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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Belize

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Belize which has an annual planning level of \$1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of \$3,750,000 from general resources, subject to the availability of funds, and \$1,800,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.1
U5MR (per 1,000 live births)	41
IMR (per 1,000 live births)	32
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	...
Literacy (% male/female)	70/70
Primary school enrolment (% net, male/female)	97/95
Primary school children reaching grade 5 (%)	69
Access to safe water (%)	83
Access to health services (%) (1992)	90
GNP per capita	\$2,550
One-year-olds fully immunized against:	
tuberculosis:	89 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	82 per cent
poliomyelitis:	83 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

THE SITUATION OF CHILDREN AND WOMEN

1. As explained in the country note for Belize (E/ICEF/1996/P/L.17), the condition of Belizeans, particularly the poor and children, is deteriorating. Economic crisis and recent cuts in the national budget are key factors contributing to this situation. Demands on the social sector are intensified by the past decade's influx of immigrants, estimated at 20 per cent of the total population. A 1995 study by the Caribbean Development Bank indicates that 33 per cent of the population live in poverty and that 13 per cent are extremely poor, with children under five years of age over represented in this group. Under these circumstances, special efforts are required to sustain gains and to surmount threats to achieving the goals of the World Summit for Children. Commitment to the Convention on the Rights of the Child collides with declining economic prospects that endanger children's rights to health care, education and protection.

2. Belize has already achieved most of the mid-decade goals for health. Due to government budget reductions, special efforts will be required to reach goals for nutrition, education and sanitation by the year 2000. Improved information systems will be necessary for closer monitoring of progress on all goals, as well as for informed decision-making during the period of economic adjustment.

3. Perinatal conditions, acute respiratory infections and diarrhoeal diseases are the major causes of infant and child mortality. Fifty-two per cent of pregnant women suffer from iron-deficiency anaemia. Only 24 per cent of mothers breast-feed exclusively for three months. Almost 75 per cent of the rural population lack adequate sanitation. Some degree of malnutrition appears to affect between 26 and 57 per cent of young children. Goals for primary

school enrolment and 80-per-cent retention are endangered by a downward trend in enrolment of five-year-olds, from 94 per cent in 1991-1992 to 89 per cent in 1994-1995. Only 54 per cent of children complete primary education within the normal time frame. Repetition rates of over 10 per cent for each grade illustrate difficulties attributed to poor child-rearing practices, poverty, language barriers, parental attitudes, an inadequate number of classrooms, childhood disabilities, malnutrition and poor teaching practices. Disintegrating family structures and crime among urban youth gangs are serious problems. The Government has adopted the goal of reforming legislation to achieve compliance with the Convention on the Rights of the Child.

4. The Social Investment Fund, established in 1996 with strategic support from UNICEF, and a proposed a Village Council Act, provide opportunities for targeting the most vulnerable and for incorporating children's issues into local-level decision-making and development.

PROGRAMME COOPERATION 1992-1996

5. The 1992-1996 programme of cooperation included five programmes: integrated primary health care, water and sanitation, education for development, children in especially difficult circumstances, and integrated planning for children and women. Having five programmes, each with several projects, led to a dispersion of activities, proved to be too staff-intensive and lessened the capacity to influence policy. Following the mid-term review, the programme saw a reduction in partners and a emphasis on advocacy and policy initiatives.

6. Monitoring, research and analysis were key elements in facilitating social mobilization, policy formulation and resource mobilization. Research and monitoring gave UNICEF a comparative advantage in influencing policy decisions and catalyzing other external agencies' efforts. An example is in the areas of nutrition and rural water and sanitation, where UNICEF-supported studies provided data for targeted use of the Social Investment Fund. The ongoing trend in the withdrawal of other international agencies reinforces the importance of a resource mobilization role for UNICEF in the new country programme.

Lessons learned

7. Cooperation was most successful when it linked institutional development with advocacy for policy changes and governmental resource allocation. All three elements were essential for the sustainable development of a number of social sector programmes and initiatives. For example, advocacy coupled with the provision of funds to cover start-up costs were major factors in the Government's decision to establish the Family Services Division in 1994. UNICEF support was conditional on the Government's commitment to continue to sustain the Division through regular allocations from the national budget. A similar approach was used to establish the Disabilities Services Division and to protect maternal and child health (MCH) achievements from adjustment measures.

