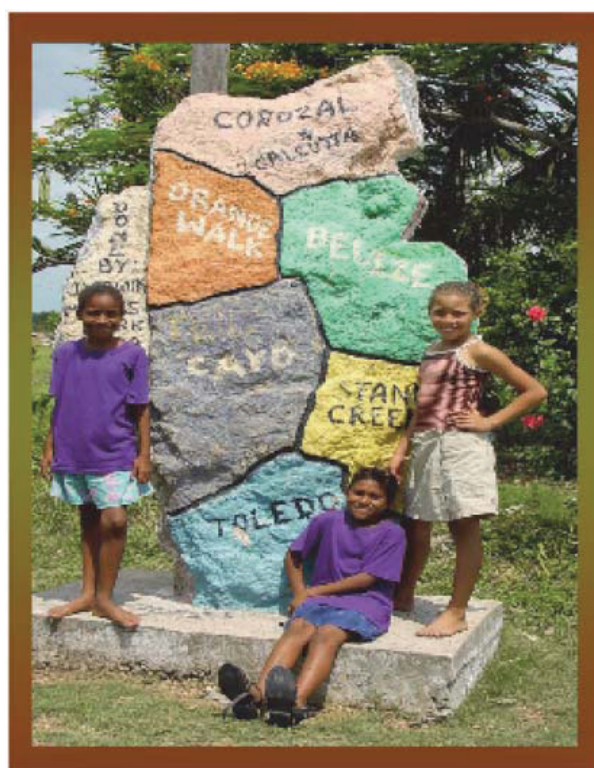# UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK

Belize, 2007–2011

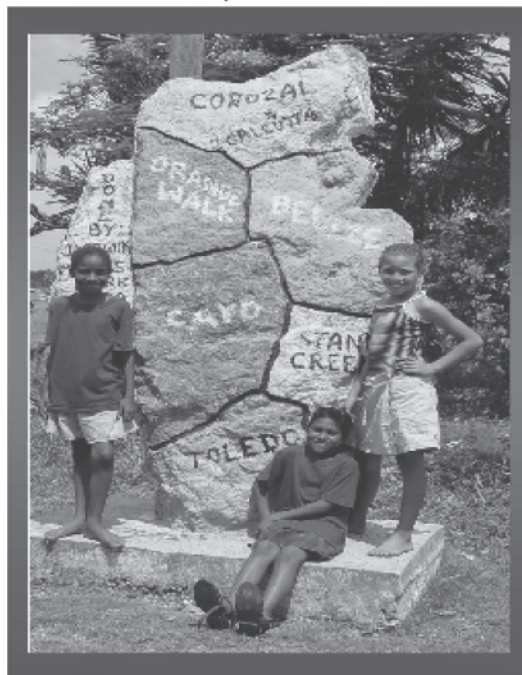# MID TERM REVIEW REPORT

September 2010

UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK

Belize, 2007-2011

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Abbreviations

ABCs	Abstain, Be Faithful, Condomize
ARV	Antiretroviral
BBI	Belize Basic Indicators
BCC	Behavior Change Communication
BDF	Belize Defense Force
BFH	Baby Friendly Hospital initiative
BFLA	Belize Family Life Association
BHIS	Belize Health Information System
CAPRA	Central American Probabilistic Risk Assessment
CARDI	Caribbean Agricultural Research and Development Institute
CAREC	Caribbean Epidemiology Centre
CBO	Community-Based Organization
CCAD	Central American Commission on Environment and Development (Comisión Centro Americana de Ambiente y Desarrollo)
CCCCC	Caribbean Community Climate Change Centre
CCSI	Caribbean Child Support Initiative
CCT	Conditional Cash Transfer program
CDB	Caribbean Development Bank
CEDAW	Convention on Elimination of all forms of Discrimination against Women (1979)
CEO	Chief Executive Officer
CFO	Chief Forestry Office
CFS	Child Friendly Schools
CPAP	Country Program Action Plan
CPD	Country Program Document
CRC	Convention of the Rights of the Child
CRD	Community Rehabilitation Department
CSW	Commercial Sex Workers
DANA	Damage Assessment and Needs Analysis
DDT	**d**ichloro**d**iphenyl**t**richloroethane
DHS	Department of Human Services, Ministry of Human Development and Social Transformation
DOE	Department of the Environment
DOTS	Directly Observed Treatment, Short course
EC	European Commission
ECD	Early Childhood Development
ECLAC	Economic Commission for Latin America and the Caribbean
EPHF	Essential Public Health Functions
EU	European Union
FAO	Food and Agriculture Organization
FFI	Flora and Fauna International
FHS	Family Health Survey
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEF	Global Environment Facility
GIS	Geographic Information System
GoB	Government of Belize
GPI	Gender Parity Index
HFLE	Health and Family Life Education
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HR	Human Resources
HRBA	Human Rights Based Approach
HRCB	Human Rights Commission of Belize
HRH	Human Resources for Health

IAS	Invasive Alien Species
ICD	International Classification of Diseases
ICESCR	International Covenant of Economic Social and Cultural Rights
IDB	Inter-American Development Bank
IFAD	International Fund for Agricultural Development
IHR	International Health Regulations
IICA	Inter-American Institute for Cooperation on Agriculture
ILM	Integrated Landscape Management
ILO	International Labor Organization
IMCCR	Inter-Ministerial Committee on Child Rights
IMCI	Integrated Management of Childhood Illness
ITS	Intergenerational Transactional Sex
IWRM	Integrated Water Resource Management
KAB	Knowledge, Attitude, Behavior
LIC	Land Information Center
MAF	Ministry of Agriculture and Fisheries
MARP	More At Risk Populations
MCH	Maternal and Child Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MED	Ministry of Economic Development
MFA	Ministry of Foreign Affairs
MOE	Ministry of Education
MHDST	Ministry of Human Development and Social Transformation
MICS	Multiple Indicator Cluster Survey
MLLGRD	Ministry of Labour, Local Government and Rural Development
MMDS	Mortality Medical Data System
MNRE	Ministry of Natural Resources and Environment
MNS	Ministry of National Security
MOH	Ministry of Health
MOW	Ministry of Works
MPU	Ministry of Public Utilities, Transport, Communications and National Emergency
MSM	Men who have Sex with Men
MTAC	Ministry of Tourism, Aviation and Culture
MTR	Mid-Term Review
NAC	National AIDS Commission
NAR	Net Attendance Rate
NAVCO	National Association of Village Councils – DAVCO at district level
NCA	National Council on Aging
NCD	Non Communicable Disease
NCFC	National Committee for Families and Children
NCSA	National Capacity Self Assessment
NEMO	National Emergency Management Organization – DEMO at district level
NER	Net Enrollment Rate
NGO	Non-Government Organization
NHDAC	National Human Development Advisory Committee
NIPPP	National Influenza Pandemic Preparedness Plan
NMS	National Meteorology Service
NPA	National Plan of Action
NPAs	National Protected Areas
NPAPSP	National Protected Areas Policy and Systems Plan
NREPS	Natural Resource and Environmental Policy System
NWC	National Women's Commission
OI	Opportunistic Infection
OVCs	Orphans and Vulnerable Children

PAHO/WHO	Pan American Health Organization/World Health Organization
PAMO	Protected Areas Management Organization
PCPU	Policy Coordination and Planning Unit
PLHIV	People Living with HIV
P-MTR	Participatory Mid-Term Review
PMTCT	Prevention of Mother to Child Transmission Program
POP	Persistent Organic Pollutants
POWA	Productive Organization for Women in Action
PPA	Private Protection Areas
PUP	People's United Party
QADS	Quality Assurance and Development Services
QSI	Quality Schools Initiative
RBM	Results Based Management
RCDO	Rural Community Development Officer
RCP	Roving Caregivers Program
SAICM	Strategic Approach to International Chemicals Management
SIB	Statistical Institute of Belize
SLA	Service Level Agreement
SLM	Sustainable Land Management
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SWMA	Solid Waste Management Authority
TB	Tuberculosis
TD	Tropical Depression
TOR	Terms of Reference
TOT	Training of Trainers
UDP	United Democratic Party
UNCBD	UN Convention on Biological Diversity
UNCCD	United Nations Convention to Combat Desertification
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change (1992)
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID/PASCA	United States Agency for International Development/Program for Strengthening the Central American Response to HIV/AIDS
VC	Village Council
VCT	Voluntary Counseling and Testing
WASH	Water, Sanitation and Hygiene
YES	Youth Enhancement Services
YTC	Ya'axché Conservation Trust

Useful websites:

www.belize.gov.bz	Official Belize government portal, with links to all ministries as far as available
www.belizelaw.org	Includes laws, acts, legal plans
www.unbelize.org	Official United Nations in Belize portal
www.treaty.un.org	List of UN Human Rights treaties and countries that ratified them
www.undp.org/mdg	Official list of Millennium Development Goals and Indicators

Executive Summary

The United Nations Development Assistance Framework (UNDAF) describes the collective and strategic response of the UN Country Team in Belize to the development and implementation of national priorities, formulated through an inclusive approach. It covers a range of analytical, normative, technical and operational expertise of the UN system, and consists of funds and programs of four resident agencies in Belize: Pan American Health Organization/World Health Organization (PAHO/WHO), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF). UNDAF Belize covers three priority areas: 1) Poverty Elimination by Investing in People, 2) Reverse the Spread of Human immunodeficiency virus (HIV) and Acquired immune deficiency syndrome (AIDS) and 3) Improving Sustainable Development Practices.

Between September and December 2009, the UNDAF Belize (2007-2011) underwent a Mid-Term Review (MTR).

For the remainder of the 2007-2011 UNDAF and the next UNDAF period, there are four categories of recommendations:

Programming

1. Sustain what has been achieved in the field of new policies and programs by moving beyond policy instrument development, to focus on support to implementation mechanisms and monitoring and evaluation of polices, in order to promote increased impact at the level of the ultimate beneficiaries.

2. Continue to roll out the Human Rights-Based Approach (HRBA) aiming at its full implementation by the next UNDAF period, to ensure that rights-holders and their entitlements, and corresponding duty bearers and their obligations, are identified and support is provided towards strengthening their capacities to progressively fulfill Human Rights.

Results-Based Management

3. Intensify the development of mechanisms for performance monitoring, strengthen follow-up of existing projects and initiate or encourage project/program/sector evaluations.

4. Adopt a user-friendly monitoring system with measurable outputs and indicators, and related targets for these indicators for the remainder of the UNDAF period and beyond, and discuss how the demands for monitoring and evaluation of the UNDAF affect or are linked to the Monitoring and Evaluation (M&E) activities of the individual agencies.

5. Establish systems for ongoing UNDAF monitoring, including an easy-to-access database to keep track of UN-supported projects and interventions for institutional memory and basic record keeping of UNDAF results.

6. Initiate impact assessments and case studies of UN interventions demonstrating program impacts to the ultimate beneficiaries, national government, and other donors, and otherwise share good practices.

Capacity Development

7. With regards to institutional capacity development, continue to operationalize the broader capacity development approach, moving towards supporting the enabling institutional environment at large (systems, structure, strategies, management style).

8. With regards to individual skills development both for UN staff and UN partners, adopt a 'learning needs' approach beyond a 'training needs' approach, and include learning strategies such as coaching, mentoring, exchange visits, and e-learning.

Coordination and Leadership

9. Continue to play an active advocacy and brokering role in cross-sectoral themes such as climate change, renewable energy, good governance and national health systems, in line with international good practices.

10. Play a stronger coordinating role, bringing together relevant partner ministries and non-state actors to ensure integration of existing and newly formulated plans and policies across sectors and departments; invite partners to participate in UN theme groups as necessary to share information and facilitate implementation of agreed activities.

11. Expand the UN coordination mechanisms to cover other important UNDAF themes, possibly by setting up new theme groups or expanding existing ones (e.g. gender, Human Rights, Results Based Management-RBM, environment, and climate change)

12. Consider taking a more active role in development partner coordination and support the government's ownership and coordination role in enhancing aid effectiveness, in line with the Paris Declaration and the related Accra Agenda for Action.

13. Encourage and support the leadership role of the government in initiating new policies and plans to address national development priorities, and supporting their alignment to Human Rights treaties.

14. Look for synergies among UN agencies, both in financial and technical support, and between UN agencies and other development agencies, such as Inter American Development Bank (IDB), European Union (EU), World Bank and Caribbean Development Bank (CDB).

I . Introduction

Background of the UNDAF Belize 2007-2011

This United Nations Development Assistance Framework (UNDAF) is the common strategic framework for the United Nations (UN) system in Belize for the period 2007–2011. It guides agencies of the UN in formulating their operational activities in support of the people and the Government of Belize over this period, and is a roadmap for goals to be achieved over this period. In Belize the UNDAF consists of contributions from 4 UN Agencies: UNDP, UNICEF, PAHO/WHO and UNFPA.

This is the first UNDAF in Belize. It was signed in July 2006 by the government which had been in power since August 1998. It does not benefit from the guidance of a comprehensive Poverty Reduction Strategy Paper but is based on the major development challenges identified in the Belize Common Country Assessment of 2005, which should be read in conjunction with this UNDAF.

This UNDAF MTR is a key moment for the UN to reinforce with Government of Belize (GoB) the inter-relationship between Human Rights, sustainable human development, and poverty reduction, and to affirm the centrality of gender equality, equity, and women's empowerment to the achievement of all these goals, at national and sub-national levels. The policy linkages are explicit between human development and poverty reduction, in the context of the Millennium Declaration and the commitment to achieving the associated Millennium Development Goals (MDGs).

The UNDAF document outlines three main areas within which the UN Agencies work:
- o Poverty Elimination by Investing in People
- o Reverse the Spread of HIV and AIDS
- o Improving Sustainable Development Practices

These three priority areas had originally been further specified in 12 outcomes and 47 outputs. However, as result of this MTR, the number of outcomes and outputs has been summarized into 6 country outcomes and 18 outputs, without changing the overall goals and intentions of the document. This was done to make UNDAF more user-friendly and measurable. For an overview of the summarized version of the UNDAF Results Matrix, refer to the Annex.

When the UNDAF was developed in 2006, an estimated total of 11,120,000 USD in financial contributions was earmarked by the UN agencies. PAHO/WHO was unable to give financial forecasts available at the time, given its different planning and programming cycles and procedures. At this point in time, PAHO/WHO has estimated its overall contribution to the UNDAF to be around 1.6 million USD, hence a total of 12,800,000 USD has been allocated for the UNDAF 2007-2011.The terms of reference (TOR) of this MTR do not include a financial assessment, hence no further budgetary information has been collected.

TABLE I – UNDAF RESOURCE MOBILIZATION TARGETS 2007-2011

Poverty alleviation		Combating HIV/AIDS		Sustainable Development		**Total**	**12,802,000**
UNICEF	2,585,000	UNICEF	750,000	UNICEF	300,000	UNICEF	3,635,000
UNFPA	700,000	UNFPA	750,000	UNFPA	100,000	UNFPA	1,550,000
UNDP	775,000	UNDP	50,000	UNDP	5,180,000	UNDP	6,005,000
PAHO/WHO	TBD	PAHO/WHO	TBD	PAHO/WHO	TBD	PAHO/WHO	1,612,000

Rationale and Purpose of the UNDAF Mid-Term Review

As was indicated in the original UNDAF document, signed by the Government of Belize and the UN Country Team in Belize 2007, the UNDAF achievements and progress as well as challenges and lessons learnt would be reviewed half way through its implementation period, in 2009, as well as at the end.

The United Nations Country Team (UNCT) recruited an external consultant for a period of 4 months – September to December 2009 – to facilitate a MTR with the following objectives:

- To provide a technically sound Monitoring and Evaluation (M&E) Framework and a set of practical tools to accurately monitor progress and assess achievement of UNDAF results; and
- To assess, on the basis of the M&E Framework and toolkit, progress of the UNDAF, identifying areas of success, challenges, and continuing needs and gaps.

After consultation meetings between the consultant and the UN M&E Joint Team in Belize, it was decided to do a 'light' analysis involving both direct and indirect recipients, as well as the ultimate beneficiaries of UN support.

TABLE II - Recipients and beneficiaries of technical and financial UNDAF support in Belize	
Direct recipients	Central government ministries – both institutional and individual government officials, statutory bodies and a small number of non-governmental organizations (NGOs) and community-based organizations (CBOs).
Indirect recipients	Regional or district offices of partner ministries, schools, hospitals, health care centers, voluntary counseling and testing (VCT) centers, NGOs, CBOs, and Village Councils (VC).
Ultimate beneficiaries	Groups of (vulnerable) people on whose lives the UNDAF support eventually hopes to impact, e.g. youths, farmers, people living with HIV (PLHIV), young women, at-risk youth, teachers, students, doctors, nurses, excluded communities, gender-based violence victims, etc.

