Suriname, UNICEF will continue to advocate for integration of the International Code of Marketing of Breast-milk Substitutes in national laws. In both countries, promotion of the Ten Steps to Successful Breastfeeding will be part of the integrated approach to primary health care. UNICEF will contribute to the sensitization of families, caregivers and communities on the impact of unhealthy diets, overweight and obesity on the health of children and adolescents.

32. UNICEF will provide technical support to strengthen service delivery and care systems for mental health and psychosocial well-being in schools and other community-based settings. It will support the Governments in piloting school-based mental health interventions, including the establishment of abuse and counselling facilities in schools, and develop a communication campaign for adolescents and families on the importance of speaking up.

33. Capacity strengthening will help local and national health systems to reduce their vulnerability in emergencies by including emergency action plans in all planning work. UNICEF and United Nations partners will support the Government of Guyana in establishing a modern Health Management Information System.

Education and skills

34. The long-term vision of change is that children and adolescents, in development and humanitarian contexts – especially the most vulnerable –benefit from equitable, inclusive and gender-transformative quality education, leading to improved learning outcomes, increased resilience and skills for life and work.

35. UNICEF will provide technical support for the development of quality assurance criteria in ECE and ECD, child-centred curricula and improved pedagogical practices. Capacity-building will address better planning, management and delivery of ECE in communities. UNICEF will engage with national partners in elaborating affordable, climate-smart and cost-effective solutions aimed at adjusting education policies and teaching methods in mainstream schools to accommodate the needs of children with disabilities and other vulnerable groups.

36. National partners will receive technical support to: facilitate stay-in-school initiatives and psychosocial support for children returning after the COVID-19-related school closures; incorporate twenty-first century skills in national curricula, including for technical education and vocational training, informed by in-country research on labour market requirements and the expectations of employers; and expand the choice of learning pathways, including project-based use of modern technology and digital learning, with the potential to be the focus of non-formal learning for adolescents. In Suriname, UNICEF will support education reform focusing on primary and lower secondary education and the learning assessment system.

Child protection

37. The long-term vision of change is that children and adolescents, particularly the most vulnerable, are protected from violence, harmful practices, exploitation and abuse through strengthened child protection systems.

38. UNICEF will promote legislative and policy reform around issues of domestic violence, sexual offences, juvenile justice, children without parental care and strengthening the child protection and social workforce for improved service delivery. UNICEF and partners will develop and implement social and behaviour change communication interventions to raise awareness about different forms of violence and harmful practices; and provide technical support for the development of case management and referral systems and positive parenting programmes. The programme will support the development of child protection management information systems.

39. Given the ongoing situation of migrant children in Guyana, the programme will support relevant government ministries to improve strategic and sector planning for services for separated, minor and unaccompanied children and host communities.

Climate resilience and water, sanitation and hygiene

40. The long-term vision of change is that the capacities of structures and partners at the national and decentralized levels are strengthened to improve the development and implementation of child-sensitive climate and disaster risk reduction policies and programmes, and to provide equitable and sustainable access to low-carbon and climate-resilient WASH services.

41. UNICEF will support authorities and communities to identify and manage early warning systems to reduce the risks associated with disasters and climate change, and will help to strengthen partners' capacities for preparedness and humanitarian response at the national and subnational levels. With development partners, UNICEF will provide technical assistance and financial resources to support the Government and communities in scaling up WASH services. It will provide technical support for strengthening policies, strategies and regulations for the integration of climate change into national and decentralized WASH programmes. UNICEF will promote scalable strategies for behaviour and social norms change to generate household and community demand for WASH services, and support strengthening of community capacities to operate and maintain climate-resilient WASH services.

Social protection and inclusion

42. The long-term vision of change is that the most vulnerable children and adolescents are protected from extreme poverty through systems and policies that address multiple deprivations across the life cycle.