8. The intersectoral National Committee for Families and Children is the country's foremost advocate for policies related to child rights and protection. A strong partnership between UNICEF and the Committee enabled a number of children's issues to be brought to the attention of decision makers and civil society. The Committee's work in preparing Belize's report to the Committee on the Rights of the Child paved the way for national decisions to reform legislation, improve child protection and undertake family preservation initiatives, which UNICEF should support in the new country programme.

9. The lack of effective measures for decentralization inhibited UNICEF cooperation at local levels. Assistance in the development of new strategies which directly target communities and parents have become a priority, especially for goals for universal primary education, pre-school education and sanitation, as they require more extensive family and community participation, and given the unaffordability of current service delivery models during the adjustment period.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>Total</u>
<u>General resources</u>						
Integrated child rights and protection	750	750	750	750	750	3 750
<u>Supplementary funds</u>						
Integrated child rights and protection	<u>300</u>	<u>400</u>	<u>400</u>	<u>350</u>	<u>350</u>	<u>1 800</u>
Total	<u>1 050</u>	<u>1 150</u>	<u>1 150</u>	<u>1 100</u>	<u>1 100</u>	<u>5 550</u>

10. The preparation of the new country programme began in 1994 with a broad-based participatory process which resulted in a widely disseminated situation analysis. Most of the new programme strategy originated at the mid-term review, and consultation on the country note in 1995 identified priority components. One recommendation of this dynamic process was to streamline cooperation into one integrated programme that would allow flexibility of response and interrelated interventions. Social sector ministries have accompanied on an ongoing basis the process of defining programme objectives, inputs and activities.

11. One integrated programme will be Integrated Child Rights and Protection, which adopts the Convention on the Rights of the Child as the overarching framework for all UNICEF-supported actions. Priority attention will be given to those areas where children are identified as most vulnerable and where deteriorating economic and social conditions are most likely to threaten the achievement of global goals, or previously attained progress towards them.

12. The objectives of the country programme are to: (a) monitor progress towards World Summit for Children goals and support initiatives so that achievements will not be undermined by adverse economic conditions and structural adjustment; (b) support national initiatives towards the achievement of Summit goals, with priority attention given to reducing childhood malnutrition, reducing infant, under-five and maternal mortality, universal primary education, and improving child protection, all areas where capacity and resources are insufficient to achieve the goals by the year 2000, or where adjustment measures are threatening goal achievement; and (c) facilitate the Government and civil society in monitoring compliance with the Convention on the

Rights of the Child and in moving towards full compliance through policies, legislation, programmes and resource allocations at national, community and family levels.

13. The programme will consist of four interlinked projects: social policy sustainability; legal and institutional protection; a school health initiative; and community and parent empowerment. These projects will be backed by a fifth project of programme support. Primary strategies that will be applied across the programme are advocacy and social mobilization, capacity-building and empowerment. The gender equality and women's empowerment framework will be applied in planning, implementing and evaluating all programme elements.

14. The country programme will benefit from subregional initiatives in Central America and the Caribbean in the areas of environmental health, micronutrients, family life education and legal reform.

15. Major objectives of the social policy sustainability project are to: (a) ensure the sustainability of the National Committee for Families and Children, as an intersectoral entity that can advise the Government on issues affecting children; (b) ensure policy adoption, programme formulation and adequate resource allocation in the areas of child labour, nutrition (including surveillance of micronutrient deficiencies), family planning services and breast-feeding; and (c) raise public awareness nationwide on progress in implementing the Convention on the Rights of the Child and achieving national goals for families and children.

16. Support will be given to facilitate the formation of an effective network among social sector planners, and to the Central Statistical Office. The network will systematically generate information on major social indicators which will be integrated with targeted advocacy and with assistance for policy formulation and resource mobilization. Priority areas for acquisition of data in the first two years will be child nutrition, child labour and adolescent pregnancy. UNICEF inputs in these areas then will be maximized through specific interventions to accelerate initial programme and resource mobilization.

