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**United Nations Children's Fund**  
Executive Board  
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## **Revised country programme document**

### **Belize**

#### *Summary*

The revised country programme document (CPD) for Belize is presented to the Executive Board for final approval. At the second regular session of 2006, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. A summary results matrix is presented separately.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2007 on a no objection basis, unless at least five members have informed the secretariat in writing by 6 December 2006, of their wish to bring the country programme before the Board.

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*Basic data*<sup>†</sup>  
(2003 unless otherwise stated)

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Child population (millions, under 18 years)	0.1
U5MR (per 1,000 live births)	39
Underweight (% , moderate and severe) (1992)	6
Maternal mortality ratio (per 100,000 live births) (1995)	140
Primary school enrolment (% , net male/female) (2002/2003)	98/100
Primary schoolchildren reaching grade 5 (% , 1999/2000)	81
Use of improved drinking water sources (% , 2002)	91
Adult HIV prevalence rate (% , end 2003)	2.4
Child work (% , children 5-14 years old)	—
GNP per capita (US\$)	3 940
One-year-olds immunized with DPT3 (%)	95
One-year-olds immunized against measles (%)	95

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<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

### **The situation of children and women**

1. Belize is a small country of approximately 300,000 people, more than 50 per cent of whom are children. Both a Caribbean and Central American English-speaking country, Belize has alliances with the Caribbean Community (CARICOM) and Central American Integrated System (SICA) that show the country's crucial potential to bridge the two regions, drawing lessons learned and developing best practices for the fulfilment of children's rights. The unique mix of ethnicities and cultures, including Mayan (19 per cent), Garifuna (6 per cent), Creole (25 per cent), and Mestizo (48 per cent), is undergoing change with an ongoing migration of Central Americans (over 15 per cent of the Belizean population) to Belize and an emigration of educated Belizeans to the United States. These demographic shifts on the one hand result in additional demands on the social services, and on the other hand, produce significant brain-drain and staff shortages in key areas such as nursing.

2. Advances acknowledged by the Committees on the Rights of the Child and on the Elimination of Discrimination against Women include efforts to build a strong democracy; establish solid legislative and policy foundations; implement education and health reform plans; develop a National Strategic Plan on Gender Equity and Equality; approve a comprehensive National Plan of Action for Children and Adolescents (NPA) and create national commissions for children and HIV/AIDS. Despite these advances, progress on the Millennium Development Goals is mixed. While some improvement has been noted on Goals 2, 6, 7, and 8; those relating to poverty remain, according to the Government, "far behind". Problems of sustainability and even a regression on previous gains are evident in gender equality, reduction of child mortality and maternal health.

3. The principal underlying reason for the lack of progress is extensive poverty. Per capita gross domestic product (GDP) has grown by 18 per cent, from \$3,014 in 2000 to \$3,664 in 2005, and is that of a middle-income country. However, it disguises severe inequities in income and wealth distribution, reflected in a

simultaneous increase in poverty and decline in key social well-being indicators. High domestic and foreign indebtedness (93 per cent of GDP), debt servicing that reached 40 per cent of exports in 2005 and the halving of official development assistance over the past three years have heavily burdened the country's fiscal policy. This led to further cuts in social sector expenditure in 2006 that threaten the sustainability of the already-fragile social service sectors.

4. Sharp geographic, ethnic, age and gender disparities underlie the picture of social and human development in Belize and represent the largest challenge to achieving Millennium Development Goal 1. One third of the population lives below the poverty line and one in three of this group is extremely poor (reaching 56 per cent in the Mayan population). More than one out of three children (83 per cent of Mayan children) live in poor families. Poverty is particularly burdensome for the 50 per cent of the population that lives in rural areas, the 22 per cent of female-headed households and for almost one fourth of the urban population. The high rural/urban population distribution and the low population density of Belize in general increase the per capita cost of service provision.

5. The HIV prevalence rate of 2.4 per cent is the highest in Central America. Gender disparities, unequal power relations, and ingrained stigma and discrimination hamper efforts to reverse the spread of HIV by 2015 and inhibit universal access to testing, prevention, treatment and care. The male-to-female ratio of infection has reached 1:1; infection is highest among females 15-29 years old and among males 30-49 years old. Vertical transmission is the prevalent source of infection in children (16 per cent) below age 10. According to a conservative estimate made in a 2004 UNICEF rapid assessment, more than one in ten children are vulnerable as a result of HIV and AIDS, and many remain untouched by psychosocial support, care and treatment services.