GRAPH I – RECIPIENTS AND BENEFICIARIES OF TECHNICAL AND FINANCIAL UNDAF SUPPORT
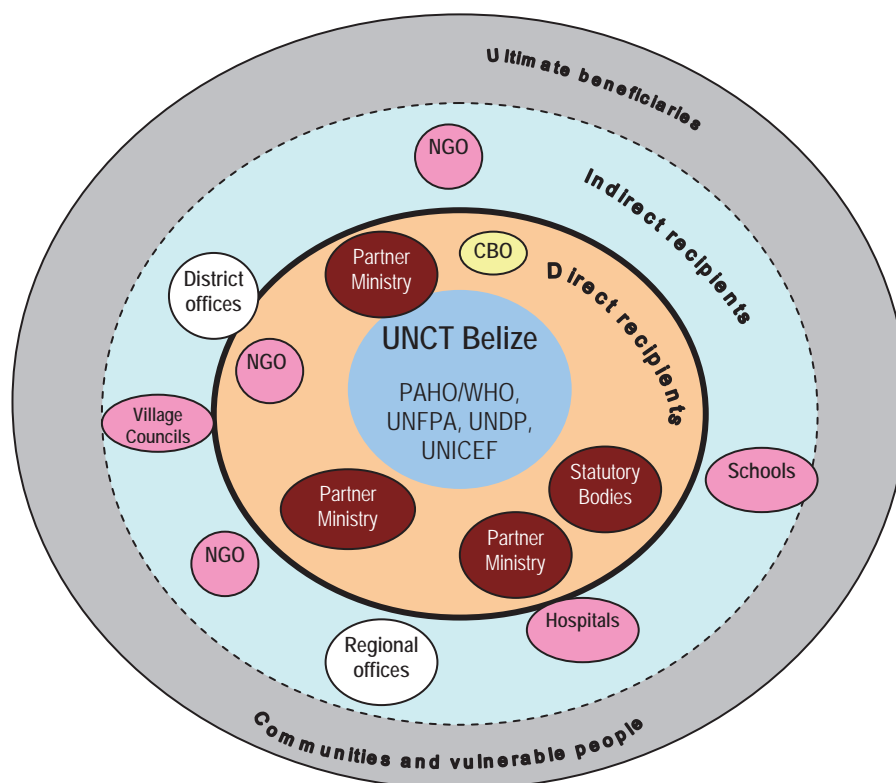
The above graph illustrates that the overall majority of the direct recipients of UNDAF support are national governmental ministries and departments, and a small number of NGO/CBOs. This can be referred to as 'the circle of control', where UNDAF support can be controlled both technically and financially. For the direct recipients to make an impact on the Belizean society, they typically channel the support to intermediary organizations; district offices (Ministry of Education - MOE, Ministry of Human Development and Social Transformation - MHDST) or regional offices (Ministry of Health - MOH), NGOs and CBOs, and a range of institutions such as schools and hospitals. In this circle, the control over or influence of UNDAF support is less (it can be referred to as 'the circle of influence'). Finally, to reach the vulnerable groups in the community, the UNDAF support has to pass two circles to reach what can be referred to as the 'circle of interest'. This MTR attempted to collect information about UNDAF support from within all three circles, recognizing that attribution and mode of control are issues.

Note that the picture does not aim to give an exhaustive overview of *all* direct, indirect and ultimate beneficiaries, it serves mainly to explain the distinction between the three types.

Review Methodologies

In an effort to increase the learning aspects of this review, and based on experiences in other countries, a partial Participatory approach was taken to the Mid Term Review (P-MTR). This meant that a range of stakeholders – UN management, UN program staff, UN M&E officers, and program and M&E staff from government and non-governmental partners – were involved in the process of conducting the MTR.

This MTR process was divided into phases, all of which except the reporting phase had stakeholder involvement:

Preparatory phase - During a one-day workshop, 27 stakeholders (11 government, 11 UN staff and 5 NGO staff) gathered to select the UNDAF interventions that were to be reviewed, to fine-tune the review criteria, and to select review methods and develop questions and questionnaires. The consultant had identified 28 different interventions, ranging from full-fledged projects to training workshops, from which each of the 4 formed Task Forces could choose three. The consultant prepared the fieldwork schedule, indicating which Task Force would visit which interventions, where and when.

Fieldwork phase - Over a period of 3 weeks in November 2009, the four Task Forces collected both primary and secondary information pertaining to the interventions under review. Focus Group Discussions, Key Information Interventions and physical observations were the most commonly selected review methods. The consultant coordinated the fieldwork phase and went along on selected project visits. While some Task Forces were easy to contact and communicate with, with others it proved more challenging.

Analysis phase - After the fieldwork phase, the consultant facilitated a one-day Reflection Workshop. A total of 19 of the original taskforce members gathered (others were not available or 'dropped out' of the process) to present and analyze their findings, and draw conclusions regarding the relevance, effectiveness, impact and sustainability of the visited interventions. These conclusions were then measured against the UNDAF outputs and outcomes to estimate the strength of the contribution of the results, hence the level of achievement of the outcomes at this point in time (mid-term).

In addition to the participatory data collection process, the consultant conducted many visits to ministries, NGOs, and ultimate beneficiaries country-wide to obtain feedback about the UNDAF interventions. She collected all accessible reports describing the planning, implementation, progress or evaluation of any of the UN-supported interventions, as well as copies of policies, strategic plans, protocols, training manuals, guidelines, and information leaflets from UN agencies and partners.

Learning versus Accountability

The advantages of a P-MTR over a more traditional, external review are that through the involvement of stakeholders, learning takes place in the entire MTR process. This promotes autonomous self-reflection of the UNDAF achievements, encourages ownership of the review results and creates exchange opportunities among development professionals. As a trade off, a P-MTR is more time and resource-consuming, and the accountability and quality of the review can suffer, as peers may be biased or sometimes inexperienced data collectors.

All in all, the consultant feels that the combination of the participatory data collection by UNDAF stakeholders, the feedback obtained, and the extensive review of available documentation provided an appropriate methodology for a mid-term review, limitations taken into account. The idea of involving UNDAF stakeholders in the Mid-Term Review process was well received; as one UN partner mentioned: "How can we improve if we don't know what we did well or wrong?

Other feedback at the end of the process indicated that the UNDAF stakeholders (taskforces) appreciated this opportunity to participate in the review and they enjoyed the inclusive approach and working in small groups. The main areas for improvement mentioned were the availability of documentation (project documents, logical frameworks, and targets) to assist them with the review.

Contextual Factors Impacting on the UNDAF

Due to small size of the UNCT in Belize (with a mere 4 agencies) and the fact that there is no in-country Resident Coordinator in Belize, Belize was not obliged to formulate and develop an UNDAF. The UNCT in 2006 nevertheless felt that developing a joint framework was an opportunity to strengthen UN coordination and provided a rationale for joint planning of interventions.

Within the UNDAF period (2007 – 2011) internal and external factors may have impacted on the achievements of the UNDAF in Belize

Internal factors

The UNCT Belize is under the leadership of a Resident Coordinator, UNDP's Resident Representative, based in El Salvador. Although the Resident Coordinator in office at the time of writing has made very significant efforts to come to Belize regularly to chair the UNCT, meet with GoB and generally be involved in UN activities, it is clear that the UN in Belize is missing an important component of the day-to-day leadership involved in "Delivering as One UN".

PAHO/WHO and UNICEF both have Representatives in country. The UNDP Country Office is under the day-to-day leadership of an Assistant Resident Representative. Equally, the UNFPA Country Office is led from the Jamaica Regional Office, and on a day-to-day basis by an Assistant Representative in-country (although at the time of the formulation of the UNDAF, UNFPA was represented by a Liaison Officer only). As such, there are certain constraints at the UNCT level with regards to decision making ability. However, to date this has not proven to be a major problem.

While UNFPA, UNDP and UNICEF run parallel Country Programs with Country Program Documents (CPD) and Country Program Action Plans (CPAP) to which the UNDAF is aligned (i.e. 2007 – 2011), PAHO/WHO runs on a different, biennial cycle. This implies that joint planning and budgeting are complex tasks. Additionally, different procedures with regards to programs and financing also characterize UNFPA, UNDP and UNICEF, albeit in smaller ways.

The agencies in Belize have consistently faced challenges in the limited human and financial core resources provided to them. Due to Belize's small population size and relatively high per capita GDP, it is not a recipient of large resources from any of the UN agencies, despite the fact that many social and economic indicators for parts of Belize are similar to those of Guatemala and El Salvador. Because few donors prioritize Belize, the UN

agencies therefore struggle with extremely limited resources in the face of significant development challenges. The need to attract external donor funding, and the need to prove to agency headquarters that development needs are real and serious, has frequently led to a situation where agency staff and financial resources are spread very thinly across a range of issues, because it is impossible to prioritize or because donor funding is only available for certain issues.

External factors

Change of government

The current UNDAF was signed in July 2006 by the People's United Party (PUP) led government which had been in power since August 1998. In February 2008, the United Democratic Party (UDP) was elected to govern, and formed a new government led by Prime Minister Dean Barrow.

While the key development priorities under the new government remained similarly broad: health, education, and poverty reduction, additional challenges occurred:

- When government changed, middle and senior level staff of government counterparts also changed, hence a need to familiarize UN staff with the new government's priorities and staff, and vice-versa: to familiarize the new government staff with the UN structure, the UNDAF and the Country Program Action Plans.
- Several large players in the development arena (IDB, World Bank, CDB) have made available to the new GoB significant funding for very large infrastructure and related projects. While these projects are undoubtedly of great importance, the UN agencies, with their smaller resources and a greater emphasis on long-term partnership but with limited resources, must position themselves strategically to attract the attention of government counterparts.

Other external factors

In 2007 and 2008 Belize was affected by a hurricane, tropical storms and a tropical depression, leading to floods in some parts of the country, which destroyed crops, postponed construction, and delayed implementation schedules.

Also, the H1N1 outbreak in 2009, though it did not affect Belize in a major way, delayed certain activities between July and September 2009, especially those that anticipated bringing together larger groups of people. In addition, the sudden infant deaths that were occurring in health care facilities, mostly in the southern part of the country, delayed certain activities.

Other UN agencies in the Central American/Caribbean region, which have provided indirect support to Belize include the International Labor Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Human Rights Council (UNHRC), United Nations Environment Program (UNEP) and UN Development Fund for Women (UNIFEM). The degree of collaboration and coordination is limited.

Other donor and technical assistance agencies supporting Belize include: Caribbean Development Bank (CDB), Inter-American Development Bank (IDB), European Commission (EC), The World Bank, Inter-American Institute for Cooperation on Agriculture (IICA), and the International Fund for Agricultural Development (IFAD). There is some limited degree of programmatic collaboration with these agencies; for example, UNDP implements projects on behalf of both the EC and IFAD.

Methodological Constraints and Challenges in the MTR

In the absence of measurable indicators at output level, and in the absence of targets, it is not possible to make judgments about "achievement" or "non-achievement" of outputs. Much has been achieved in the period, but given the limited scope of the UNDAF M&E framework, it is outside the scope of this consultancy to provide true results-based assessments; however, conclusions can be drawn about *progress* in many of the outcome areas, based on the activities and interventions conducted. Furthermore, a more comprehensive M&E framework with measurable indicators is included in the annex as part of the revised UNDAF framework.

Data at impact level are mostly available; though, in some cases, there is discrepancy between data on the same indicators from different sources.

A challenge in collecting the information for this MTR is the fact that the documentation about the UNDAF interventions and activities was limited or not readily available. In particular, those UN interventions that are not full-fledged projects, but comprise a series of activities, which often have no planning documents or monitoring reports linked to them. Primary information (project documents, lists of workshops, participants or any other documentation presenting details about the activities that had taken place) was not readily available for all interventions. Much effort went into obtaining what was available.

Another challenge is the difficulty in accessing documentation (policies, action plans, reports), as the systematized resource centers are still under development.

This MTR encompasses a fairly large range of direct and indirect recipients, as well as final beneficiaries, mainly as a result of the participatory approach where data has been collected by 4 Task Forces. Despite this, it is by no means a full-fledged evaluation or impact assessment, and most findings are based on spot-checks and not on proper representative samples. The "snap shot" approach used in the MTR also brings inherent limitations as it may not be as comprehensive or representative as preferred. Furthermore, selection by type and size of UNDAF interventions assessed may not have been proportionate to equitable representation of the UN Agencies involved.

A key lesson learned for future Participatory Mid-Term Review is for the consultant or facilitator to pre-determine the selection of UNDAF interventions to be reviewed (and consequently, have documentation available in advance) to ensure that a cross-section of types and sizes of interventions from each of the Priority Areas is included.

1. UNDAF Belize Priority Area 1: Poverty Alleviation

1.1 Progress - UNDAF Outcome on Education

UNDAF Outcome 1			
Goal, the most vulnerable and excluded populations equitably access quality basic education (a), health (b) and protection (c), guided by processes based on democratic governance principles.			
Impact Indicators. (indicators in **bold** are MDG indicators)			
Education Baseline (Source: Educational Digest 2006-2007 MOE)	2006/2007	Male	Female
Net Primary School Attendance Rate (NAR)[1] **Net Primary School Enrolment Rate (NER)**[2] **Primary Survival and Completion rates**[3] Transition rate to secondary education[4] Net Secondary School Attendance **Literacy rate 15-24 yrs old**	99% 86% 92 & 44% 85% 41% 95%	99% 85% 90 & 38% - 38% 100%	99% 87% 93 & 51% - 44% 89%
Education Baseline (Source: Educational Digest 2006-2007 MOE)	Primary	Secondary	Tertiary
Ratio girls to boys (GPI) in 1°, 2° and 3° education	0.96	1.09	1.67
% of trained Primary and Secondary school teachers[5]	46	32.7	
% of pre and primary schools certified as child friendly (target 60%)	0		
OUTCOME 1.1 National government and partners applying a rights-based, sector wide approach to strengthening quality of education in Belize			
Outputs	With high net enrollment at primary education, transition to secondary education and youth literacy rates, Belize has a relatively good track-record on quantitative educational indicators. Therefore, the UNDAF focuses on improving the quality of the educational system. **Strengthened Technical Capacity**		
1.1.1 Strengthened institutional capacity of MOE and partners in formulation, implementation and monitoring of policies and regulations, promoting high quality, child-centered education facilities	Regarding capacity building of the Ministry of Education (MOE), UNICEF supported an assessment of MOE's organizational structure and assisted some MOE officers to participate in a study tour to Jamaica. The statistical unit of the MOE routinely collects education statistics, based on attendance and other reports sent by schools in Belize. They produce regular Educational Digests which include most of the UNDAF and MDG indicators. In 2009, the Ministry of Education adopted the Quality Schools Initiative (QSI) for Child-Friendly Schools and formed a task force with heads of MOE units to develop a quality assurance framework and supporting mechanism for improving schools' quality. With the support of UNICEF, the MOE and in particular the department for Quality Assurance and Development Service (QADS), have developed two educational policies: the Policy Framework Child Friendly Schools (CFS), and the new policy on HIV in Education. A draft of the Early Childhood Development policy has existed for some years now and awaits a revisit before		

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[1] NAR = % of children enrolled in primary school (including private schools) regardless of age

[2] NER = % of children enrolled in primary schools institutions as a proportion of the total 5-12 year old population

[3] Survival rate % students enrolled in Infant 1 expected to complete Standard VI, based on repetition and dropout rates corresponding to the year in which they entered the primary school system. Completion rate % Infant I students expected to complete their primary education within the prescribed eight (8) years, also based on repetition and dropout rates.

[4] % of students who completed Standard VI who were able to move on to the first year of secondary education

[5] those who had completed their Level One training or higher

	finalization and implementation.
	Program and Services Child Friendly Schools
1.1.2. Programs and services developed (through participatory and inclusive approaches), enhancing the quality of education and early childhood development in child-centered, safe and healthy environment	In addition to policy advise services, UNICEF has provided, during the first half of this UNDAF, financial and technical assistance to MOE to develop and implement the following education-strengthening interventions:
	- **Positive Discipline** program (Aug 2007 – Nov 2008), piloted in the Belize and Cayo districts, aimed at "transforming classroom culture from one of fear and compliance to one of respect, security, and cooperation by equipping teachers with effective discipline management tools as alternatives to corporal punishment". In total 11 schools from Belize and Cayo districts participated, of which 2 withdrew in the beginning. 145 parents were trained and 200 teachers were given basic training, while 100 of them received advanced training. A model classroom was developed in each school, using teachers who volunteered. The Positive Discipline project has been evaluated by QADS, with the overall conclusion that 'there has been positive but limited impact in the model classrooms only'. This was supported by the MTR findings. The project has not been replicated yet, but will provide input to the development of the Child-Friendly School concept. The pilot initiative has influenced, to some degree, the position taken by the government to remove corporal punishment from the schools and education Act. Continued lobbying with MOE to act on this intention is needed.
	- **WASH project,** Water, Sanitation and Hygiene (WASH) facilities and training about hygiene and hand washing in all government schools in Toledo district. The WASH project was started and is currently on hold, in preparation for the initiation of a second phase. Spot checks at four schools in Toledo showed that facilities such as toilets and fountains are incomplete or not delivered. Lack of ownership of the facilities and insufficient involvement by the schools and communities in the design and implementation of the project, are some of the weaknesses, according to QADS.
	- **Intercultural Bi-Lingual Education pilot** started in Toledo. It included training of principals and teachers, resource kits, and Maya oral history video. A mid term review was being done at this time by UNICEF.
	- **Roving Care Givers Program (RCP)** initiated by the Community and Parent Empowerment department of the Ministry of Human Development, started in 4 rural communities in Toledo in 2008, and later expanded to include 3 more. It aims 'to reach children from birth to three years of age who do not have access to formal early childhood education and stimulation of their motor and perceptual skills and to equip their parents'. Young women from within the same communities have been trained as Rovers (Roving Care Givers), and are currently providing home-based play sessions to young children for a 500 Bz$ stipend per month. The project also receives technical inputs from the Caribbean Child Support Initiative (CCSI). The MTR team visited the project and confirmed its activity; it should be fully reviewed in the second half of this UNDAF period.
	- **HFLE (Health and Family Life Education) and Safe Schools.** UNICEF and PAHO/WHO have supported the development of the HFLE curriculum in schools. HFLE has a long tradition in the Caribbean; it includes life skills and health teaching in the regular school activities curriculum. A Belizean HFLE was developed, including basic – though limited – information on HIV. The review team found some evidence of this in Toledo schools. UNICEF cooperated with the Red Cross for training of 'Peer Educators' through a game that aims at raising awareness about disaster risk reduction. Spot checks in 4 schools in Toledo showed no evidence of Safety Clubs or disaster management practices and the pupils who were trained in the 2-day workshop had graduated and apparently left school.