17. In the first two years of programme implementation, support for the provision of some MCH services will be given as interim interventions to ensure sustainability of services in the areas of immunization, control of diarrhoeal diseases, growth monitoring and pre- and post-natal care. This will be only when deemed essential, and always in coordination with advocacy and capacity-building to ensure long-term sustainability of services with government resources.

18. In all the areas of assistance for monitoring and policy formulation, high-level advocacy strategies will be integrated with specific social mobilization interventions and in coordination with the community and parent empowerment project. Public awareness campaigns and popular dissemination of information will reinforce support for policy change. Models will be developed to enable genuine child participation at all levels, including policy formulation and social research. General resources will be used to finance all aspects of the project, and supplementary funds primarily for provision of MCH services, in order to help the Government sustain services.

19. The objectives of the legal and institutional protection project are to: (a) expand coverage of services by the Family Court and Family Services Division to all six districts of the country; (b) ensure that, by the year 2001, all children are protected by legislation related to the Convention on the Rights of

the Child; and (c) raise public awareness and understanding of children's legal protection procedures.

20. Adoption and institutionalization of a national children's act, to bring legislation in line with the Convention, will form the main plank of actions on legal reform. Once the act is passed, concentration will be on training for personnel from the legal professions, law enforcement officers, teachers, staff of children's institutions and non-governmental organizations on its provisions. This will be linked with a public education campaign to raise awareness of the act. Linked with this will be actions to improve law enforcement through extension of the Family Services Division's child protection measures and Family Court services to all districts. Interventions will include further promotion of family-based alternatives to institutional care and public awareness of child protection procedures.

21. In the short term, specific support will be provided to increase the productivity of the Family Court through the provision of basic equipment and transportation. Technical assistance for the establishment of premises for the Family Court and Family Services Division will be provided. Coordination between both agencies will be facilitated through training and the introduction of updated casework procedures, and common information and reporting systems. Supplementary funding will allow extension of training and public awareness campaigns to national level.

22. Major objectives of the integrated school health initiative project are to: (a) improve the knowledge, attitudes and skills of all primary school children on health, nutrition and family life skills; (b) ensure that 80 per cent of pre- and primary school children benefit from basic health services; and (c) strengthen the capacity of all pre- and primary school teachers to deliver health and family life education.

23. The project will address a number of areas identified as contributing to low school completion rates and attitudes and practices related to the high incidence of adolescent pregnancy. It will have two linked and complementary elements: health education; and provision of in-school health services. With regard to the first element, support will be provided for teacher training and development of appropriate materials and text books, covering family life and reproductive health, environmental health (with special emphasis on rural areas targeted by the Social Investment Fund for water and sanitation services), HIV/AIDS, mental and physical health and nutrition. For the provision of basic health services, support will be given to facilitate national and district consultations to promote local actions, including growth/development monitoring and promotion, dental health and psychological care (such as counseling and the detection of learning disabilities) in all pre- and primary schools. Strong coordination with the community and parent empowerment project will be required.

24. The project will be linked to a multi-agency initiative for Caribbean Community countries. The initiative will be implemented nationally and extended to all primary and pre-schools. Integration into the national school curriculum and inclusion in the teachers' college programme, as well as the permanent establishment of a project coordinator post within the Public Service, will guarantee the long-term sustainability of the project under joint management of the Ministries of Health and Education. In addition, the project will assist in integrating children with disabilities into regular classrooms through the training of teachers in mainstreaming techniques. General resources will be used to launch the project in a select number of schools, with supplementary funds to be used for expansion.

25. The objectives of the community and parent empowerment project are to: (a) empower community groups and village councils to facilitate the provision of children's basic needs and rights, with a particular focus on early childhood education, day care, water and sanitation services, primary education and nutrition; and (b) improve parents' knowledge, attitudes and skills related to child rearing and family life. The project addresses the increasing need to establish effective channels of communication with communities and parents in order to complement policy and resource allocation changes and to create long-term support for them. Empowering communities and parents to make improvements in the areas of primary school completion, early childhood stimulation, growth and development monitoring and promotion, and the provision of water and sanitation, will provide an alternative model to service delivery necessary for absorbing the negative effects of budget cuts.