43. Using a multisectoral approach, UNICEF will provide technical support to the relevant ministries/institutions to address structural vulnerabilities, strengthen institutional arrangements for effective management of social protection programmes and reduce child poverty. In Suriname, it will focus on mapping of social protection interventions and development of relevant policies. UNICEF will support both Governments in creating updated measurements for monetary and multidimensional poverty.

44. UNICEF will support the publication of annual budget briefs to monitor public investments in children, and the identification of key spending bottlenecks through review and tracking of public expenditures. It will support costing exercises to identify financial gaps and fiscal space analyses. Joint advocacy for increased spending on children will include international financial institutions, United Nations partners and CSOs.

45. UNICEF will support strengthening of national capacities to collect, analyse and use real-time, high-quality data on poverty, deprivation and inequalities to monitor the situation of children, child poverty, progress towards the Sustainable Development Goals and the effectiveness of social sector programmes.

Programme effectiveness

46. This component ensures that the country programme is effectively designed, coordinated, managed and technically supported to meet UNICEF quality programming standards in achieving key results for children. It encompasses cross-sectoral strategies: advocacy and communication; digital transformation and innovation; evidence and knowledge management; gender-transformative programming; risk-informed humanitarian-development nexus programming; social and behavioural change; and leveraging resources for children and business for results.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survive and thrive	1 700	2 000	3 700
Education and skills	1 700	1 900	3 600
Child protection	1 700	1 800	3 500
Climate resilience and water, sanitation and hygiene	1 020	1 300	2 320
Social protection and inclusion	850	1 000	1 850
Programme effectiveness	1 530	1 800	3 330
Total	8 500	9 800	18 300

Programme and risk management

47. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

48. UNICEF will continue to strengthen management systems through the enterprise risk management tool, a risk-informed annual management plan and the harmonized approach to cash transfers to improve the governance, effectiveness and efficiency of its programmes and operations.

49. Implementation of the new country programme will rely on key assumptions, including political stability, social sector policy reforms and strengthened accountability frameworks. The key risks include a delay in the implementation of economic reforms; reduced fiscal space because of the economic impact of the pandemic; a lack of donors for child-related issues; and potential emergencies, such as climate hazards and the ongoing migrant crisis. Risk-mitigation measures will include optimal management of financial and supply resources, and support for the national plans for natural disaster management through a partnership with the Caribbean Disaster Emergency Management Agency, with which UNICEF co-leads the nutrition, WASH, education and child protection sectors.

50. The limited capacity of implementing partners, especially in remote areas, to report timely financial and programmatic implementation could hinder programme delivery. Strengthening the capacity of partners as part of the harmonized approach to cash transfers, including through joint monitoring visits, micro-assessments and spot checks, will reduce risk.

51. The office will establish new mechanisms to leverage donor resources for children, and well-developed early warning and action mechanisms to enable flexibility in shifting human, supply and financial resources to respond to the ongoing COVID-19 pandemic and other emergencies.

Monitoring and evaluation

52. Monitoring and evaluation will be driven by the CPD results and resources framework, the costed evaluation plan and the integrated monitoring and evaluation plan. Efforts will focus on equity, management for results and bottleneck analysis, aligned with the results frameworks of the UNICEF Strategic Plan, 2022–2025, the UNMSDCF and national policies and plans based on the Sustainable Development Goals and the SIDS Accelerated Modalities of Action (SAMOA) Pathway. Midyear and annual reviews with sectoral ministries, partners and stakeholders will take stock of the results achieved, identify opportunities and risks and make appropriate programming adjustments. Programme monitoring will be supported by the field monitoring module in eTools.

53. UNICEF and United Nations partners will support the respective national statistical offices and line ministries to strengthen sectoral management information systems. The Emergency Management Information System and other anticipatory risk management tools will be supported for early warning and information collection and analysis in emergency settings.

54. UNICEF will contribute to the UNMSDCF data management system to produce, analyse and disseminate high-quality child-related data and information to track and monitor progress towards the Sustainable Development Goals, generate evidence on gender and other disparities and inform child-sensitive policy development.