1.1.1 UNDAF Mid-Term Progress on Education

Main finding – Much has been done in the first half of UNDAF to deliver the two outputs in the Educational Outcome. There has been progress in the capacity strengthening of MOE through policy advocacy. Another early indicator of achievement is the adoption by the government of the child friendly school concept via the Quality Schools Initiative (QSI). Moreover, through UNICEF support, the Ministry of Education has embarked on a range of school quality improvement initiatives, most of which apply international practices, e.g. WASH, Positive Discipline, Roving Caregivers Program, and Health and Family Life Education. Some of these are still ongoing pilots, with the aim of replication in other parts of the country. It is too early to assess these and to establish their contribution to a sector-wide educational quality strengthening approach. However, some concerns are noted, as feedback from the MOE indicated resource limitations to implement and follow-up on the wide range of quality interventions.

The review, furthermore, found that other child-friendly school-related interventions have been already completed (or put on hold) and there has not yet been evident signs of sustainable impact. For these projects to be successfully contributing to the outcomes within this UNDAF period, continuous strong support and/or a redesign of the delivery strategy may be required. The Quality Schools Initiative framework and supporting mechanism adopted by MOE, which encompasses these various initiatives, is a first step to ensuring the completion and sustainability of the Child-Friendly School-Friendly concept and framework.

1.1.2 Recommendations - UNDAF Outcome on Education

The following includes actionable recommendation for the remainder of this UNDAF period:

- Continue to support the interventions that were initiated and have remained pending, mainly the WASH project, for which funding is still available with QADS. A different implementation strategy may be needed, whereby greater involvement and autonomy is given to the schools themselves in the construction of sanitary facilities.
- Diffuse information about the Positive Discipline techniques that were successfully demonstrated during the project and advocate with the MOE that it acts on its long-declared intention to make all forms of corporal punishment in schools illegal
- Establish mechanisms and/or support the implementers with mechanisms for quality improvement and better follow-up of projects, through ongoing performance monitoring and by including allocations for on-the-ground follow-up in the project proposals.
- Continue to promote in-house capacity building of MOE and district offices of MOE.
- When sub-contracting projects to consultants, encourage MOE to include knowledge transfer mechanisms in their contracts, promoting the capacity development of MOE officers and teachers.
- Use the remainder of the UNDAF period to reinforce, integrate and implement educational policies and strategies developed with UN-support (Early Childhood Development-ECD policy, HIV in Education policy, Boys in Education).

1.2 Progress - UNDAF Outcome on Health

Health Baselines (BBI 2007, MICS 2006, SIB-FHS)	2007	Comments
Impact Indicators. (indicators in **bold** are MDG indicators)		
Infant Mortality Rate (per 1,000 live births)	17	BBI = Belize Basic Indicators 2007, collected through BHIS by Epidemiology Unit MOH
Mortality rate, under-5 (per 1,000 live births)	20	
Neonatal mortality rate (per 1,000 live births)	9.7	
Malnutrition prevalence, weight for age (% under 5)	6%	MICS = Multiple Indicator Cluster Survey and MDG indicators Belize 2006
Overweight children under 5 yrs	10%	
Maternal mortality rate (per 100,000)	85	
Incidence of malaria & dengue cases (per 1,000)	2.7 & 0.01	FHS = Family Health Survey
% Teenage pregnancy 15 – 19 yrs (1400/7050)	20%	
Cervical Cancer deaths		
# cases hospitalization cancer, diabetes, hypertension	440, 683 & 349	
% use improved drinking water and sewer system; Immunization	73% & 64%	

OUTCOME 1.2 Health systems in place that promote and support universal, affordable access of Belize populations to adequate prevention, health care (including sexual & reproductive health), nutrition and a safe, healthy and clean environment.		

Outputs	Health-related interventions in this UNDAF focused on strengthening national health systems including health information, improving access to health care at primary health care level – in particular maternal and child health, and promoting safe behaviors and healthy life styles. **Capacity Enhanced to strengthen National level Health System**
1.2.1 Enhanced capacity of MoH and partners to strengthen national health system, including adequate collection and disaggregation of data and strengthened surveillance (*SIB, Epid. Unit)	In 2003 PAHO/WHO supported the Ministry of Health (MOH) in assessing and strategizing the Essential Public Health Functions (EPHF), whereby 4 weak areas were identified: quality assurance, public health regulation & enforcement, social participation & client satisfaction, and human resources (HR) training and development. Draft regional action plans to improve EPHF have been developed, but not followed through so far. PAHO/WHO has also supported the process to develop Service Level Agreements (SLAs) between national level and regional health management teams. These SLAs have been implemented. PAHO/WHO further provided technical support to a "Human Resources for Health (HRH) Database" project and HRH Observatory meetings, with the aim to provide HR information for HR policy decisions, by creating inter-institutional groups which can analyze the stock and imbalances in health HR. So far, there have not been substantial HR policy changes as a result of this international initiative. PAHO/WHO assisted MOH with the purchase of vaccines, through its Revolving Fund, and with rash and fever surveillance and forwarding of samples to Caribbean Epidemiology Centre (CAREC), as well as some malaria prevention actions which have not been part of this review. PAHO/WHO has, throughout the 2008-2009 biennium, (co)financed the participation of 296 Belizean health-care professionals in 118 international workshops, meetings and training programs, divided as follows:

1.2.2 Relevant health-related policies and plans developed/revised, implemented and evaluated (at national level and in priority districts)	**GRAPH II – TECHNICAL SUPPORT BY PAHO/WHO TO THE MOH**
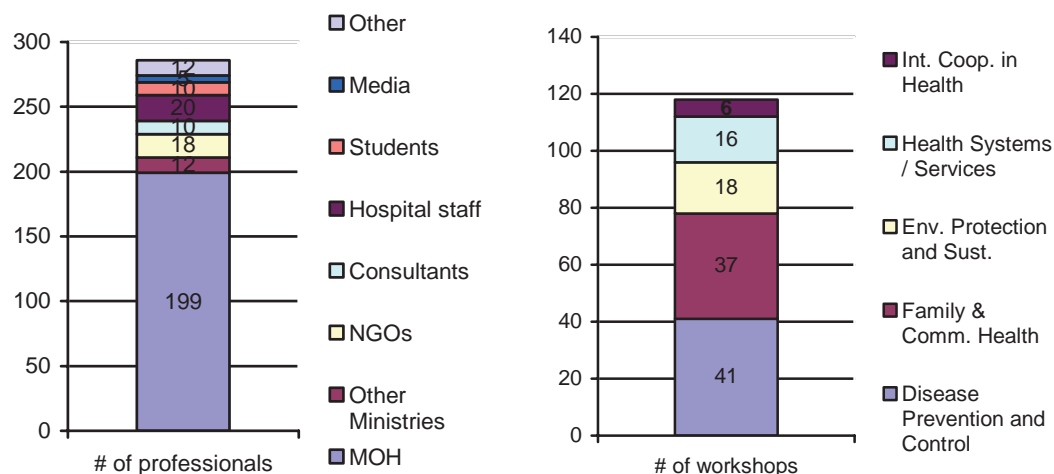
Feedback about the workshops and their impact is not systematically collected, but informal feedback during this MTR indicates that Belizean health professionals value the exposure to new information and international exchange opportunities and have learned many new skills and concepts. At the same time, some remarked that the new awareness raised has not always been translated into practices, systems or structures, especially at district and community level. A focus beyond trainings and workshops to a more systematic and institutional approach has already been identified by PAHO/WHO as key for the future.

Capacity enhanced on Health Information and Surveillance

During this UNDAF period, PAHO/WHO also continued to support the strengthening of the Belize Health Information System (BHIS), initiated in 2002, through the development of a strategic HIS plan and the purchase of servers. The BHIS is an integrated health information system, providing patient electronic medical records and connecting government (MOH) to citizens, hospitals, laboratories, and pharmacies. It publishes annual national health statistics, which feed into international health information systems. It is currently functioning well, yet it is facing challenges in the field of data input (little input from private health care and rural areas, incomplete quality standards, and security checks), and limited use for decision making. The HIS Strategic Plan 2010-2015 proposes ways to close the gaps.

1.2.3 Primary health care services improved, expanded and monitored

PAHO/CAREC has contributed to strengthened surveillance of food-borne diseases and improved mortality and morbidity statistics, through training of MOH statistical clerks in MMDS (Mortality Medical Data System) and ICD-10 (International Classification of Diseases).

UNICEF continued to provide substantial technical and financial support to the Statistical Institute of Belize (SIB). Before this UNDAF period, UNICEF was instrumental in SIB's establishment as an autonomous body, which has been a major improvement for unbiased data collection. UNICEF and UNFPA have provided assistance to SIB through at least 8 overseas workshops on census management and other topics on data collection and analysis, which have been highly relevant and effective for SIB staff. UNICEF has supported SIB in establishing the MICS (Multiple Indicator Cluster Survey), which provides useful information about the status of women and children in Belize and certain MDGs. The MICS is not yet being used widely, it was initially donor-driven, but is now being used for MDG reporting. UNICEF also assisted SIB with the DevInfo international data base, which is currently being populated by SIB; once operational, it will be a major achievement under this output.

Relevant Health-related Policies and Plans Developed

With support mainly from PAHO/WHO, UNFPA and UNICEF, the following policies and national plans

	have been formulated in the first half of this UNDAF:
1.2.4 Advocacy and public information available at all levels, promoting better health, nutrition, sexual reproductive health and prevention of disease	- National Health Agenda 2007-2011 and Strategic & Operational Plan MOH 2009-2011 (Avian) Influenza Pandemic Preparedness and Response Operation plan (2007) - National Core Capacities for Compliance with the International Health Regulations (IHR) 2005 including Plan of Action, June 2009 - Substance Abuse policy (draft) - Mental Health policy and legislation (draft) and Mental Health in Disaster plan - National Sexual Reproductive Health plan (draft), awaiting adoption/integration (MOH) - National Sexual and Reproductive Health Policy - National Policy of Older Persons (Ministry of Human Development) - National Food and Nutrition Policy (cross ministry) - National Occupational Health and Safety Act (cross ministry) - Position paper integration HIV into Sexual and Reproductive Health (SRH) - National Action Plan for Noncommunicable Diseases, NCDs (in progress) - Protocol for Management of Eclampsia - Policy on Adoption of National Water Quality Standards It proved to be challenging during this MTR to obtain a quick and comprehensive overview of policies and plans available, or to have easy access to copies of the policies. There is currently no 'clearing house' on health-related policies. This will be different once the Belize Virtual Health Library (currently being updated with PAHO/WHO support) is completed. This is expected to take place in the second half of this UNDAF. The above policies are currently in various stages of the policy cycle[6], some are being implemented fully, while others are in early stages of formulation or consultation. **Access to Health Care and Provision of Health services** In an effort to improve access to primary health care, PAHO/WHO and UNICEF have jointly supported the Integrated Management of Childhood Illness (IMCI) manual, which is a comprehensive and useful diagnostic tool, accompanied by relevant training. Rapid feedback from district hospitals indicates that the tools are known and perceived as useful, but the accompanying forms to diagnose are not always used. PAHO/WHO also supported MOH in country-wide anthropometry training, including equipment (scales) to be used by community health workers. Random visits by the MTR taskforce showed that the knowledge is being used but mostly by hospital workers and less by community workers. PAHO/WHO and UNICEF supported the MCH program of the MOH through the Baby-Friendly Hospital Initiative. Out of 7 hospitals, 3 have been certified as baby-friendly, systematically and adequately promoting breast-feeding. The other 4 hospitals (despite demand and efforts made by them) are still pending, as a result of Maternal and Child Health's (MCH) shortage of human and financial resources. The 3 certified hospitals are up for evaluation/renewal next year. PAHO/WHO further supported training for over 300 people from more than 100 Rural Water Boards in the operation and maintenance of water systems. Feedback about the workshops has been positive and information was useful, yet some knowledge has been lost due to high turnover of volunteer rural water board-members. The project was completed with 25 recommendations, some of which are being followed up at the moment. UNFPA has supported services for teenage mothers and strengthening of Sexual and Reproductive Health (SRH) commodities by supporting NGOs such as YES (Youth Enhancement Services) and BFLA (Belize Family Life Association) in, for example, youth conferences and establishing Youth-Friendly Services; and making social and health services (including SRH) accessible to adolescents. UNFPA has organized in-house training on crisis counseling with YES, which was highly appreciated, and sponsored the publication of the Parenting and Gender Booklets. YES is also involved in skills development for young girls (upholstery, cooking, hospitality). Under the same output, UNFPA has worked with Women's Issues Network (WIN) and the Women's Department, and supported a range of short (1-day maximum) training and awareness sessions about

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[6] Policy Cycle stages: Issue Identification, Policy Analysis, Policy Instrument Development, Consultation, Coordination, Decision, Implementation, Evaluation

women's empowerment for various target groups, including magistrates, police, and young women. PAHO/WHO has supported the strengthening of community-based mental health services through training of service providers at community level, including the police.

Advocacy and Public Information

Health surveillance over the past years has been indicating increasing occurrence of non-communicable diseases and other health risks in Belize. In response to this need for prevention, advocacy and public information is required, as well as specific data about certain health risks in Belize. UNDAF has, therefore, supported various surveys and studies to fill these data gaps, promote health life styles, advocate disease prevention and promote sexual rights. PAHO/WHO supported:

- Risk-factor survey (diabetes, hypertension)
- Tobacco survey (part of global WHO surveillance, including professionals and students survey
- Study on economic impact of road traffic injuries

PAHO/WHO was in the forefront to assist with development of a much-needed educational package on the prevention of Non-Communicable Diseases (NCD) and adoption of healthy life styles, which are available at district hospitals and some health centers. PAHO/WHO also regularly supports MOH in disseminating media messages on risks of diabetes, hypertension and promotion of healthy living. UNFPA has piloted the development of a Caribbean toolkit for SRH services which has been launched, and the youth friendly services component of the toolkit was used to assess the youth friendliness of public health services in 2009.

1.2.1 UNDAF Mid-Term Progress on Health

Main finding – at this half-way stage of the UNDAF, many initiatives have been developed and supported by UN agencies to assist the Ministry of Health and other partners in their efforts to strengthen the health sector in Belize (which includes nutrition and healthy and safe environment). The UNDAF interventions so far are highly relevant in light of National Health Priorities identified in the MOH Health Agenda 2007-2011.

Progress has so far been recorded in each of the four outputs under this outcome, especially in the field of health systems, notably health information and surveillance (output 1.2.1), formulation of health-related policies (output 1.2.2) and the improved availability of information about non-communicable diseases and health risks (output 1.2.4). Under output 1.2.3, a range of relevant health services or health-sector improvements (IMCI, anthropometry, Baby-friendly Hospitals) have been launched with UNDAF support, most of which are currently at implementation stages. Their effective implementation can only be recorded towards the end of this UNDAF. The health service implementation will require continuous monitoring to ensure that these interventions will lead to improved health access at community level.

The same can be said for the results delivered at policy level - in the field of health, nutrition, sexual reproductive health, water standards, etc. Only towards the end of UNDAF can assessments be made regarding contribution to the strengthening of national capacities and the national health system. While it is logical that most of these policies are in the early stages of the policy cycle, feedback from UNDAF stakeholders also indicated that they need UN Agencies' continuous support in their efforts to carry these policies to the next stages of the policy cycle.

1.2.2 Recommendations - UNDAF Outcome on Health

Based on the above findings, the following are recommendations for the second half of this UNDAF period:

- Sustain what has been achieved, notably in the policy formulation (Mental health policy, Occupational Health and Safety, Food and Nutrition, National Water Quality Standards, National Policy for Older People, SRH policy); support these policies throughout the policy cycle, and promote their integration across ministries.
- Continue the support to the health information systems (BHIS, HRH Observatory) and provide necessary support in line with the BHIS Strategic Plan.
- Provide ongoing support for the institutionalization of new health initiatives at district and community level, as feedback has indicated that certain services are not fully used as intended or are not reaching the levels of community health workers.
- Continue to support the Baby-friendly Hospital initiative with certification of those hospitals that have fulfilled the criteria.
- Continue capacity building of health officers and increase the scope to include a more structural, institutional support.
- Provide support and monitoring of the Belize Virtual Health Library and promote the inclusion of UNDAF-supported (and other) relevant policies to be easily accessible.
- Initiate/support MOH in conducting results-based monitoring of health services and evaluations of policies and plans.
- Improve internal reporting procedures, specifically capturing activities (e.g. number of people trained, locations, numbers of manuals/guidelines, policies developed/distributed, etc.) in databases.