26. UNICEF support will focus on the development of methodologies, material and nationwide training. The project will require a high level of effort to facilitate the coordination of actions of governmental and non-governmental partners at the community level. The organization of coordinated actions at this level constitutes the major challenge for effective project implementation. Village councils, empowered by the proposed national children's act, will be key allies in this process. Major partners will be the Ministries of Education, Health and Human Resources and the Social Investment Fund. General resources will be used to launch the project in a small number of communities and to develop materials. Supplementary funds will be used to go to a larger scale and, within the framework of the subregional water and sanitation programme, to provide community-level environmental health education to complement water and sanitation projects in rural communities.

Programme management

27. The programme will have 11 major partners. Overall management of the programme will be through an interministerial group, comprised of high-level decision makers representing each ministry, the National Committee for Families and Children and the Ministry of Economic Development. The proposed UNICEF country office structure corresponds with the programme structure. Management excellence and total quality management will continue to be applied. Other principles that guided the design of the new office structure include optimizing the potential of General Service staff and ensuring maximum staff time for programme inputs.

Fund-raising strategy

28. Over the past period of cooperation, UNICEF Belize was able to raise an average of \$200,000 per annum in supplementary funds. However, donors have already expressed interest for the new cooperation period in the community and parent empowerment and legal and institutional protection projects, as well as in elements of the school health initiative project. This suggests that the budgeted targets for supplementary funding are realistic.

Monitoring and evaluation

29. Programme objectives will be monitored and evaluated by indicators identified for each level of the hierarchy of objectives. UNICEF will continue to maintain and expand its indicator database for World Summit for Children goals. The improvement of information systems is not only part of UNICEF internal monitoring plans but constitutes an objective of the programme. In the case of public awareness campaigns, surveys will be carried out at the end of the second and fourth years of the programme. Secondary school students will be

involved to verify levels of awareness among the target population. Through this methodology, youth participation in social issues will be reinforced. The creation of a framework to evaluate the validity of various interventions will be strategic to maintain political support for the programme. Finally, the country programme will be subject to annual and mid-term reviews with participation of all partners.

Coordination with other agencies

30. To maximize the impact of this programme, mechanisms of coordination will be continued with United Nations agencies and international institutions of technical and financial cooperation. Major allies will be the World Bank for activities related to the Social Investment Fund and primary school completion; the International Labour Organisation for child labour interventions; the Pan American Health Organization for the school health initiative and those aspects of the social policy sustainability project related to women's and children's health; the Central American Nutrition Institute for nutrition; the United Nations Population Fund for actions related to reducing adolescent pregnancy and family life education; the Joint United Nations Programme on HIV/AIDS for health education; and the University of the West Indies in the areas of community and parent education.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BELIZE
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/							STAFF COSTS b/ (In thousands of US dollars)						
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	MP	GS	TOTAL	IP	LOCAL	TOTAL	
GENERAL RESOURCES :																		
INTEGR. CHILD RIGHTS & PROTECTION	3,750			3,750	0	0	0	1	0	0	1	2	3	6	733.4	572.3	1,305.7	
TOTAL GR	3,750			3,750	0	0	0	1	0	0	1	2	3	6	733.4	572.3	1,305.7	
SUPPLEMENTARY FUNDING :																		
INTEGR. CHILD RIGHTS & PROTECTION		0	1,800	1,800	0	0	0	0	0	0	0	0	1	1	0.0	71.1	71.1	
TOTAL SF		0	1,800	1,800	0	0	0	0	0	0	0	0	1	1	0.0	71.1	71.1	
TOTAL GR & SF	3,750	0	1,800	5,550	0	0	0	1	0	0	1	2	4	7	733.4	643.4	1,376.8	
ADM. & PROGRAMME SUPPORT BUDGET				0.0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	0	0	1	2	4	7	733.4	643.4	1,376.8	

Operating costs
Staffing

Number of posts and staff costs:
Current programme cycle
At the end of proposed programme cycle (indicative only)

	1	2	4	7	733.4	643.4	1,376.8
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- GR = general resources.
- SF = supplementary funding.
- NSF = funded supplementary funding.
- FSF = new supplementary funding.
- IP = international Professional.
- MP = national Professional.
- GS = General Service.
- ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.