6. A strong commitment to and investment in education has weathered the fiscal cuts. Managed through a church/state partnership, the investment represents more than 20 per cent of the national budget and places Belize within reach of achieving universal primary education. As the best defence against poverty and HIV, quality and relevant education is an essential condition for national development. Currently, however, net enrolment of over 90 per cent, a decline from 95 per cent in 2000, disguises poor attendance, quality, and relevance, and draws attention to the high hidden costs to families, for example, \$222 per child per year to cover items such as uniforms and textbooks. High repetition rates of 10 per cent — double in poor communities — cost the Government approximately \$4 million each year. An additional challenge arises from the fact that around 600 Guatemalan children cross the border daily to attend school. Fewer than 50 per cent of children pass the primary achievement test, pointing to poor school readiness, inadequate child-centred approaches, and the need for intercultural education policies. On average, 30 per cent of children access Early Childhood Education and Development, though the figure is less than 1 per cent in the country's southernmost district, Toledo. Boys are less likely to transit to secondary education and more likely to be involved in child labour, while girls continue to face expulsion if they become pregnant, according to Committee on the Elimination of Discrimination against Women.

7. The rural population continues to have inadequate access to safe drinking water and basic sanitation (26.9 per cent and 25 per cent, respectively). Anaemia in pregnant women, chronic malnutrition, and high levels of parasite infestation (which

affects 66 per cent of schoolchildren in Stann Creek and Toledo districts) are interrelated examples of the increased health risks resulting in part from poor sanitation and hygiene. These challenges have contributed to a regression on several Goals and erratic trends in infant, under-5 and maternal mortality. The under-5 mortality rate has slightly increased nationally, reaching a high in 2005 of 48 per 1,000 live births in Belize District and increasing by 82 per cent and 40 per cent, respectively, in poor areas of Stann Creek and Toledo. Deaths were primarily due to slow foetal growth and foetal malnutrition during the perinatal period. The maternal mortality ratio has increased over the last three years, (with fluctuations due to the relatively small numbers involved) and was at 137 per 100,000 live births in 2005. Chronic malnutrition represents a growing concern, with nearly 50 per cent of children recorded as stunted in Toledo. There are several contributing factors to poor health outcomes: micronutrient deficiencies; low or overreliance on breastfeeding; increased diarrhoeal disease; the fact that only 16 per cent of women received perinatal care during the first trimester of pregnancy; the high rates of teenage pregnancy, which accounts for 20 per cent of births; and late access to, and problems with, the quality of obstetric care.

8. Belize continues to demonstrate its commitment to young people's participation through adolescent-focused programmes and events. Despite this positive trend, structures are lacking for young people's sustained involvement in policymaking and implementation, particularly in schools.

9. Gender inequalities undercut the achievement of all Goals and facilitate the country's high levels of domestic and gender-based violence. The human rights treaty bodies have expressed heightened concern about several trends: the rape and sexual abuse of children (one recent UNICEF study indicated that 56 per cent of all media-reported cases of sexual abuse involved girls 12 to 15 years old); family violence; the persistent use of corporal punishment in institutions and homes; a re-emerging "gang" culture combined with easy access to guns; and evidence of trafficking of girls for sexual exploitation. A lowering of the average age of first sexual encounter from 14 in 2000 to 12 in 2004 is of further concern.

10. Belize is particularly vulnerable to natural disasters, especially hurricanes and flooding. Community-based preparedness and psychosocial responses are underdeveloped and show scope for the increased contribution of children and adolescents before, during and after disasters. The Government response risks being undermined by the use of structurally unstable schools — with inadequate water and sanitation facilities — as shelters.

11. Recognizing the many challenges faced by girls and boys in Belize, UNICEF believes that the fulfilment of children's rights can be advanced through building on the foundations of past programmes and the good partnership established with the Government as well as through the commitment to joint programming shared by United Nations agencies.

## **Key results and lessons learned from previous cooperation, 2002-2006**

### **Key results achieved**

12. The elaboration and implementation of key national policies and improved data collection, disaggregation and analysis are among the principal achievements of the last country programme. Advocacy and capacity-building resulted in a bipartisan NPA for Children and Adolescents. In addition, policies have been formulated for early childhood development (ECD), Health and Family Life Education (HFLE), youth and human trafficking. Technical assistance resulted in the preparation of a National Strategic Plan for HIV and AIDS, legal reform — including increase in the age of criminal responsibility from 9 to 12 years — and legislation for the establishment of an autonomous Statistical Institute.