1.3 Progress – UNDAF Outcome on Governance & Protection

Protection. Baseline Sources National Police, Chief Justice Annual report, MOH)	2007/2008	Comments
# of deaths due to violence per 100,000 (total 92 cases) # of murder cases in court # of institutionally reported[7] domestic violence cases (in 2008) # of children in conflict with law (source CRD)	33[8] 92 1669 783 ('07) & 1104 ('08)	
Governance. Sources Inter-Parliam. Union, Min of Labour & Local Govt.	2007	Comments
# of UN treaties signed by GoB % seats held by women in parliament % of rural population with knowledge of local governance parameters (voter turn-out in village council elections (2007)[9]	61 0 66%	Between 1981 – 2006 In 2008. 31 seats total
OUTCOME 1.3 National government and relevant stakeholders promote and apply principles of good governance and fulfillment of human rights		

Outputs	The Common Country Assessment of 2005, on which this UNDAF is based, stresses the need for capacity development and improving transparency and participation in the budgeting process and the need to strengthen national mechanisms for the respect, achievement and fulfillment of human rights.
1.3.1 Strengthened institutional capacity of public sector, local govt. and civil society in governance (including planning, budgeting, data management, consultation)	**National Level Governance Capacity** UNDP and UNICEF have jointly sponsored the revision of the 2002 Gender Policy based on inputs from the Convention on Elimination of all forms of Discrimination against Women (CEDAW) Committee. The revision focused heavily on strengthening the human rights framework of the policy. UN Agencies further supported the process of participatory budget consultations for the 2008/2009 national budget. UNDP has also supported the government in Gender-based Budgeting and Planning. This has resulted in sensitization sessions with CEOs and Ministry staff and concrete results are expected to be evident in the second half of this UNDAF. UNICEF is in the process of applying a Child-friendly budget and expenditure analyses framework to the national budget. Since 2008, UNDP is supporting decentralization efforts by the Ministry of Labour, Local Government and Rural Development, which has led to the launch of the new policy on local government and a council to oversee its implementation (Local Governance Implementation Council). Through its MDG Needs Analysis and Costing Prognosis project, UNDP and some other agencies support capacity strengthening at Ministry of Economic Development, the University of Belize and SIB, as well as a number of other partners from Ministries and NGOs in data collection, analysis and dissemination for MDG monitoring achievement. UNICEF and UNDP have assisted the University of Belize in the establishment of the foundations for a public policy institute, known as the Policy Observatory, intended to contribute to public policy debate. Contributions included development of policy instruments, a quality policy advocacy report and the design of policy observatory roadmap. The working group is still in its formation stage and is not yet active.

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[7] Women's Department (293), Police (969), Hospital (24), Court (36), Other (344)

[8] Violence + homicide or purposefully inflicted injuries. For comparison: Guatemala 47, Honduras 58 USA 5.8, UK 2 per 100,000

[9] As % of total registered voters, though for Village Councils, *all permanent* residents can vote.

| 1.3.2 Enhanced capacities and engagement of civil society in local governance | **District level capacity Local Governance**

The Ministry of Local Government, with the support of UNDP, is in the process of formulating a local governance capacity development plan, which emphasizes, among other things, legal drafting of an Alcalde Act, development of subvention formula, and support to village councils (office equipment, training on income generation, village development plans, and moderation for establishment of delineation). The impact should be measured at the end of this UNDAF period.

In addition, UNDP has provided assistance to the recently completed IFAD-funded project (Up-scaling of Local Governance Capacities) to strengthen NAVCO the National Association of Village Councils. After the successful Village Council (VC) elections in 2007 (66% voter turnout), UNDP has financed the printing and distribution of updated Village Council Acts (in English and where needed, in Spanish). A series of short-term training workshops (Training-of-Trainers style) has been held with over 400 people, co-financed by the Belize Social Investment Fund, in the field of Book-keeping & Financial sustainability, Computer Literacy, Governance and Democracy, and Motivation. Feed-back from some interviewed VC members has shown that the training has been relevant and helpful and there has been some modest degree of evidence about improved knowledge or skills and occasional usage of the VC Act. VC members attributed the limited effectiveness to the absence of an institutional and infrastructural framework for VCs. Reporting by Village Councils is irregular and the Ministry is in need of a monitoring system to keep track of Village Council performance.

With new Village Council elections planned for 2010 and most of the interviewed VC members indicating they will not be running for re-election, training of new VC members will be needed. |
| 1.3.3 Improved policy, legislative framework and mechanisms to ensure adequate and appropriate governance and protection of Human Rights (focus on women and children's rights) | **Human Rights: Protection of Women and Children's Rights**

Reporting on Human Rights Treaties

The UN has provided support to the newly appointed Women's Commission and to the NGO "Women's Issues Network", Belize, enabling it to prepare the 2nd CEDAW[10] Shadow Report 2010; the most recent Belize CEDAW report dates from 2007. UNICEF supports the National Committee for Families and Children (NCFC) in the monitoring of the CRC (Convention on the Rights of the Child), signed in 1990 (last report in 2004); the IMCCR, Inter-Ministerial Committee on Children's Rights, has been established to support the GoB/UNICEF Country Programme 2007-2011.

Human Rights Policies, Plan and Legislative Framework

UNFPA has actively given support to the Women's Department in awareness raising and promoting the use of the Domestic Violence Act (revised in 2000) for Police and Magistrates. This Act is now being used in gender-based violence court cases by the Family Court in Belize City (there are no family courts in the districts, putting a burden on magistrates in the districts). The Act has an Action Plan (2008-2010) attached to it, which has been distributed to members of the Gender-based Violence (GBV) Committees in each district. Evaluation of the Action Plan is due next year. The UN Agencies have jointly advocated with GoB for signing of the Convention on the Rights of Persons with Disabilities, and PAHO/WHO has advocated for the ratification of the International Covenant of Economic, Social, and Cultural Rights (ICESCR), which the GoB signed in 2000, but has not yet ratified.

With UNICEF advocacy support, the Juvenile Justice legislation has been harmonized and made compliant with CRC – a draft is in place, awaiting approval. UNICEF and PAHO/WHO participated in the process of developing The National Plan of Action for Children and Adolescents 2004–2015 |

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[10] Since 2008, CEDAW servicing has been transferred to the <u>Office of the High Commissioner for Human Rights</u>

	(NPA) for which the mid-term monitoring report is currently under preparation. UNICEF and PAHO/WHO are continuously supporting the National Committee for Families and Children (NCFC) in planning and monitoring. In particular, UNICEF has assisted NCFC with customizing DevInfo to Belize contexts. UNICEF has also assisted the NCFC in a new initiative to engage the private sector in the implementation of the NPA; a sector study and a draft engagement strategy are available, awaiting fine-tuning and implementation.
	Mechanisms for Promotion and Protection of Women and Children's Rights
	UNICEF continuously supports the capacity development of the Ministry of Human Development and Social Transformation (MHDST) which is at the forefront of the government's efforts to promote and protect Human Rights. Funds were made available by UNICEF for an institutional assessment of MHDST but a consultant could not be identified, and MHDST has requested that the funds be used to strengthen the Juvenile Justice Institution. UNICEF has provided support for training of social workers and establishment of a database to manage juvenile cases, with the Community Rehabilitation Department (CRD), to be used by CRD initially, and in the next years also by the courts and Kolbe Foundation. Also, MHDST, with UNICEF support, has embarked on restructuring the national Social Assistance program and designed a database for identification and tracking of vulnerable families and children. The inter-ministerial Early Warning System to identify children in need in upper primary levels (10-13 yrs) allows for cases to be reported to DHS (Department of Human Services), but it currently lacks capacity to follow-up and has to hand over cases to the police. UNICEF has furthermore supported a series of partner-based activities for the protection of children's rights, such as establishment of Samuel Haynes Child Friendly Space (after-school activities for children in southside neighborhoods of Belize City), awareness-raising activities on sexual abuse and exploitation for adolescents at risk of, or involved in, commercial sexual exploitation, and workshops with labor inspectors to detect worst forms[11] of child labor (with ILO).
	Regarding information collection and dissemination, the following initiatives have been supported: printing of Women's Rights Handbook and Men's Handbook on Domestic Violence issues; workshops and information leaflets about gender awareness and self-esteem for students (Safe Schools initiative); the annual Sixteen Days of Activism against Gender-Based Violence (GBV) that included forums, marches, and leaflets; and the development of a format for monitoring GBV cases, which allows the Epidemiology Unit of MOH to collect disaggregated data on the topic.

1.3.1 UNDAF Mid-Term Progress on Governance & Protection

Main findings – The interventions within the first half of UNDAF are complementing the government's efforts to reform local government at a national level. There are early signs of concrete delivery in output 1.3.1, such as the adoption of the National Policy on Local Government, the update of the Gender Policy and a range of consultations (budgeting, gender) and trainings to promote program-based budgeting. Changes in terms of improved practices and governance procedures are to be seen within a long-term perspective and it is expected that, with the continuous follow-up and UNDAF support, institutional capacities for government will be partially strengthened in the long run, at least within the Ministry of Local Government. A stronger *sectoral* approach to good governance, involving other Ministries, may be considered for the future.

The UNDAF is also contributing to strengthening local governance capacities (output 1.3.2), through ongoing cooperation with the Ministry of Local Government and support to the recently completed NAVCO project on improving Village Council (VC) management. At the same time, this review noted concerns regarding the impact and sustainability of the knowledge transfer to VCs, with a possible high turnover of VC members after 2010 elections. In order to sustainably contribute to the outcome by the end of this UNDAF, it is essential that the institutional framework (legal aspects, infra-structure) in which Village Councils operate be strengthened, and that

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[11] The ILO predefined worst forms of child labor include all forms of slavery, commercial sexual exploitation and abuse by adults in the commission of crime of children

training in knowledge and skills development of new VC members continue. Interventions targeting these areas are on the way and require full attention and extra support.

In the field of protection, the UNDAF in its first half provided substantial technical support to the development of policies, mechanisms and the regulatory framework for protection of women's and children's right (output 1.3.3). This is done in close cooperation with the Ministry of Human Development and Social Transformation, the statutory bodies which are designated to ensure the government's commitment to Human Rights, and some NGOs.

One of the early success indicators mentioned by UN partners in this output is that domestic violence and Gender-Based Violence issues have been put onto the national agenda through UN support. Moreover, the increased usage of the Domestic Violence Act and the harmonizing of the Juvenile Justice legislation are also concrete achievements under this output, as well as the ongoing advocacy and assistance for reporting on human rights treaties.

Other equally important UN support has been given to establish mechanisms and services for the protection of women and children's rights. Most are in the early delivery stages (Early Warning System, Social Assistance Program, Safe Schools Initiative and Social Workers' Skills Development) and it is too soon to assess their achievements. Recognizing the limited resources currently available within the ministerial implementing partners, additional support may need to be mobilized to ensure sustainable integration of these mechanisms at all levels (central – district – community).

1.3.2 Recommendations - Governance & Protection

For the remaining period of this UNDAF, the specific MTR recommendations are to:

- Maintain support to the decentralization efforts of the Ministry of Labour, Local Governance and Rural Development, and continue the monitoring of the Local Governance Implementation council.
- Evaluate the NAVCO project and, based on the recommendations, continue to support Village Council strengthening.
- Support ongoing human rights efforts by GoB, the NCFC, National Women's Commission (NWC), National AIDS Commission (NAC), the National Council on Aging (NCA), the National Human Development Advisory Committee (NHDAC), the Office of the Ombudsman, and the Human Rights Commission of Belize (HRCB).
- Continue to support mechanisms for reporting on international human rights treaties (e.g. with the National Women's Commission and the Inter-Ministerial Committee on Children's Rights).
- Continue the lobby for the signing of the Convention on the Rights of Persons with Disabilities and the ratification of the ICESCR, and develop strategies accordingly.
- Continue the consultative approach and support to the Policy Observatory and provide support for the activation of the work group.
- Increase the focus on gender mainstreaming throughout UNDAF and the implementation of the Gender Policy.
- Facilitate a comprehensive capacity development assessment of the Ministry of Human Development and Social Transformation and support its institutional environment and that of the institutions linked to it, focusing on strengthening technical skills, quality delivery of services and performance monitoring.
- Organize additional learning opportunities (training, e-learning, exchange visits) for UN staff and partner ministries on Human Rights-Based Approaches, in preparation for the next UNDAF.

2. UNDAF Priority Area 2: Reverse the spread of HIV and AIDS

2.1 Progress - UNDAF Outcome on HIV and AIDS

HIV/AIDS Sources MOH Health Surveillance, MOH EPI Fact Sheet 2008 update (2007 data)	2007/2008	Comments
Impact Indicators. (indicators in **bold** are MDG indicators)		
HIV prevalence 15-49 yrs HIV prevalence 0 – 4 yrs Total new HIV infections in 2007 Total new HIV cases reported in 2007 # of AIDS related deaths	3,600 people or 2.1% < 200 3 per 10,000 450 79	(2,000 women = 56%)
% HIV infected accessing ARV % of ARV coverage by those needing it	600 / 3.600 = 16% 49%	
OUTCOME 2. Integrated sector-wide approach to combating HIV/STI and TB in place at all levels (national, sub-national, primary health care)		

Outputs	National Response to HIV and AIDS
2.1.1 National response strengthened, coordinated and decentralized, including capacities for data collection on HIV/STI/TB, aggregation and dissemination	With the highest HIV adult prevalence rate in Central America, the fight against HIV/TB/STIs in Belize is crucial. In recognition of this fact, the Government of Belize has placed much priority on reversing the pandemic and it is therefore also a separate outcome in this UNDAF. The National AIDS Program within the MOH is currently comprised of two persons at the central level, the Director and a Programme Officer. In addition, the Belize government established the National AIDS Commission (NAC) in 2002, which currently consists of 33 members from various ministries, NGOs, and People Living With HIV (PLHIV). With UN support, the NAC drafted a National HIV and AIDS Policy which was approved by Cabinet in December 2005, before this UNDAF period. PAHO/WHO continuously supports the national response by procuring pharmaceuticals through its Strategic Fund, obtaining diagnostic equipment for the national laboratory, and improving vital registration systems in cooperation with CAREC. UNICEF has introduced the international DevInfo database to NAC to monitor the national plan, and PAHO/WHO made a server available to NAC in December 2009 to feed HIV data into Belize Health Information System. As a result, HIV monitoring and reporting at national level has been strengthened substantially over the years, including international reporting on MDGs and for United Nations General Assembly Special Session on HIV and AIDS (UNGASS). **National Policies and Plans related to HIV and AIDS** During this UNDAF period, support to NAC remained high on the agenda and several new policies and plans have been drafted with UN/Global Fund technical and financial support, e.g. - Plan on Decentralization and Integration of HIV Services into Primary Health Care services. - National Plan for Universal Access to Prevention, Care, Treatment and Support. - Study "Linking Gender-based Violence and HIV and AIDS".

	- HIV in Education and HIV at the workplace National Plans
	A Strategic and Operational plan and a national M&E plan 2006-2011 were developed with the support of the United States Agency for International Development (USAID) and the Program for Strengthening the Central American Response to HIV/AIDS (PASCA)[12]. At the time of this UNDAF MTR the NAC was undergoing leadership changes[13]. Its latest annual plan dates from 2006/2007. UNICEF provided the sponsorship for the recruitment of technical assistance to the NAC (serving as the Country Coordinating Mechanism for the Global Fund) for the submission and subsequent approval of the Belize proposal to the Global Fund's Round 9 Call for Proposals.
2.1.2 Vulnerable groups have access to rights-based age, gender and culturally sensitive prevention information (including SRH info)	With UNDAF support, several evaluations, e.g. Education Sector response (undated), Health Sector Response (October 2009), and a Rapid Assessment of Vulnerable Groups (April 2009) have been conducted. As a result, a wealth of information and recommendations is currently available, and the next step will be to use these for informing policies and programs.
	Studies on Behavior & Attitudes of Vulnerable Groups
	In 2009 UNICEF and the NAC commissioned a Rapid Assessment of Vulnerable Groups, and one of the key findings is that there is limited research to inform development and implementation of programs to change risky sexual behavior.
	Behavior Change Communication Strategies
	To inform the Belize population about HIV and AIDS, and in particular more at risk groups such as youths, UNICEF has supported a Youth Ambassadors program to develop community education on HIV and SRH and has assisted MOE through the joint PAHO/WHO-UNICEF program Health and Family Life Education (HFLE) in schools, with policy development and training of teachers.
	The review team tried to obtain feedback about the HFLE and Youth Ambassadors in Toledo schools and came across examples of evidence of HFLE implementation at school, but could not establish its impact. Some school teachers remarked that the time spent on HIV and AIDS in HFLE is restricted. At the same time, there is a high level of HIV and AIDS awareness among students[14]. No feedback was obtained about Youth Ambassadors.
	The UN Agencies are regularly supporting social mobilization and communication efforts to decrease stigma and promote HIV awareness, including various leaflets and brochures which can be found all over Belize. As a result of the efforts of the GoB, UN, and other actors, HIV awareness is high in Belize, though stigma is still prevailing as well[15].
2.1.3 Integrated HIV, TB and STI services available and protocols implemented at primary health care level	**Integrated Services Prevention, Care, Treatment and Support**
	PAHO/WHO and UNICEF recently commissioned a comprehensive evaluation of the Belize health sector response to HIV and AIDS (Draft report Oct 2009). The main conclusion is: "Despite budgetary limitations, MOH has made advancements in the provision of anti-retroviral therapies for HIV positive children and adults and has effectively rolled out its Prevention of Mother to Child Transmission Program (PMTCT). The Ministry has also made voluntary HIV testing highly accessible through the establishment of VCT sites across the country".

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[12] PASCA = Program for Strengthening the Central American Response to HIV/AIDS

[13] For a comprehensive overview strengths and weaknesses in the Belize national response, see p 65-67 in Rapid Assessment of Vulnerable Groups to HIV/AIDS, commissioned by UNICEF / NAC, April 2009

[14] From Rapid Assessment HIV 2009, part of Global Fund proposal and Education Response to HIV/AIDS 2006 by Joseph Iyo

[15] For example: MICS 2006 data shows that 97% of people have heard of AIDS, 58% knows 2 ways to prevent HIV/AIDS, 91% of women know that HIV can be transmitted from mother to child. Also 73% of women who have heard of AIDS agree with at least 1 discriminatory statement.