Annex

Results and resources framework

Guyana and Suriname – UNICEF country programme of cooperation, March 2022–December 2026

<p>Convention on the Rights of the Child: Articles 2, 4–5, 9, 12, 18–21, 23, 26–29, 39–40</p> <p>National priorities: Sustainable Development Goals 1–6, 10, 13 and 16; Guyana and Suriname COVID-19 Recovery Plans 2020–2021; Suriname Financial Note 2021; Annual Speech of the President of Suriname (1 October 2021); Address by the President of Guyana to the thirty-first Special Session of the General Assembly devoted to the coronavirus disease (COVID-19) pandemic (31 December 2020); relevant national laws and policies.</p>
<p>United Nations Multi-Country Sustainable Development Cooperation Framework outcomes involving UNICEF: 3–8</p>
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
4. People in the Caribbean equitably access and utilize universal, quality, and shock-responsive social protection, education, health, and care services.	1. Children in Guyana and Suriname, including in humanitarian settings, grow up healthy, thrive, develop to their full potential and build their resilience by benefiting from increased access to quality health and nutrition services	Percentage of pregnant women receiving at least four antenatal visits B: Guyana: 82%; Suriname: 85% T: Guyana: 95%; Suriname: 95%	Multiple indicator cluster survey (MICS), routine sector data	1.1 The health system is strengthened, and policies, standards and service packages are in place to accelerate equitable access to high-impact interventions for reducing preventable newborn deaths, early childhood illnesses and disability, with a focus on disparity reduction. 1.2 Health and nutrition systems have enhanced strategies, legislation, programmes and multisectoral gender-responsive approaches at scale to reduce undernutrition and obesity across the life course, with	Ministries of Health, non-governmental organizations (NGOs)/civil society organizations (CSOs), research institutes World Health Organization (WHO)/Pan American Health Organization (PAHO) Civil Defence Commission (Guyana)	1 700	2 000	3 700
		Percentage of surviving infants who received (a) first dose	MICS, routine sector data					

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		and (b) three doses of DTP vaccine B: Guyana: 71.8%; Suriname: 73.9% T: Guyana: >90% Suriname: >90		a focus on disparity reduction. 1.3 Evidence-based policies and plans are implemented to ensure that adolescents have improved access to gender-responsive physical and, mental health services and information.				
		Percentage of infants under 6 months of age who are exclusively breastfed B: Guyana: 32% Suriname: 9% T: Guyana: >50% Suriname: >25%	MICS, routine sectoral data					
Outcome 4	2. Children and adolescents, especially the most vulnerable, have increased access to equitable and inclusive quality education opportunities leading to development, improved learning outcomes and skills for life and work	Percentage of children receiving early stimulation and responsive care from their parents or caregivers B: Guyana: 89%; Suriname: 75% T: Guyana: >90%; Suriname: >75%	MICS, Education Management Information System (EMIS)	2.1 All children (0–6 years) receive quality, equitable and inclusive early stimulation and learning in home, centre and community settings for optimal early childhood development. 2.2 National and subnational education planning departments and schools are strengthened to plan, budget and implement learning programmes that are resilient, evidence- informed, equitable and inclusive, with effective monitoring of learning (including online learning) for all children and adolescents in development and humanitarian contexts. 2.3 Through child-centred, gender-responsive	Ministries of Education, Health, Human Services and Social Security/Social Affairs, NGOs/CSOs, research institutes, WHO/PAHO United Nations Educational, Scientific and Cultural Organization World Bank Inter-American Development Bank (IDB)	1 700	1 900	3 600
		Adjusted net attendance rate of children from the poorest quintile in primary and lower secondary (Sustainable Development Goal 4.1) B: Guyana: Primary: 96%	MICS, EMIS					