PAHO/WHO and UNFPA provided support to the BFLA (Belize Family Life Association) and other NGOs to expand counseling and testing in their clinics in the country (BFLA has done a total of 2,606 tests over the period January 2007 – October 2009). BFLA does not provide treatment, it refers clients to MOH clinics. During this review, 2 VCT centers were visited, confirming that they are actively providing treatment and support services. Furthermore, there are plans to forge greater linkages between HIV and sexual and reproductive health (SRH) issues, and HIV and other STIs. In 2009, an assessment of the linkages between SRH and HIV was conducted with support from UNFPA.

UNICEF has provided financial support to CBOs (community-based organizations) which provide direct support to children and orphans from low-income households living with HIV (approximately 400, aged 0-14 yrs), as well as food, clothing, and life skills training. By 2009, UNICEF discontinued this type of support due to a lack of progress of the institutional embedding of the CBOs/ NGOs.

PAHO/WHO is providing ongoing support to MOH in procuring supplies (test kits, anti-retroviral - ARVs, medication for opportunistic infections - OI) for Belize's central VCT center, which are distributed to 7 VCT clinics in the country, and has furthermore supported training of pharmacists. There is currently no policy or systematic approach by GoB to assist orphans and vulnerable children (OVCs) or other More At Risk Populations (MARPs), such as sex workers and men who have sex with men (MSM).

Protocols, Guidelines on HIV Developed/Implemented

The UN Agencies have also provided technical assistance to develop or update HIV/STI related guidelines, including:

- HIV Testing and Counseling Guidelines, updated guidelines and training.
- Algorithm for Rapid Testing, printed and disseminated.
- Guidelines on Prevention of Mother To Child Transmission (PMTCT), updated
- Revised Tuberculosis (TB) Guidelines (including Directly Observed Treatment, Short course - DOTS).
- Protocol on elimination of congenital syphilis in PMTCT program.

2.1.1 UNDAF - Mid-Term Progress Reverse the Spread of HIV and AIDS

Main findings - The progress made to reverse the spread of HIV and AIDS is a major achievement of the Government of Belize/Ministry of Health. The joint UN program has made significant contributions to the achievements so far, especially through its contribution to the successful Global Fund submissions in 2003, and again in 2009, and technical cooperation from PAHO/WHO and UNICEF.

Main results delivered so far in outputs 2.1.1 and 2.1.3 include the continuous support to strengthen the national response, improved systems for monitoring and surveillance of HIV and AIDS, and several policies as well as specific guidelines and protocols regarding prevention and treatment which are now available. Voluntary HIV testing and treatment is increasingly accessible through the establishment of VCT Centers across the country.

In output 2.1.2 progress is noted through interventions in the field of prevention information to vulnerable people, notably the Prevention of Mother to Child Transmission Program (PMTCT), Health and Family Life Education and ongoing support to information and communication materials. Feedback from recently conducted

evaluations also indicates limited availability of information about behaviors of special risk groups and the absence of a guiding policy to reach 'More at Risk Populations' (MARPs).

HIV/AIDS is probably among the most researched topics in Belize. There are currently over 75 documents or studies available, generating a wealth of information and recommendations. The use of this information to contribute to evidence-based programs and alignment of policies and plans could be improved, through a strengthened UNDAF support to NAC and other stakeholders.

2.1.2 Recommendations - Reverse the Spread of HIV and AIDS

Many good recommendations regarding the Priority Area on HIV and AIDS are currently available from previous evaluation studies. In particular relating to the UNDAF, the following is suggested:

- Continue to support the leadership role of the National AIDS Commission for stakeholder coordination of the national response.
- Align UN plans and interventions with the national policy on HIV and AIDS Belize and the NAC M&E plan.
- Increase advocacy for improved integration of HIV services into other health care services, as a key to reduce stigma (make HIV testing and counseling 'just another' health service).
- Continue lobbying with MOH for support of VCTs, including adequate allocation of financial and human resources.
- Increase focus on 'More at Risk Populations' (MSM, Commercial Sex Workers - CSW, prison population, uniformed services).
- Establish an information sharing mechanism, to encourage utilization of HIV-related studies and reports to inform future decision making and proposal development.
- Continue lobbying the MOE for inclusion of schools in HIV awareness and education programs, including through HFLE, and implementation of the HIV in Education policy.
- Continue the *joint* UN support in achieving this outcome. This is one of the key areas where all UN agencies currently present in Belize contribute.

3. UNDAF Belize Priority Area 3: Sustainable Development

3.1 Progress - Disaster Risk Reduction, Natural Resource Management and Climate Change

Sources: Land Information Centre (LIC), World Bank (WB), Environmental Digest (MNRE)	2007	Comments
GDP loss due to disasters Human loss due to disasters	- -	TD 16 (2008) : 0.5 % of GDP -
% of forest area (maintain at 60%)	63%	Study FOREST COVER AND DEFORESTATION IN BELIZE: 1980-2010 (Recalibrated national forest cover and found errors in the previous numbers)
% area covered by env. protection	Land 36.46% Sea 7.33%	Land Information Center (LIC)
% of land affected by degradation[16]	39% has medium or high degradation risk	Prelim. Survey on Land Degradation 2005 (Meerman)

OUTCOME 3.1 National government, civil society organizations and vulnerable communities' capacities strengthened to adequately address adaptation to and mitigation of the impact of disasters OUTCOME 3.2 National government, civil society and private sector's capacities strengthened to sustainably manage and utilize natural resources for improved livelihoods and to cope with the impact of climate change.

Outputs	**Disaster Risk Reduction National Level**
3.1.1 National government equipped (management capacity, data systems, equipment) to assess, develop, implement and monitor effective risk reduction and response interventions	Belize has had its share of natural disasters during the current UNDAF period, with Hurricane Dean in 2007, Tropical Storm Arthur in May 2008, Tropical Depression 16 (TD 16) in October 2008 and a mild earthquake (with tsunami warning) in May 2009. The UN Belize collaborates with the National Emergency Management Organization of Belize, NEMO[17] and its nine district offices, named DEMOs, in disaster risk management. With limited in-house capacity to assess the consequences of natural disasters (especially the socio-economic consequences), GoB in 2008 requested assistance from ECLAC to assess the damage from TD 16, funded by UNDP and with active participation of all UN agencies. Realizing the need for further developing NEMO's in-house capacity, UNDP supports a project entitled: Strengthening of Disaster Preparedness and Emergency Response Capacity (2009-2011). Support to DANA teams (Damage Assessment and Needs Analysis) is part of it, with hardware (such as communication equipment) and training of DEMO and UN staff in damage assessment, preparing situation reports, and customizing assessment tools. PAHO/WHO contributed by supporting the training of Karl Heusner Memorial Hospital staff and Psychiatric Nurse Practitioners, supporting the MOH in assessing disaster response capacities of health facilities, and facilitating the introduction of the Safe Hospital checklist. In addition, PAHO/WHO supported the development of a National Influenza Pandemic Preparedness plan, a core capacity assessment for implementation of the International Health Regulations (2005) with an action plan to address identified gaps, and a Mental Health in Disasters plan.

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[16] Degradation = as result of soil erosion, (ii) decline in soil fertility, and (iii) land conversion. Belize perspective emphasis on soil productivity (=fertility?)

[17] NEMO comprises the Cabinet and Secretary, NEMO Secretariat, 10 Operational Committees, Belize Red Cross, Teachers Union, the Chief Meteorological Officer, the Commandant Belize Defense Force (BDF) and the Commissioner of Police

| 3.1.2 Enhanced capacity and engagement of civil society organizations and communities to participate effectively in disaster risk management | **Risk Reduction and Response Plan and Strategies**

So far, the following disaster response plans are available at national level: Fire, Evacuation, Flood, Influenza Pandemic Preparedness, Oil Spill, Hurricane, and Mental Health. Not yet available: Earthquake and Tsunami. Furthermore, a National Mitigation Strategy is available, but needs implementation; it awaits the set up of a National Mitigation Council. In terms of legislation, the Belize Disaster Preparedness & Response Act is available and will soon be updated under the CAPRA initiative (Central American Probabilistic Risk Assessment). Obviously, the quality of these plans and policies and their execution will only become apparent in case of a disaster.

The vulnerability data collected so far through the UNDP funded project mentioned above, including losses and damages are currently being entered in a national Disaster and Emergency Database (DesInventar[18]) with support from the project. At district level, UNDP funded a 1-day workshop for 86 people, including DEMO staff, and more comprehensive mitigation efforts such as the development of contingency plans at village levels, conducting local vulnerability assessments, and checking and training of district hospitals and their staff are in the pipeline under the above-described UNDP funded project.

UNICEF, in cooperation with Belize Red Cross and MOE, has embarked on the Safety Clubs in School initiative, training peer educators in the 6 districts in disaster preparedness and mitigation and forming safety clubs in schools. The review team in Toledo was unable to locate the peer educators and visits to four schools revealed that disaster preparedness efforts in schools were not yet evident. Spot checks to random village councils also showed that many have not conducted a vulnerability assessment and don't have contingency plans in place. NEMO estimates that 80% of the national level plans are in place, but only 50% of the district level plans and 15% of the village level ones are in place. |
| 3.2.1 Enhanced national capacity to implement and monitor effective approaches and strategies for sustainable and clean management of resources | **National Capacity Sustainable Resource Management**

To strengthen national capacities for sustainable development of natural resources and the environment, the UN collaborates mainly with the Ministry of Natural Resources and the Environment (MNRE) to improve national resource management and to follow-up on international agreements such as the Central American Commission on Environment and Development (CCAD) and the 3 UN Rio Conventions (see below). MNRE is the largest ministry in Belize, and it faces challenges in the coordination of its five different departments and their activities, as well as external coordination with stakeholders.

In 2005 (before this UNDAF period), the MNRE conducted a National Capacity Self Assessment (NCSA) supported by UNDP, with funds from GEF (Global Environment Facility)[19], and analyzed its national capacities, mainly to meet its global commitments to Multilateral Environment Agreements. The assessment particularly addressed 3 important UN conventions – the UN Convention on Biological Diversity (UNCBD - 1993), the UN Framework for Climate Change (UNFCCC), and the Convention to Combat Desertification (UNCCD)[20]. A stocktaking of mechanisms in place and, consequently, an Action Plan to bridge the gaps was developed, spearheaded by the Department of the Environment.

The Action Plan 2006-2010, which coincides partly with this UNDAF period, identified the need for the following concrete plans, policies and actions: |

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[18] For more on CAPRA see www.ecapra.org and for more on Disaster and Emergency Database see www.desinventar.org
[19] GEF grants are managed by UNDP for projects related to biodiversity, climate change, international waters, land degradation, the ozone layer, and persistent organic pollutants. See www.gefweb.org
[20] Convention on Biological Diversity www.cbd.int/convention and Framework on Climate Change www.unfccc.int and Desertification, Land Degradation and Drought www.unccd.int

TABLE III – NATIONAL CAPACITY SELF ASSESSMENT ACTION PLAN

Action	Status (explanations below)
Develop National Sustainable Development policy and Council Bill.	
Develop National Land Policy and revise National Lands Act to include payment for environmental services.	In progress with delays. SLM (Sustainable Land Management) project (Forestry Department) last revised in 2003.
Develop National Climate Change and Land Degradation Strategies & Action Plan.	In progress, as follow up on Second Communication project.
Set-up National Protected Areas Policy and Systems Plan (NPAPSP) is available, implementation piloted through Golden Stream project.	NPAPSP operationalization to be supported through 2010 UNDP GEF supported project, Strengthening National Capacities for the Operationalization, Consolidation, and Sustainability of Belize's Protected Areas System
Modernize Forest Act and Amend Private Forest Conservation Act.	Being undertaken through Food and Agriculture Organization (FAO) supported initiative. Initiative also covers community based forestry
Produce Guidelines on Introduction of Invasive Alien Species (IAS).[21]	
Revise Mangrove Clearing Permits.	
Develop management system to implement NGO Act.	
Revise Solid Waste Management Act to include storage and treatment of waste.	
Restructure Program Coordination Unit of MNRE.	Natural Resource and Environmental Policy System (NREPS) functional

In response to this, the NCSA II, a 3-year project to Strengthen Institutional Capacities for Coordination of Multi-sectoral Environmental Policies and Programs started in 2009, funded with UNDP/GEF[22] support, and spearheaded by the Policy Coordination and Planning Unit (PCPU) of MNRE, for which UNDP funded 5 staff members. They launched NREPS: Natural Resource and Environmental Policy System, to coordinate with 9 state and 17 civil society stakeholders.

As a first step, the project has conducted an assessment to identify needs for equipment, among other things, of all stakeholders involved in NREPS and is currently sourcing. The PCPU convenes regular meetings with NREPS stakeholders.

NCSA II is only addressing the last recommendation. Through cooperation with the Forestry Department, UNDP launched Sustainable Land Management project (SLM 2008 - 2011) with 3 outcomes:

1. Legally draft an SLM policy and plan. This activity has been delayed due to inability to find suitable and affordable legal consultant. Draft Integrated Landscape Management was delivered in August 2009.
2. Capacity and tool development. Government level: now in the process of developing an information sharing protocol, 20 officers have been trained in Geographic Information Systems (GIS), GIS hardware and software has been purchased. Moreover, 28 decision makers are now being trained in GIS. At non-state actors levels the project foresees 3 pilot projects addressing land issues: a) better soil management for farmers (training, manual developed with CARDI – Caribbean Agricultural Research and Development Institute), b) urban planning and mapping, first meetings with town councils have been held, need to be followed up, and c) demonstration project on land rehabilitation of scarred landscape, but pilot suffered

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[21] Invasive Alien Species are species whose introduction and spread threatens eco-systems. See www.cbd.int/invasive/about.shtml
[22] 945,000 USD GEF + 152,400 GOB.

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set backs, due to inability to find public land for it.
3. Establish investment plan and review funding mechanisms. Training on resource mobilization and project management are foreseen.

National Capacity Sustainable Development Practices

In 2005 the government adopted the National Protected Areas Policy and System Plan (NPAPSP), and for its implementation the ministry approached GEF for assistance. This led to the Integrated Protected Areas and Landscape in Golden Stream Watershed project (2006-2009), managed by an NGO (FFI - YTC). For the first time in Belize an NGO managed a GEF project on behalf of the government. The project aims to enable the protected area system to "function as a cost-effective tool for biodiversity conservation and sustainable use". It is piloted in Toledo to be replicated in other parts of the country. There was a mid-term evaluation in 2008, which called it 'moderately successful' with the main results, by then, being:

- Management plans for National Protected Areas (NPAs), developed and ongoing management of 3 NPAs (74 in total) with trained rangers, and comprehensive inventory of bio-diversity through Biological Research Inventory Monitoring (BRIM) - 22 pages birds, 8 of mammals, 4 pages reptiles and 2 pages of fish.

- Good participation of PAMOs (Protected Areas Management Organizations), but limited participation from communities and private sector

- Draft management strategy for Integrated Landscape Management (ILM)

- Draft PPA (Private Protection Areas) policy developed. Additional donor funding attracted to include livelihood support component in the ILM – for example support to cacao farmers

- Contributions made to national and international frameworks and reporting

Replicability and financial sustainability were not components in the project; the mid-term review identified actions to enhance these, through the development of a financial sustainability scorecard, which is currently being developed. The end-of-project evaluation is due in 2010.

Other plans finalized and interventions done with UNDP support are:

- National Implementation Plan for Persistent Organic Pollutants (POPs)[23], this was done with UNDP/GEF support to comply with Stockholm Convention on POPs. The plan was finalized in 2008, but only in December 2009 was the convention ratified, as it had to pass through Senate. DOE will update the plan and develop a proposal for its implementation to be submitted to GEF in 2010.
- Advocacy for Sustainable Waste Management done (Note that IDB has approved a US$11.15 million project to upgrade the Solid Waste Management Authority (SWMA)
- Project supporting Integrated chemicals management (Strategic Approach to International Chemicals Management-SAICM).
- Biodiversity Scorecard developed, identifying financial sustainability of protected areas.
- Legal review of the application of conservation concessions and conservations easements.
- Integrated Water Resource Management legislation (IWRM).
- National irrigation strategy currently underway.

In addition, through a multi-country project funded by GEF that included Belize, PAHO/WHO implemented activities to reduce malaria without the use of DDT (**d**ichloro**d**iphenyl**t**richloroethane) in 18 communities over the period 2003 to 2007, with project extensions in 2008 and 2009.

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3.2.2 Enhanced national capacity to effectively undertake sustainable development practices

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[23] See www.pops.int

	As mentioned above, the Golden Stream project is being implemented by the NGO Ya'ache Conservation Trust (YTC) on behalf of the government. YTC has undoubtedly improved its own capacity and that of the Protected Areas, as well as the 7 communities it is working with directly in Toledo. The Department of Agriculture is undergoing restructuring efforts to support sustainable agriculture.
3.2.3. Enhanced capacity of civil society organizations & communities and private sector to participate in sustainable development practices	**Civil Society, Community, and Private Sector Capacity, Sustainable Development** The main interventions under this output are the projects in UNDP's Small Grants Programme (SGP) a corporate program of GEF. GEF/SGP in Belize also includes the Community Management of Protected Areas for Conservation programme, COMPACT. The GEF/SGP country strategy Belize is built on three pillars: 1) environmental protection, 2) poverty reduction/sustainable livelihood and 3) community empowerment. All SGP projects are to cover one or more of the five focal areas: climate change abatement and adaptation, conservation of biodiversity, protection of international waters, reduction of the impact of persistent organic pollutants, and prevention of land degradation. During this UNDAF period, GEF/SGP/COMPACT has financed 34 projects (166 since its inception in 1993), 13 of which have been completed to date. Direct recipients are NGOs, Cooperative Societies and CBOs. Community participation throughout the project cycle is a requirement in all SGP projects. Members of the UNDAF review team visited 3 SGP projects in the Belize River Valley, and confirmed its community-led approaches. The 3 visited projects showed clear livelihood components. At the time of the visits, 2 projects were not yet rendering benefits, for various organizational reasons. The third one, a demonstration project, is contributing to livelihood improvements through the construction of Tilapia ponds for 5 final beneficiaries. This is resulting in the availability of cheaper fish in the community and decreases depletion of the over-fished Belize River. However, its sustainability appeared compromised as a result of steep increases in input costs, which prevented the community from expanding and replicating the ponds. In some other SGP projects the link with the environmental component was not always clearly expressed in the documentation or by communities. Another observation from the admittedly limited time spent with the communities is that some groups seem to lack capacity and experience to be a mature partner throughout the SGP project cycles, creating dependence on outside service providers, which, in turn, decreases ownership. Due to time constraints, the MTR did not obtain direct feedback from any of the other SGP/COMPACT projects. A comprehensive evaluation/impact assessment of SGP projects would be timely for 2010.
3.2.4 Strengthened national capacity to effectively address vulnerability through mitigation of emission and adaptation to climate change	**National Capacity Climate Change** The UN Framework Convention on Climate Change was created in 1992; two years later the UNFCCC was ratified by Belize, and in 2002 Belize prepared its first communication with UNDP/GEF support. The National Meteorological Service is the lead agency dealing with climate change matters, on behalf of the government. At that time, only 3 vulnerability assessments had been conducted, with alarming results, and the need for more sectoral assessments, as well as for a specialized agency fully dedicated to climate change became apparent. Furthermore, Belize identified the need for sensitization of decision makers, politicians and the general public. These 3 key issues were emergent at the start of the current UNDAF period (2006) and two of them have been addressed: - In 2004 the Caribbean Community Climate Change Centre (CCCCC) was established in Belize. It coordinates the Caribbean region's response to climate change and is the clearing house for regional climate change data. - With UNDP financial support, a two-year project to prepare the Second National

| | Communication on UNFCCC started in 2006, and was successfully completed in 2008. Under this project, 9 climate studies were completed: Green House Gas inventory + Mitigation Strategies (Hydro-Energy, Solar Energy and Methane), Vulnerability Assessment for Agriculture, Coastal Zone and Fisheries & Aquaculture, Tourism Vulnerability Assessment, Health Vulnerability study (dengue), together resulting in a Costs of Inaction Report. Moreover, the final Second Communication Report has been drafted and is in the process of being accepted. The project also donated a few pieces of equipment to the meteorology centre and a small weather station.

One of the review teams reviewed this project and concluded that it was effective and that some capacity building has taken place through training of the consultants and the project leader. The institutional sustainability, however, remains unclear and the impact will only become clear once the studies are fed into the National Adaptation to Climate Change policy (in the process of being adapted) and once this policy translates into concrete actions and measures by the government to mitigate the effects of climate change.

It appears as though the climate change efforts in Belize are leaning on one focal person within the National Meteorology Service (NMS) and their integration into relevant government department such as the Department of Environment, the Ministry of Tourism and Agriculture and Fisheries, would be needed for eventual impact. |
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3.1.1 UNDAF Mid-Term Progress on Sustainable Development

Main findings Disaster Risk Reduction – In a context where Belize appears increasingly disaster prone, with a hurricane, a tropical storm, a tropical depression (TD 16), an earthquake, and the outbreak of H1N1 all occurring during this UNDAF period, the ongoing UNDAF assistance in disaster risk reduction is essential. The joint UN support to GoB/NEMO's technical capacity to conduct full disaster assessments has been very effective.

Other interventions to strengthen the national capacities (output 3.1.1) are underway through the current project on Strengthening of Disaster Preparedness and Emergency Response Capacity, and the Safe Hospital Initiative. Concrete results already achieved are the availability of several disaster response national plans and a mechanism for data management. A national disaster risk assessment and mitigation strategy has also been initiated and the next step is to enable its operationalization at district and village level.

Efforts to include schools, village councils and community groups (output 3.1.2) in disaster risk management are also underway and are expected to lead to the availability of community-based assessments and response plans in the second half of the UNDAF period. Monitoring to ensure that those specific results are being achieved by the end of the UNDAF will be required.

Main findings in Sustainable Development and Climate Change - Belize has ratified the three most important UN Conventions on Climate Change, Desertification and Biodiversity between 1993 and 1998 and is in the process of developing policies and plans to live up to its multilateral environmental agreements with practical actions. UN support (technical, financial and also in advocacy) in this field is therefore highly relevant.

Early indicators of achievements of the first output (3.2.1) on national capacity strengthening for sustainable development include the development of seven policies[24], which are currently at various stages of the policy cycle. Efforts to ensure that these policies are implemented, monitored, and integrated across relevant Ministries will need to be continuous. Furthermore, there are three ongoing projects under this output: Sustainable Land Management project, the NREPS initiative (the multi-ministerial coordination mechanism for natural resource and environmental policies) and the Integrated Protected Areas project. Results in the next half of this UNDAF period will be able to assess their contribution at outcome level.

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[24] See above: SLM policy, NPAPSP, PPA, POP, Integrated Water Resources, Climate Change policy

Regarding the participation of civil society organizations and community groups in sustainable development practices (output 3.2.2) the interventions so far consist of a range of SGP (Small Grants Program) projects across Belize with NGOs, cooperative societies and community-based groups. An evaluation of the SGP will tell more about the achievement of the results. Other initiatives, for example with village councils, schools or other community-based groups to be engaged in sustainable development practices, will be a useful addition to this UNDAF.

Achievements under the climate change output (3.2.3) noted so far include the availability of nine sectoral climate studies, their findings and recommendations are ready to be incorporated into the National Adaptation to Climate Change Policy, and the availability of the Second Communication on the UNFCCC. Continuous advocacy, technical and financial support to promote climate change abatement efforts across all relevant Ministries in Belize will be needed to contribute to the outcome in the long run.

3.1.2 UNDAF Recommendations on Sustainable Development

The remainder of this UNDAF period should be used to reinforce achievements made and follow-up on the projects initiated in both disaster risk mitigation and sustainable resource management. More specifically, the MTR recommends that UNDAF/GOB focus on:

- Supporting the integration and/or strengthening of long-term disaster risk reduction efforts into relevant ministries and departments, including Ministry of Labour, Local Government and Rural Development, Health, Education and Natural Resources and Environment, and Agriculture and Fisheries.
- Ensuring the implementation of national mitigation efforts and vulnerability studies at district level and community level.
- Mobilizing support to expand interventions with community-based stakeholders to participate in sustainable development.
- Conducting evaluations/impact assessment of GEF/SGP/COMPACT projects in particular to assess their contribution to sustainable development practices at community levels.
- Strengthening coordination of national climate change issues and advocating for their integration within a cross section of ministries (beyond the climate change focal point within the National Meteorological Service).
- Strengthening the implementation and enforcement of plans and policies already developed, including the National Implementation Plan on Persistent Organic Pollutants, Integrated Water Resource Management plans, Private Protected Areas plan, and the Action Plan on Marine Pollution.
- Following up on the recommendations made in the Costs of Inaction report, including the energy recommendations such as strengthening national and regional energy policies, increasing renewable resources, and diversifying energy sources.
- Initiating/encouraging the GoB to conduct regular performance monitoring, mid-term reviews, evaluation of policy and impact assessments.

4. UNDAF Cross Cutting Issues

In accordance with the UNDAF Guidelines (updated February 2009) there are five inter-related principles which must be applied at country level.

1. A human rights-based approach (HRBA) supported on the nine core international human rights treaties;
2. Gender equality and the elimination of discrimination on the basis of sex;
3. Environmental sustainability;
4. Results-based management (RBM); and
5. Capacity development.

A sixth criterion was added as per TOR, on Coordination and Knowledge Exchange.

This chapter analyses the mid-term findings of the UNDAF Belize in achieving these important values.

4.1 Human Rights Based Approach (HRBA)

The HRBA is defined as a conceptual framework for the process of human development, based on international Human Rights standards, directed to promoting and protecting Human Rights. Worldwide, UN agencies have agreed to three essential attributes to constitute the HRBA:

- In policies and programs that are formulated, the main objective should be to fulfill human rights;
- Application of the HRBA, identifying rights-holders and their entitlements and corresponding duty-bearers and their obligations, and working towards the strengthening of capacities, of rights-holders to make their claims and of duty-bearers to meet their obligations;
- Principles and standards derived from the 9 core international human rights treaties should guide all programming in all sectors, and in all phases of the programming process.

So far, Belize has ratified 7 out of 9 core international human rights treaties, as per table below. The latest Belize Human Rights report states that "notwithstanding resource constraints, the Government is conscious that Belize is not yet a party to some treaties and Belize is actively studying them". The Universal Periodic Review meeting on Belize reports that "*Belize has a strong commitment to the normative human rights framework, but faces challenges in its full operationalization".*

TABLE IV – INTERNATIONAL HUMAN RIGHTS TREATIES

The 9 core International Human Rights treaties	Origin	Ratified Belize
ICERD - International Convention on the Elimination of All Forms of Racial Discrimination	1965	2001
ICCPR - International Covenant on Civil and Political Rights	1966	1996
ICESCR - International Covenant on Economic, Social and Cultural Rights	1966	--
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women	1979	1990
CAT - Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	1984	1986
CRC - Convention on the Rights of the Child	1989	1990
ICRMW - International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	1990	2001
International Convention for the Protection of All Persons from Enforced Disappearance	2006	--
CRPD - Convention on the Rights of Persons with Disabilities	2006	--

The UNDAF 2007-2011 is currently in the process of rolling out its full human rights-based approach. Initial steps have been taken to ensure alignment of certain policies to international human rights treaties and to ensure a consultative approach to the development of policies.

The UN Agencies are taking steps to mainstream the HRBA throughout their project and program cycles; projects are planned and developed with continuous increased stakeholder participation, and inclusive approaches are evident throughout UNDAF.

Main findings:

1. Two important steps have been made towards ensuring that policies are aligned to fulfill human rights. The 2002 Gender Policy is currently being revised by the National Women's Commission with the purpose of being fully aligned to CEDAW, and NCFC's National Plan of Action for Children and Adolescents is already in line with the CRC. For the future, it will be important to gradually promote Human Rights fulfillment in other newly formulated policies.

2. The rights-based approach in terms of duty-bearers and rights-holders is gradually being adopted by the UNCT in Belize, though some of its projects and interventions are still service-oriented. Additionally, some of the interventions under Outcome 1 have considered participatory and consultative approaches, and the specific interventions to protect women and children rights can be considered early achievements in this field as well.

3. In terms of the 9 core Human Rights treaties, the UNDAF is actively providing support to the CRC and the CEDAW. Advocacy efforts for inclusion of the Convention on the Rights of Persons with Disabilities are underway.

For the next UNDAF, furthering of the integration of human rights in UNDAF is needed, and gradually a full HRBA should be mainstreamed across all programming areas. As a first step, this would mean an alignment of selected policies and plans to human rights treaties and an inclusive, consultative approach throughout the project cycles of UN interventions. At a later stage, with sufficient education of both UN staff and partner staff, a full HRBA, in terms of duty-bearers and rights-holders, can be included.

The UNDAF should also continue to focus on supporting the Ministry of Human Development and Social Transformation, which is at the front line of GoB's efforts to promote and protect human rights, as well as the four quasi-governmental bodies that have been established to ensure compliance with human rights commitments to key vulnerable populations: the National Committee for Families and Children (NCFC), the National Women's Commission (NWC), the National AIDS Commission (NAC), and the National Council on Aging (NCA). The UN is currently represented on the National Human Development Advisory Committee and could extent its network to include the Office of the Ombudsman and the Human Rights Commission of Belize.

4.2 Gender Equality

Main findings: At practical gender interest level, interventions in Priority Area 1 (Poverty) and 2 (HIV and AIDS) are on the way to bridging gender disparities through promotion of women's rights, sexual and reproductive rights, gender-based violence awareness, support for gender-based analysis of selected health issues, and women's empowerment. At strategic gender level, the UNDAF has made initial efforts by, for example, promoting the Domestic Violence Act and contributing to the updating of the 2002 Gender Policy.

- UNDP has supported training of actors in gender-based budgeting and sensitization sessions were held with CEOs and senior staff in 2009. With national budget cutbacks across the country, gender-based budgeting (and results-based budgeting) may not be a priority at the moment, hence continued lobbying and advocacy are key. The National Women's Commission is currently working on an update of the national gender policy.

- The second CEDAW report is due in 2011, and continuous technical/financial assistance to the Women's Department and Women's Issues Network will be needed to collect relevant information.

- In terms of data collection, UNICEF and other UN agencies' mission to support data management mechanisms has contributed to the national efforts to start the disaggregation of national data by sex; the availability of MICS 3 data on the status of women and children has further enhanced the production of gender-sensitive data, although usage for decision making needs to improve. The MDG data are also disaggregated for gender and the upcoming MDG report aims to also display possible gender disparities. There exists a gender-based analysis of HIV data supported by PAHO/WHO.

- The UNDAF interventions proposed under the Poverty Elimination Outcome 1 (protection), have been guided by the recognition that "neglect of the human rights of women and girls is evident, substantiated by unequal power relations, women unable to negotiate sexual reproductive health, girls abused by much older men, high rates of intra-familial sexual abuse, and a lowering of the age of the first sexual encounter. These are also indicative of a vulnerable situation for HIV and sexually transmitted infections (STIs)".

  UNDAF interventions in both Outcome 1 and 2 (HIV) are contributing to reducing gender disparities by raising awareness about sexual reproductive rights, combating domestic violence, focusing on women living with HIV and empowering various groups of women through direct cooperation with the Women's Department and others.

It is also noted that there are lags in the involvement of men in the gender dialogue and practices. Concrete examples include: absence of men in voluntary counseling and testing, resulting in numerous HIV+ men or high-risk men not being reached. Another example was mentioned by BFLA where SRH services were mainly women-oriented and insufficient attention was paid to male sexual health. PAHO/WHO and UNFPA have already responded by financing several male health service-oriented interventions. Continuous attention to the inclusion of men would be required throughout this and future UNDAFs.

4.3 Environmental Sustainability and Climate Change

This principle is integrated in the UNDAF as a specific Outcome on Sustainable Development (see more in paragraph 3.1.2).

One area where the UN Agencies' role could be made more explicit is in the promotion of innovative, environmental friendly technologies in their projects and programs, for example solar energy and other energy-saving technologies.

Internally, some UN Agencies are in the early stages of a 'greening of office' process, identifying ways to make the office environment more environmental friendly, e.g. by cutting down on air travel through encouraging distance-learning and teleconferences, recycling office paper and ink cartridges, and use of biodegradable cleaners, etc. This process should be continued.

4.4 Results-Based Management (RBM)

In line with shifting paradigms towards results-based management (RBM), the UN agencies in Belize have all adopted results-based frameworks, and the UNDAF itself has also been formulated as a results chain; with originally 12 outcomes and 47 outputs, now brought down to 6 outcomes and 18 outputs (or results).

Main finding: Results-based management (RBM). Results-based planning is well adopted within UNCT Belize, with the UNDAF and Agency plans following results chains. At the level of the UN partners, the results-based approach is less evident at this stage. UN support has focused on improving mechanisms for data collection within selected ministries and has encouraged and supported a small number of project and sector evaluations.

These are initial steps towards the integration of RBM throughout the GoB's development process and they should be sustained and expanded to further a full RBM approach.

- The RBM approach has been successfully integrated in the planning of UN interventions in Belize, reflected in Country Programs or Country Cooperation Strategy (PAHO/WHO). In the UN-supported projects, such as the Global Fund projects, GEF and SGP, the RBM integration varies from successful in GF and GEF to less evident in SGP.

- The UNDAF when initially developed included an M&E plan, yet the indicators were mostly at impact/outcome level. Progress indicators had not yet been formulated and there were no targets set for achievement of the results. Consequently, it is outside the scope of this MTR to assess their achievement. A revised M&E plan has been developed and is annexed.

- Regarding (performance) monitoring it appears that though many data are collected and many field visits conducted, there are no formal, systematic tools (forms, checklists) to conduct progress monitoring of UN-supported interventions. For those UNDAF interventions that are two or three year projects, project documents with logical frameworks and indicators are mostly available. For other medium and short-term initiatives (for example Positive Discipline, WASH, IMCI) supported by UNDAF planning documents, work plans or monitoring reports are not always consistently developed (or made available) at UN or UN-partner level. In some cases, a list of people trained under a certain intervention, for example, or other activity-based information, is not readily and quickly accessible from databases or progress reports.

- The development sector is often project or program-cycle based and consequently turnover of staff is high. The MTR has come across a few cases where UN staff or Ministry staff had left their positions and as a result, the successors had little information about their predecessor's activities. Systems to ensure institutional memory and knowledge management would greatly enhance knowledge management requirements.

- So far, a small number of comprehensive sector or policy evaluations have been initiated by UN partners. The UN is filling this gap and has supported some sector based evaluations, for example the Health Sector Response to HIV evaluation. In the second half of UNDAF, additional sector or policy evaluations (e.g. social sector, educational sector, environmental policies) could be supported.