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		<p>Lower secondary: 84% Suriname: Primary: 93%; Lower secondary: 37% T: Guyana: Primary: 98% Lower secondary: 90% Suriname: Primary: 95% Lower secondary: 45%</p>		programming and alternative education opportunities, children and adolescents, especially boys and out-of-school-adolescents, have access to improved alternative education opportunities and are equipped with a set of skills contributing to resilience, leadership, participation and employability.				
		<p>Out-of-school rate for girls and boys of primary and lower-secondary school age</p> <p>B: Guyana: Boys: 8%; Girls: 5%; Suriname: Boys: 8%; Girls: 6% T: Guyana: Boys: <5% Girls: <5% Suriname: Boys: <5% Girls: <5%</p>	MICS, Routine sector data					
<p>7. Regional and national laws, policies, systems, and institutions improve access to justice and promote peace, social cohesion, and security.</p> <p>8. People in the Caribbean and communities actively contribute to and benefit from building and maintaining safer,</p>	<p>3.Children and adolescents in Guyana and Suriname, including those living in humanitarian settings, are protected from violence, harmful practices, exploitation and abuse through strengthened child protection systems</p>	<p>Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month</p> <p>B: Guyana: 72% Suriname: 87% T: Guyana: <50% Suriname: <60%</p> <p>Percentage of children who have experienced violence, exploitation, abuse and neglect</p>	<p>Child protection data management system</p> <p>Child protection data</p>	<p>3.1 Children, adolescents, women and families, including those in humanitarian settings, benefit from adequate protective policies, legislation and institutional frameworks.</p> <p>3.2 Children, adolescents, women and families, including those in humanitarian settings, benefit from scaled-up preventive and response services and social workforce reforms.</p>	<p>Ministries of Health, Human Services and Social Security/ Social Affairs, Finance and Education</p> <p>National Assemblies of Guyana and Suriname</p> <p>Bureaux of Statistics (Guyana and Suriname) NGOs/CSOs,</p>	1 700	1 800	3 500

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
fairer, more inclusive, and equitable societies. 3. National governments and regional institutions use relevant data to design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those left furthest behind.		reached by a health or social worker or justice/law enforcement services B: Guyana: 90% Suriname: 85% T: Guyana>95% Suriname> 90%	management system	3.3 Children and adolescents are better protected from violence through changed social and gender norms and behavioural change strategies.	Children's and youth organizations, research institutes, United Nations Development Programme, IDB			
		Percentage of children that are in contact with the law and administrative bodies who benefit from interventions to improve children's access to justice B: Guyana: 72% Suriname: 87% T: Guyana: <50% Suriname: <60%	Child protection data management system, MICS					
5. Caribbean people, communities, and institutions enhance their adaptive capacity for inclusive, gender-responsive DRM [disaster risk management] and climate change adaptation and mitigation. 6. Caribbean countries manage	4. Every child and adolescent uses safe, water, sanitation and hygiene (WASH) services and lives in a safe and sustainable climate and environment, including in humanitarian contexts	Percent of population using drinking water sources with <i>Escherichia coli</i> (E. coli) (orange) and proportion with E. coli in a glass of drinking water in household drinking water B: Guyana: 61%; Suriname: 64% T: Guyana: <50%; Suriname: <50%	MICS, L-3 monitoring	4.1 Governments and partners implement risk-informed, child-sensitive policies and programmes that promote low-carbon and shock-responsive services and enhance the resilience of children and communities. 4.2 More children and adolescents benefit from improved and decentralized coordinated programme implementation, leveraging financial resources and	Ministries of Natural Resources; Ministry of Local Government and Regional Development (Guyana) Ministry of Regional Development (Suriname)	1 020	1 300	2 320