- The MTR has so far not come across impact assessments of the UN-supported interventions demonstrating certain impacts or positive contributions that have been made with UN support. The availability of easy-to-read performance reports, publicity materials or case studies about the UN contributions to development in Belize would be very helpful to demonstrate the work to donors or development partners.

4.5 Capacity Development

Main finding: There has been ample capacity development support of UN partners so far. Many training programs and workshops have been conducted within this UNDAF period, though it was also noted that only few workshop reports (containing training evaluations or follow-ups) were available.

Ad hoc feedback, regarding some of the training, indicates that improvement of personal skills and knowledge of specific public officers has taken place, and that significant institutional changes within the main direct recipients (MOE, MOH, MHDST, MNRE) are yet to be seen.

The review has shown that UNDAF encompasses a range of various types of support, including technical training/technical assistance for service delivery, data management support, management support & training (planning, monitoring, evaluation), staffing and procurement (equipment, medical supplies, software), policy development and consultation, support to surveys, assessments and studies, (re)production of publications and

tools and seminars, symposiums and study tours, and a few "other" non-categorized activities (support to ad hoc advocacy events; and direct assistance – food/clothes, scholarships).

Based on the list of activities and interventions the UN agencies have undertaken between 2007 and 2011, the following picture emerges:

**GRAPH III: UNDAF ACTIVITIES AND INTERVENTIONS
BETWEEN 2007 AND 2009 PER TYPE OF INTERVENTION**
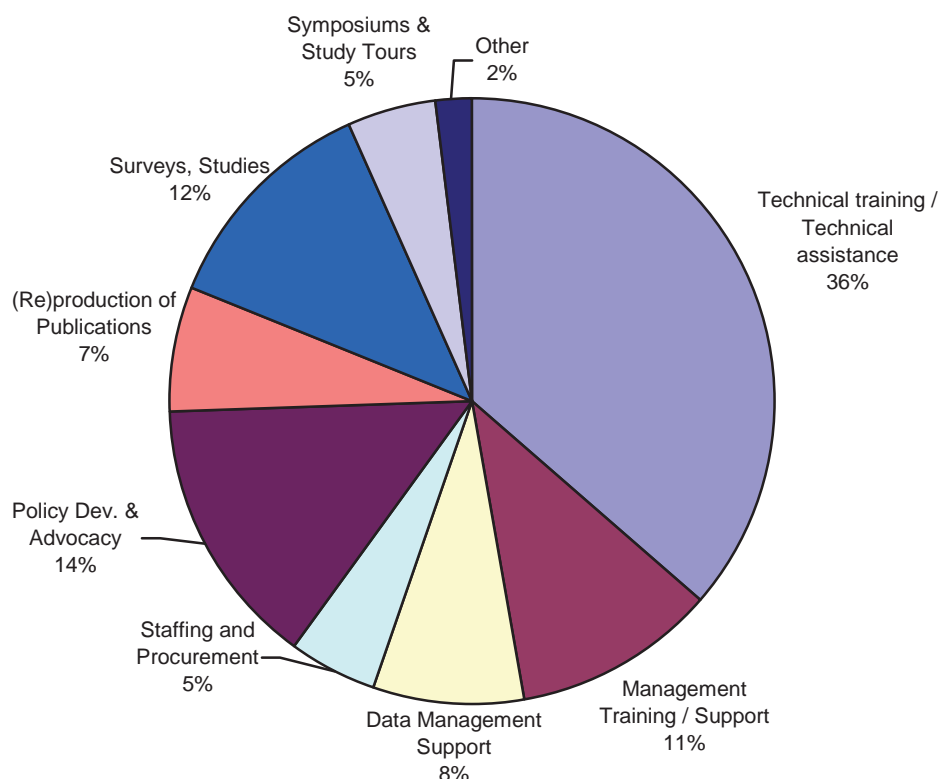
- The graph shows that the bulk of the UNDAF interventions in Belize has evolved around technical training or technical assistance to partner organizations. This only includes training *in Belize*, and excludes, for example, the 296 health care professionals that PAHO/WHO supported in overseas workshops. It concerns both training of individuals, as well as in a project setting (Baby-friendly Hospitals, HFLE, anthropometry, Village Council project). Training has covered a large range of subjects, from crisis counseling and child labor to maintenance of rural water systems and condom demonstration.

- In fact, the majority of the UNDAF interventions can be classified as, or are linked to, capacity building of UN partner organizations, in one way or another,

Box I. Ways to improve training impact

- Include systematic evaluation of trainings to obtain feedback on the quality of training and learning.
- Increase follow-up and field visits after training to ensure learning has taken place.
- Obtain buy-in from CEOs or managers to ensure implementation of training.
- When possible, include training or learning needs analysis beforehand.
- Monitor the effectiveness of trainers and facilitators.
- Continue expanding learning approaches to include other non-training based learning approaches, e.g. e-learning, coaching, exposure visits, internships.

except some procurement, support to publications and those few in the category "other". Capacity development is a continuous ongoing process and new capacity needs arise constantly.

Support to data management

Data management initiatives supported by the UNDAF are successfully enhancing the capacities of SIB, MOH and NEMO (in progress), as per feedback during this MTR. Support has evolved around purchase of hardware and software, and training of data officers in certain software (DevInfo, DesInventar, DesInfo, GIS), as well as ongoing assistance to SIB. As a result, a wealth of data is available in reports, surveys, statistical digests and other publications, for example on HIV and AIDS, Climate Change issues, and Health Indicators. The UN agencies have also supported various studies (Height Census of School Children), assessments and KAB (Knowledge, Attitude, Behavior) surveys, some of which were initially donor-driven, though no less useful (Tobacco survey, MICS); others were part of projects (Positive Discipline). Despite positive achievement, there are still two key issues to improve on:

- **The sharing of data.** Collecting information for this MTR has proven challenging. Despite the availability of data, it was very difficult to obtain them, especially those that are not published as statistical bulletins but are part of reports. In some cases the only place to find these reports is on people's personal hard disks.

  Only some UN partners have up-to-date, easy accessible websites with downloadable resources. Examples include www.statisticsbelize.org (Statistical Institute of Belize); www.hydromet.gov.bz (Meteorology Service), with climate change studies; www.doe.gov.bz (Department of Environment), with list of legislations and applications; and www.ncfc.com (National Committees for Families and Children). The UN in Belize has undertaken an excellent initiative to have a portal (www.unbelize.org) through which the 4 UN agencies can easily be accessed. On the agency website however, only a limited number of documents and reports are available, and the site itself is difficult to find as it does not come up with googling "UN Belize". The portal for the entire Belize government www.belize.gov.bz is another positive initiative.

- **The usage of data for decision making.** As a result of the above described problem, there are gaps between data available on the ground, and policies, plans and legislation. An example of this is the policy on adaptation to Global Climate Change, which does not reflect information from the studies done for the Cost of Inaction report.

Policy development and advocacy

About 15% of the UNDAF support consisted of consultations, advocacy and assistance with policy development. It is reasonable to speculate that this makes an important contribution to the central government of Belize. Policies and regulations have been developed, updated in the following fields, and their current stage in the policy cycle is summarized in the table below.

TABLE V – POLICY CYCLE

Policy/legislation developed with UN support	Stage in Policy Cycle					
	Issue Identification	Policy Analysis	Instrument Development	Consultation, Coordination, Decision	Implementation	Evaluation
Occupational Health and Safety						
National Policy on Local Governance						
Gender Policy			Being reviewed			
Policy on Elderly						
National Policy on HIV and AIDS						
HIV in Workplace						
HIV in Education						

Policy/legislation developed with UN support	Stage in Policy Cycle					
	Issue Identification	Policy Analysis	Instrument Development	Consultation, Coordination, Decision	Implementation	Evaluation
Early Childhood Development (ECD) Policy						
Substance Abuse plan						
Sexual Reproductive Health Policy						
Food and Nutrition Policy						
Mental Health Policy						
Sustainable Land Use Policy and plan						
Private Protected Area legislation						
NPAPSP						
Integrated Water Resource Management legislation						
National Irrigation Strategy						
Climate Change Adaptation Policy			Being reviewed			
Disaster Mitigation Strategy			Being reviewed			

In addition to national policies, the UNDAF Belize is supporting the development of technical, practical guidelines, plans, regulations and protocols, mainly in the field of health. Among those are HIV Testing and Counseling, Prevention of Mother to Child Transmission (PMTCT), Tuberculosis Control Guidelines, National Action Plan for NCDs, Protocol for Management of Eclampsia, Influenza Pandemic Preparedness and Response Operation Plan, and National Core Capacities for Compliance with the International Health Regulations (IHR 2005), including Plan of Action.

Production and reproduction of publications

With UN support, an array of publications has been developed in Belize, ranging from leaflets to full reports, from training manuals, to the Village Council Act. This has been found to be very useful in the current context, where the availability of printed information is valued. The health and SRH-related leaflets, posters and brochures supported by PAHO/WHO, UNFPA and UNICEF are widely available in health centers throughout the country. They include topics such as Getting Tested, ITS (Intergenerational Transactional Sex), Understanding Gender, Facts about Sexual Harassment, Domestic Violence and HIV, ABCs of HIV and AIDS, just to name a few. These publications also contribute to UN visibility in Belize. UNDP has developed brochures, for example: Belize and the UN Convention on Biodiversity; Belize and the UN Convention to Combat Desertification, Land Degradation and Drought; and Towards a National Biological Corridor. However, the review teams did not come across examples or places where these were available, and it appears that the general public is not sufficiently informed about issues pertaining to climate change or natural resource management. Ongoing educational efforts in this field are advised.

4.6 Coordination and Knowledge Exchange

Main finding: With only 4 UN agencies contributing to this UNDAF in the small nation of Belize – both in terms of geography and population – coordination among UN agencies and with ministries should not pose a major challenge;. however, the limited human resources in both the agencies and their partners mandate multi-tasking, which sometimes results in delays in the implementation of activities. The UNDAF support covers, directly or indirectly, most of the 16 ministries. UN and Ministry staff also complained about 'clashing dates', and how difficult it is for people to attend workshops due to multiple engagements. The MTR did not find any duplications or overlaps like in some other countries where UN presence can be overwhelming, but this is not to imply that they do not exist.

- The UN Country Team has established several coordination mechanisms or Theme Groups to address HIV and AIDS, Security Management, and Disaster Management. There are also Joint (technical) Teams addressing M&E, HIV/AIDS/SRH, and Emergency Response. The aim of these groups is to coordinate the various agencies' responses to country priorities, as well as to address cross cutting issues, such as M&E. The groups are currently active and have work plans. UN partners are not included in these groups.

- Most of the interventions in this UNDAF have been supported or implemented by one UN agency. Exceptions are: the joint assessment and response to Hurricane Dean, HIV and AIDS interventions, and some health services.

- In terms of knowledge exchange between Central American and Caribbean countries, there has been some South-South cooperation by PAHO/WHO and UNDP, whereby resource persons from Panama and Nicaragua offices have assisted programs in Belize, for example Baby-friendly Hospital Initiative and Integrated Management of Childhood Illness.

Recommendations regarding the findings about the six cross cutting principles are included in the Summary of Findings and Recommendations.

5. Main Findings and Recommendations

The United Nations Development Assistance Framework (UNDAF) describes the collective and strategic response of the UN Country Team in Belize to the development and implementation of national priorities, formulated through an inclusive approach. It covers a range of analytical, normative, technical and operational expertise of the UN system, and consists of funds and programs of four resident agencies in Belize: PAHO/WHO, UNDP, UNFPA and UNICEF. UNDAF Belize covers three priority areas: 1) Poverty Elimination by Investing in People, 2) Reverse the Spread of HIV and AIDS and 3) Improving Sustainable Development Practices.

Between September and December 2009, the UNDAF Belize (2007-2011) underwent a Mid-Term Review (MTR). The overall mid-term findings about this UNDAF are as follows:

1. The UNDAF 2007–2011 in Belize has, so far, actively supported the Government of Belize's efforts to respond to national priorities, working together – directly or indirectly - with most of the 16 ministries of the government, and a range of civil society groups and organizations. Efforts to effectively coordinate agency work are evident, and it is notable, given that this was not a requirement, that the UN Agencies in Belize coordinated themselves to develop an UNDAF. This demonstrates a commitment to coordination of the development of UN interventions, and the experience is likely to provide a useful basis for the development of the next UNDAF. At the same time, the review noted that the UN in Belize is not yet "Delivering as One UN"[25]; as joint programming (of financial resources as well as technical assistance) is still limited at this point in the UNDAF. If and when the UN Agencies in Belize move in the direction of increased joint planning and programming, they will be more likely to achieve synergistic effects – to become more than the sum of their parts (or in this case, more than the sum of four country programs).

2. This Mid-Term Review shows that UNDAF results are becoming apparent. While it is too early to make conclusive statements regarding the achievement of country outcomes, it is becoming evident that significant achievements have been made in delivering certain outputs. As a result, contributions are already becoming observable in some outcome areas:

   o **In Priority Area 1 (Poverty Elimination by Investing in People**), the main contributions towards outcomes, at the half-way stage of this UNDAF, are related to policy support. The UN Agencies have supported the government in the development and revision of high quality policies and plans in the areas of education, health, and good governance and protection. Contributions are also evident in national data and information management capacities (health, MDGs), and in certain sexual, reproductive, and maternal and child health services.

   Other outputs under this outcome still underway and on track include continuing support to health sector reform and certain health services. In the area of governance, achievements have been made at the output level, in particular in the area of decentralization efforts, and creation of mechanisms for the protection of Human Rights (particularly children's and women's rights).

   Regarding some of the remaining outputs, it is too early to draw conclusions about results. While interventions relating to the improvement of educational quality are ongoing, there are certain projects among these, which will require special attention if they are to contribute to outcome achievement by the end of the UNDAF period. Moreover, the institutional capacity of key UN partners in this Priority Area to deliver results and contribute to outcomes in a sustainable manner, i.e. where benefits can be sustained beyond this current UNDAF period, is another area that deserves special attention.

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[25] Delivering as One UN is piloted in 8 countries (not mandatory for UNCT in Belize), and is based on 4 principles: One Leader, One Budget, One Programme, One Office. More on http://www.undg.org/?P=7

o **In Priority Area 2 (Reverse the spread of HIV)**, certain contributions to outcome achievement can already be seen. By coordinating technical and financial assistance, the UN Agencies have succeeded in supporting the national response effectively, particularly by helping to leverage substantial international funding. Further, technical support for development of policies and plans are early, important contributions.

Other specific outputs, particularly relating to access to prevention information for vulnerable groups and the integration of HIV and SRH services, at district and community levels, are underway and on track.

o **In Priority Area 3 (Improving Sustainable Development Practices)**, delivery is evident in some outputs of this priority area. In particular, a number of policies and studies in the area of sustainable resource management and climate change are contributing to the availability of data for evidence-based decision-making and planning. The second half of this UNDAF can be used to encourage the UN partners to further these policies and plans towards implementation stages. National capacities for disaster risk reduction and emergency response have been strengthened through ongoing technical support in disaster assessment tools and data management, and the formulation of a national disaster risk assessment and mitigation strategy, which will be made operational at district and village level in the next half of the UNDAF period.

o Other outputs are being implemented as planned. The integration of community-level stakeholders in disaster risk reduction, in sustainable development practices, and in climate change mitigation and adaptation measures, are underway, and with continued or expanded support can be delivered towards the end of this UNDAF period.

Box II. MTR findings regarding leading principles for engagement in UNDAF (UNDAF Guidelines 2009)

National ownership: the Government of Belize (GoB) has been involved in the development of this UNDAF and in planning and delivery of most of its outputs. Government leadership and engagement is forthcoming in the planning stages of the development processes. The government also leads in the implementation stage of most UNDAF-supported interventions, yet the consistent quality of the implementation and the follow-up to reach districts and community level recipients is a concern. GoB's leadership role in monitoring and evaluation of the country development process and its outcomes needs strengthening.

Core comparative advantage: the UN in Belize is successfully using its comparative advantages as an accountable, multilateral organization with a long-standing presence in Belize. Examples include the promotion of the global Millennium Development Goals and, to some extent, a human rights approach through the focus on vulnerable groups' rights. The UNCT is also instrumental in mobilizing national and international development expertise, highly important for a small nation like Belize, and has made substantial contributions to policy advice and plans in accordance with international conventions and good practices.

In terms of the five inter-related principles that must be applied at UNDAF country level, the MTR concludes as follows (See more in Chapter 4):

1. **Human Rights-Based Approach to programming** (HRBA): The UNDAF 2007-2011 is currently in the process of strengthening its full Human Rights-Based Approach. Initial steps have been taken to ensure alignment of certain policies to international Human Rights treaties and to ensure a consultative approach to the development of policies. As such, the UN is acting as an advocate for Human Rights in Belize. Internally, there are also moves to mainstream the HRBA throughout the project and program cycle; projects are planned and developed with continuous increased stakeholder participation and inclusive approaches are evident throughout UNDAF. While

training of UN staff and select partners has occurred, it will be important to continue to promote the HRBA in order for it to become even more ingrained than it is today.

2.   **Gender equality**: At practical gender interest level, the UNDAF shows examples of interventions in Priority Area 1 (Poverty) and 2 (HIV and AIDS), which are on the way to bridging gender disparities through promotion of women's rights, sexual and reproductive rights, gender-based violence awareness, support for gender-based analysis of selected health issues, and women's empowerment. At strategic gender level, e.g. fundamental political or legal issues (such as legislation for equal rights and increased participation in decision-making) the UNDAF has made initial efforts by, for example, promoting the Domestic Violence Act and contributing to the updating of the 2002 Gender Policy. Addressing strategic gender needs should be considered a long-term effort, and as such, concrete changes are yet to be achieved, despite positive early moves. Also, the UNDAF shows good examples of addressing the need for inclusion of males in gender dialogue and selected services, e.g. by promoting certain male health issues, and focusing on boys in education initiatives. This process of including men in gender dialogue needs continued attention.

3.   **Environmental sustainability and climate change**: UN contributions to sustainable resource management and climate change are beginning to bear fruit, especially in policy development and data collection. They are, however, mainly carried by UNDP support to the Ministry of Natural Resources and the Environment. An approach to mainstreaming environmental sustainability and/or climate change across all UN partners and programs (e.g. in health, agriculture, education, etc.) would be a useful addition to the UNDAF implementation.

4.   **Results-based management** (RBM): Results-based planning is well adopted within UNCT Belize, with the UNDAF and Country Action Plans (Biennial Work Plans in PAHO/WHO) following results chains. At the level of the UN partners the results-based approach is not yet fully evident. A range of capacity development initiatives related to results-based management and program-based budgeting have been supported throughout this UNDAF and follow-up is essential to ensure that the enhanced knowledge and skills of individuals will lead to results-based practices at all institutional levels. Moreover, UN support has focused on improving mechanisms for performance monitoring, within selected ministries, and has encouraged and supported a small number of project and sector evaluations. These are initial steps towards the integration of RBM throughout the GoB's development process, and they should be sustained and expanded such that a full scale RBM approach can be realized.

5.   **Capacity development:** The UNDAF interventions have so far focused substantially on capacity development of UN partners (e.g. technical training, management support, strengthening data collection and management, policy advice and equipment – (see Graph III on Pg. 34). While the MTR came across many individuals who have clearly benefited from UN-supported training and workshops, many also remarked that capacities at the institutional level (i.e. systems, mechanisms, frameworks) are often weak, and capacity development initiatives should focus more on these gaps. There is a move away from understanding capacity development mainly as training and workshops, towards a more institutional interpretation. It will be important to follow through this understanding with concrete capacity development initiatives at the institutional and systems level.

The UNDAF is successfully contributing to the strengthening of national data collection and data management processes. However, there are issues with the sharing of available data through clearing houses or resource centers, and the usage of available information for decision making and evidence-based planning. UN support during the first half of this UNDAF has been effective in policy advice and formulation with contributions to more than 15 new or revised policies in the three Priority Areas. It is too early to reach conclusions about the effective implementation of these policies and their monitoring mechanisms at national or district level.

Recommendations

Detailed recommendations per Priority Area can be found in paragraphs 1.1.2, 1.2.2, 1.3.2, 2.1.2 and 3.1.2.

For the remainder of the 2007-2011 UNDAF and/or the next UNDAF period, there are four categories of recommendations:

Programming

1. Sustain what has been achieved in the field of new policies and programs by moving beyond policy instrument development, to focus on support to implementation mechanisms and monitoring and evaluation of policies, in order to promote increased impact at the level of the ultimate beneficiaries.

2. Continue to roll out the Human Rights-Based Approach (HRBA), aiming at its full implementation by the next UNDAF period, to ensure that rights-holders and their entitlements, and corresponding duty-bearers and their obligations, are identified, and that support is provided towards strengthening their capacities to progressively fulfill Human Rights.

Results-Based Management

3. Intensify the development of mechanisms for performance monitoring, strengthen follow-up of existing projects and initiate or encourage project/program/sector evaluations.

4. Adopt a user-friendly monitoring system with measurable outputs and indicators, and related targets for these indicators for the remainder of the UNDAF period and beyond, and discuss how the demands for monitoring and evaluation of the UNDAF affect, or are linked, to the M&E activities of the individual agencies.

5. Establish systems for ongoing UNDAF monitoring, including an easy-to-access database to keep track of UN-supported projects and interventions for institutional memory and basic record keeping of UNDAF results.

6. Initiate impact assessments and case studies of UN interventions demonstrating program impacts to the ultimate beneficiaries, national government, and other donors, and otherwise share good practices.

Capacity Development

7. With regards to institutional capacity development, continue to operationalize the broader capacity development approach, moving towards supporting the enabling institutional environment at large (systems, structure, strategies, management style).

8. With regards to individual skills development, both for UN staff and UN partners, adopt a 'learning needs' approach beyond a 'training needs' approach, and include learning strategies such as coaching, mentoring, exchange visits, and e-learning.

Coordination and Leadership

9. Continue to play an active advocacy and brokering role in cross-sector themes, such as climate change, renewable energy, good governance and national health systems, in line with international good practices.

10. Play a stronger coordinating role, bringing together relevant partner ministries and non-state actors to ensure integration of existing and newly formulated plans and policies across sectors and departments; invite partners to participate in UN theme groups as necessary to share information and facilitate implementation of agreed activities.

11. Expand the UN coordination mechanisms to cover other important UNDAF themes, possibly by setting up new theme groups or expanding existing ones (e.g. gender, Human Rights, RBM, environment, and climate change).

12. Consider taking a more active role in development partner coordination and support the government's ownership and coordination role in enhancing aid effectiveness, in line with the Paris Declaration and the related Accra Agenda for Action.

13. Encourage and support the leadership role of the government in initiating new policies and plans to address national development priorities, and supporting their alignment to Human Rights treaties.

14. Look for synergies among UN agencies, both in financial and technical support, and between UN agencies and other development agencies, such as IDB, EU, World Bank and CDB.

UNDAF Monitoring and Evaluation Matrix

United Nations Development Assistance Framework (UNDAF) including Monitoring & Evaluation Belize 2007 – 2012

National Priority Area 1	Poverty Elimination by investing in people
Goal	By 2012, the most vulnerable and excluded populations equitably access (a) quality basic education, (b) health, and (c) civil protection, guided by processes based on democratic governance principles.

EDUCATION Baseline (Source: Educational Digest 2006-2007 MOE)	2006/2007	Male	Female
Net Primary School Attendance Rate (NAR)[1]	99%	99%	99%
Net Primary School Enrolment Rate (NER))	86%	85%	87%
Primary survival and completion rates [2]	92% & 44%	90% & 38%	93% & 51%
Transition rate to secondary education[3]	85%	-	-
Net secondary school attendance	41%	38%	44%
Literacy rate 15-24 yrs old	95%	100%	89%
	Primary	Second.	Tertiary
Ratio girls to boys (GPI) in 1°, 2° and 3° education	0.96	1.09	1.67%
% of trained Primary and Secondary school teachers[4]	46%	32.7%	
% of pre and primary schools certified as child friendly (target 60%)	0		

Output Indicators
1. # of child-centered educational policies and regulations developed, implemented and evaluated by MOE and its partners
2. # of consultation mechanisms or meetings with sector-wide stakeholders
3. # and type of data and information collection mechanisms (databases, surveys, studies) for performance-based monitoring of educational quality
4. # of services, projects or interventions to increase the quality and safety of education and/or educators)

Country Outcomes	Outputs
1.1 Education National government and partners applying a rights-based, sector wide approach to strengthening capacity of education in Belize	1.1.1 Strengthened institutional capacity of MOE and partners in formulation, implementation and monitoring of policies and regulations promoting high-quality child-centered education facilities. 1.1.2 Programs and services developed (through participatory and inclusive approaches) enhancing the quality of education and early childhood development in child-centered, safe environment

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[1] NAR = % of children enrolled in primary school (including private schools) regardless of age, NER = % of children enrolled in primary schools institutions as a proportion of the total 5-12 year old population
[2] Survival rate % students enrolled in Infant 1 expected to complete Standard VI, based on repetition and dropout rates corresponding to the year in which they entered the primary school system. Completion rate % Infant I students expected to complete their primary education within the prescribed eight (8) years, also based on repetition and dropout rates.
[3] % of students who completed Standard VI who were able to move on to the first year of secondary education
[4] those who had completed their Level One training or higher

National Priority Area 1 **Poverty Elimination by investing in people** (continued)

HEALTH Baselines (BBI 2007, MICS 2006, SIB-FHS)	2007	Comments
Infant mortality rate (per 1,000 live births)	17	BBI = Belize Basic Indicators 2007, collected through BHIS by Epidemiology Unit MOH
Mortality rate, under-5 (per 1,000 live births)	20	
Neonatal mortality rate (per 1,000 live births)	9.7	MICS = Multiple Indicator Cluster Survey and MDG indicators Belize 2006
Malnutrition prevalence, weight for age (% under 5)	6%	
Overweight children under 5 yrs	10%	
Maternal mortality rate (per 100,000)	85	FHS = Family Health Survey
Incidence of malaria & dengue cases (per 1,000)	2.7 & 0.01	
% teenage pregnancy 15 – 19 yrs (1400/7050)	20%	
Cervical cancer deaths		
# cases hospitalization cancer, diabetes, hypertension	440, 683 & 349	
% use improved drinking water and sewer system	73% & 64%	
Immunization (DPT 3)	97%	

Country Outcomes	Outputs	Output Indicators
1.2 Health Health systems in place that promote and support universal, affordable access of Belize populations to adequate prevention, health care (including sexual & reproductive health), nutrition and a safe, healthy and clean environment.	1.2.1 Enhanced capacity of MoH and partners to strengthen national health system, including adequate collection and disaggregation of data and strengthened surveillance (*SIB, Epid.Unit)	5. % of public, private health facilities and health centers providing accurate, timely, and disaggregated information to BHIS on stated priority health issues.
		6. Human Resource for Health (HRH) database completed / implemented
		7. National Health Information System Strategic Plan implemented.
	1.2.2 Relevant health-related policies and plans developed/ revised, implemented and evaluated (at national level and in priority districts)	8. # and type of policies, plans and regulations developed, implemented and evaluated (health care, SRH, sanitation, food and nutrition security and safety)
	1.2.3 Primary health care services improved, expanded and monitored	9. # and type of PHC, SRH, and sanitation services integrated into PHC
	1.2.4 Advocacy and public information available at all levels, promoting better health, nutrition, sexual reproductive health and prevention of disease	10. # and type studies / surveys conducted on behavior, attitudes and practices of vulnerable groups
		11. # and type of BCC media campaigns and outreach interventions conducted (schools, communities)

National Priority Area 1 **Poverty Elimination by investing in people** (continued)

GOVERNANCE Baselines (BBI 2007, MICS 2006, SIB-FHS)	2007
# of UN treaties signed by GOB	61
# of core human rights treaties ratified	7 of 9
% seats held by women in parliament (total 31)	0
% of rural population with knowledge of local governance parameters (voter turn-out in village council elections (2007)[5]	66

	2007/2008
PROTECTION. Baseline Sources National Police, Chief Justice Annual report, MOH)	

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[5] As % of total registered voters, though for Village Councils, *all permanent* residents can vote.

Table 1

of deaths due to violence per 100,000. (Total 92 cases) — 33[6]
# of murder cases in court — 92
# of institutionally reported domestic violence cases (in 2008) — 1669
# of children in conflict with law (source CRD) — 783 ('07) & 1104 ('08)

Country Outcomes	Outputs	Output Indicators	Baseline	Target	Collected by	Frequency
1.3 Good Governance National government and relevant stakeholders promote and apply principles of good governance and fulfillment of human rights	1.3.1 Strengthened institutional capacity of public sector, local government and civil society in governance (including planning, budgeting, data management, consultation)	12. % of MDG indicators adequately reported, disaggregated (age, gender, ethnicity, location) and disseminated (nationally and internationally) (customized for Belize)				
		13. # and type of budget consultations initiated/supported and implemented				
	1.3.1 Enhanced capacities and engagement of civil society in local governance	14. % of non-elected village, municipal and district bodies with at least one quarter of seats filled by civil society organizations				
		15. # of policy-based platforms through which civil society is able to impact the social and policy arena, according to internal and external perceptions				
	1.3.3 Improved policy, legislative and regulatory framework and mechanisms to ensure adequate and appropriate governance and protection of human rights (focus on women and children's rights)	16. # and type of policies or legislation developed in the field of governance and human rights				
		17. # and type of international human rights treaties adequately reported on and its recommendations followed				
		18. # and type of mechanisms established for the awareness raising, protection and monitoring of the rights of women and children safe from abuse, exploitation and violence				

Table 2

National Priority Area 2 Reverse the Spread of HIV and AIDS
Goal By 2012 all infected and affected persons have universal access to prevention, care, treatment and support services.

			Comments
HIV/AIDS Sources MOH Health Surveillance, MOH EPI Fact Sheet 2008, National HIV/AIDS epidemiology profile 2003 2007		2007/2008	
HIV prevalence 15-49 yrs		3,600 people or 2.1%	(2,000 women = 56%)
HIV prevalence 0 – 4 yrs		< 200	
Total new HIV infections in 2007		3 per 10,000	
Total new HIV cases reported in 2007		450	
# of AIDS related deaths		79	
% of infants born to HIV-infected mothers who are infected		20	
% of ARV coverage by those needing it		49	
% pop. with knowledge about HIV/Aids		97	Source: MICS 2006
% population knows at least 2 ways to prevent it		57	
% expressing a discriminatory statement towards PLHIV		73 (women)	

Country Outcomes	Outputs	Output Indicators	
2.1 HIV and Aids Integrated sector-wide approach to combating HIV/STI and TB in place at all levels (national,	2.1.1 National response strengthened, coordinated and decentralized, including capacities for data collection on HIV/STI/TB, aggregation and dissemination	19. % of UNGASS indicators (25) reported on biennially	

[6] Violence + homicide or purposefully inflicted injuries. For comparison: Guatemala 47, Honduras 58 USA 5.8, UK 2 per 100,000

Country Outcomes	Outputs	Output Indicators
sub-national, primary health care)	2.2.1 Vulnerable groups have access to rights-based age, gender and culturally sensitive prevention information (including SRH info)	20. # and type studies/surveys conducted on behavior, attitudes and practices of vulnerable groups 21. # and type of BCC media campaigns and outreach interventions conducted (schools, communities)
	2.3.1 Integrated HIV, TB and STI services available and protocols implemented at primary health care level	22. # of men and women receiving integrated HIVSTI/TB counseling and testing services at PHC facilities 23. # of protocols and specific guidelines HIV/STI/TB developed, disseminated, and implemented at all levels (national, district and community) level

National Priority Area 3 Improving Sustainable Development Practices

Goal By 2012, the Belize populations, including the poor and excluded, are able to adapt to and mitigate the impact of disasters[7] and benefit more equitably from sustainably managed natural resources

	Output Indicators	2007	Comments
Sources: Land Information Centre (LIC) World bank (WB), Environmental Digest (MNRE)			
GDP loss due to disasters		TD 16- 0.5% decline in real GDP growth in 2008	
Human loss due to disasters			
% of forest area (maintain at 60%) % area covered by env. protection % of land affected by degradation[8]		63.85 Land 36.46; Sea 7.33 39 (medium to high risk)	Study "Forest Cover and Deforestation in Belize 1980 – 2010" Prelim. Survey on Land Degradation 2005 (Meerman)

Country Outcomes	Outputs	Output Indicators
3.1 Disaster Risk Management National government, civil society organizations and vulnerable communities' capacities strengthened to adequately address adaptation to and mitigation of the impact of disasters	3.1.1 National government equipped (management capacity, data systems, equipment) to assess, develop, implement and monitor effective risk reduction and response interventions 3.1.2 Enhanced capacity of civil society organizations and communities to participate effectively in disaster risk management	24. # of adequate risk reduction and response plans, strategies and legislation developed, integrated into relevant ministries 25. Disaster and Emergency Database populated and used by range of identified stakeholders 26. # districts/communities with vulnerability assessment and contingency plans available 27. # of districts/communities with trained persons participating fully in national DRM processes
3.2 Sustainable Development National government, civil society and private	3.2.1 Enhanced national capacity to implement and monitor effective approaches and strategies for sustainable and clean management of resources	28. # of districts/communities with trained persons participating fully in national DRM processes

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[7] (incl. non-natural disasters such as health disasters)

[8] Degradation= as result of soil erosion, (ii) decline in soil fertility, and (iii) land conversion. Belize perspective emphasis on soil productivity (=fertility?)

Country Outcomes	Outputs		Output Indicators
sector's capacities strengthened to sustainably manage and utilize natural resources for improved livelihoods and to cope with the impact of climate change.	3.2.2	Enhanced national capacity to effectively undertake sustainable development practices	29. PCPU/NREPS structure fully operational within the national structure 30. # of national development/ sectoral development plans that include SD/sound National Resources Management practices
	3.2.3	Enhanced capacity of civil society organizations & communities and private sector to participate in sustainable development practices	31. # of Protected Areas (forest, marine) managed with active community participation 32. # of SGP projects[9] demonstrating environmental protection, sustainable livelihood development and community-led approaches
	3.2.4	Strengthened national capacity to effectively address vulnerability through mitigation of emission and adaptation to climate change	33. # of information/ knowledge products, related to vulnerability, adaptation and emission reduction and outreach (NHDR, studies, assessment, brochures) disseminated 34. # of new climate change–related policies and/or existing national policies with integrated climate change issues 35. Climate Change planning mechanisms operational within national structure.

[9] SGP = Small Grants Programme- part of GEF and aims to support community-led interventions in the field of **climate change** abatement and **adaptation**, conservation of **biodiversity**, protection of **international waters**, reduction of the impact of **persistent organic pollutants** and prevention of **land degradation**