<i>UNMSDCF outcomes</i>	<i>UNICEF outcomes (by 2026)</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs (by 2026)</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
natural resources and ecosystems to strengthen their resilience and enhance the resilience and prosperity of the people and communities that depend on them.		<p>Ratio of access to WASH services across the richest and poorest quintiles for:</p> <p>(a) basic drinking water services (b) basic sanitation services (c) basic hygiene services</p> <p>B: Guyana: (a): Richest: 96%, Poorest: 86% (b): Richest: 98%, Poorest: 78% (c): Richest: 83%, Poorest: 66% Suriname: (a): Richest: 99%, Poorest: 92% (b): Richest: 98%, Poorest: 59% (c): Richest: 67%, Poorest: 57% T: Guyana: (a): Richest: 98%, Poorest: 90% (b): Richest: 99%, Poorest: 80% (c): Richest: 85%, Poorest: 70% Suriname: (a): Richest: 100%, Poorest: 95% (b): Richest: 99%, Poorest: 63% (c): Richest: 70%, Poorest: 60%</p>	MICS WASH Bottleneck Analysis Tool	<p>budgeting for equitable and sustainable access to climate-resilient WASH services at scale.</p> <p>4.3 Communities, schools and health centres in target rural areas, small towns and peri-urban areas apply safe, resilient and gender-sensitive hygiene and sanitation practices and have access to climate-resilient WASH services.</p>	<p>NGOs/CSOs</p> <p>Guyana Water Incorporated</p> <p>National Coordination Center for Disaster Relief (Suriname)</p> <p>Ministries of Health</p>			

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 8. People in the Caribbean and communities actively contribute to and benefit from building and maintaining safer, fairer, more inclusive, and equitable societies.	5. Girls and boys in Guyana and Suriname, particularly the most disadvantaged and excluded, including those in fragile and humanitarian contexts, have access to adequate, inclusive and shock-responsive social protection systems that better protect them from poverty.	<p>Proportion of child population (lowest quintile) covered by social protection floors/systems (programmes) (Sustainable Development Goal 1.3.1)</p> <p>B: Guyana: 25% Suriname: 36%</p> <p>T: Guyana: 50% Suriname: 50%</p> <p>2.Proportion of total government spending on essential services (education, health and social protection)</p> <p>B: Guyana: 27% Suriname: 39%</p> <p>T: Guyana: >27% Suriname: > 39%</p> <p>Percentage of girls and boys living in poverty</p> <p>B: Guyana: 43 Suriname: 41</p> <p>T: Guyana: 40 Suriname: 38</p>	<p>National Multi-dimensional Overlapping Deprivation Analysis report on poverty line</p> <p>Data management system for social programmes</p> <p>Child protection data management system</p>	<p>5.1 Key social protection programmes for children and adolescents, primarily from the poorest households, are more accessible and more appropriate to their needs.</p> <p>5.2. Allocations of public resources for social protection programmes for children and adolescents are adequate and equity based.</p> <p>5.3. Statistically sound data on child poverty and other deprivations are generated and used to inform systems for improved accountability and transparency.</p>	<p>Ministry of Social Affairs (Suriname); Ministry of Human Services (Guyana); Bureaux of Statistics</p> <p>Universities</p> <p>Ministries of Finance</p> <p>Ministries of Foreign Affairs</p> <p>National Parliaments</p> <p>IDB</p> <p>World Bank</p> <p>NGOs</p>	850	1 000	1 850
	6. The country programme is efficiently designed, coordinated,	Percentage of planned Evidence Information System Integration (EISI) activities completed	EISI portal	6.1. Programme coordination	Line ministries, national statistics bureaux, NGOs	1 530	1 800	3 330

UNMSDCF outcomes	UNICEF outcomes (by 2026)	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs (by 2026)	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	managed and supported to meet quality programming standards in achieving results for children	B: Guyana and Suriname: 75% T: Guyana and Suriname: 85%		6.2. External relations and communication 6.3. Planning, monitoring and reporting 6.4. Advocacy, public alliances and private sector partnerships				
		Percentage of nationalized Sustainable Development Goal child-related indicators that have disaggregated data (where relevant) available to report (Goal 17.18.1) B: Guyana and Suriname: 40% T: Guyana and Suriname: 60%	Programme reports					
Total resources						8 500	9 800	18 300