13. A trend towards stabilization in the HIV infection rate reflects sustained investments by UNICEF and Government counterparts in institutional capacity-building and networking, parenting education, resource mobilization, public awareness campaigns and the mobilization of adolescents as agents of change. More than 1,000 peer educators were trained to advocate for the prevention of HIV through the acquisition of knowledge and skills for behaviour change, and an additional 1,200 girls were empowered with information and skills to protect themselves from sexual abuse and exploitation. UNICEF also trained more than 60 pastors from the various religious denominations countrywide, supported the formation of a committee of religious leaders (known as COMFORTH) and assisted in the development and implementation of Plans of Action to promote prevention and pastoral care for people living with HIV and AIDS. Community mobilization and empowerment contributed to the establishment of an “AIDS-friendly” town in Stann Creek in 2005 and the tackling of high levels of stigma and discrimination in that community.

14. UNICEF supported the establishment of two key networks: one reaching orphaned and vulnerable children (OVC) and the other reaching the most excluded communities in Toledo. An alliance of governmental organizations, non-government organizations (NGOs), churches, the private sector and other groups, helped OVC to receive community-based care, support and protection. Complementing these efforts was the training of 250 community nurse’s aides in home-based care. The Toledo Programme for Children and Adolescents combined government organizations, civil society organizations (CSOs), village leaders and community members to assess and prioritize needs, provide services and training, and support community monitoring of development indicators. This bottom-up approach has resulted in stronger ownership, accountability for development and the realization of rights at the community level.

15. The capacity-building of, and collaboration with, adolescents and the national media have helped to improve the presentation and use of information on children and adolescents. Adolescents involved in the design and production of media messages and video clips on issues such as HIV, crime and violence prevention and juvenile justice, have promoted positive lifestyles in the context of XChange, a youth-led movement. More than 800 adolescents countrywide and leaders of both political parties joined the movement and pledged to prevent violence and promote

positive attitudes. The Government has publicly supported this movement for positive lifestyles.

### Lessons learned

16. To help to focus the Government's attention on continuing survival and development challenges often masked by national averages, UNICEF needs to strengthen data collection and disaggregation capacity and improve information systems. UNICEF must conduct regular high-impact studies of vulnerable groups; encourage and support disaggregation of data and community monitoring of child development indicators; and build the capacity of communities to demand and find solutions to child rights challenges.

17. Based on the evidence gained, greater advocacy efforts are required with the Government to maintain adequate investment in the social sectors in the face of fiscal cutbacks, and to ensure a stronger coordination between government and civil society in addressing gaps in service provision. In addition, UNICEF needs to facilitate increased synergy among government and non-government actors, engage in stronger advocacy with the public and private sectors to secure greater and better-targeted investment; and continue providing technical assistance to national coordinating mechanisms to address the dispersion of resources and efforts, and to ensure that children do not fall through the gaps.

18. The solid policy and legislative foundation established needs to be accompanied by support to community-owned, bottom-up implementation of child-friendly community policies. The technical support of UNICEF to policy formulation needs to continue through its implementation, building the capacity of governments and communities to positively impact the lives of boys and girls while ensuring greater policy accountability at the local level.

19. Complementing this lesson is the fact that a small budget to support local initiatives goes a long way in Belize. UNICEF needs to combine its strong reputation as a provider of technical assistance and support with concrete community-level interventions targeted to the most disadvantaged communities.

## The country programme, 2007-2011

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child survival, education and development	935	450	1 385
HIV and AIDS, violence and adolescent development	1 025	550	1 575
Disparity reduction through public policy, investment and participatory governance	475	250	725
Cross-sectoral costs	625	250	625
<b>Total</b>	<b>3 060</b>	<b>1 500</b>	<b>4 560</b>

### **Preparation process**

20. UNICEF facilitated participatory consultations with government and NGO partners and a separate process organized by youth facilitators for adolescents. As part of consultations, a causality analyses identified gaps, UNICEF comparative advantages and key strategies in the context of national and international goals. The proposed country programme structure and results flow logically from the three United Nations Development Framework (UNDAF) outcomes and the UNICEF medium-term strategic plan (MTSP) and respond to gaps identified in the Common Country Assessment. The programme also reflects recommendations of the 2004 midterm review (MTR), which highlighted the need for a stronger response on HIV and the creation of protective environments for children. Consultations on the draft country programme were conducted with the Prime Minister, Leader of the Opposition, Government Ministers, national coordinating mechanisms for children and HIV, Embassies, and through joint planning with United Nations agencies.

### **Goals, key results and strategies**

21. The country programme will support the Government in meeting the targets of the Millennium Development Goals and Declaration, and to fulfil the human rights of children and adolescents by creating an enabling environment that reflects strong commitment to and accountabilities for women and children at national and local levels. Addressing threats to Goal achievement, the programme focuses on education as the key to development, and to turning around HIV infection rates through the promotion of positive adolescent development and life skills. The programme will support the most vulnerable communities in addressing child survival and development, safe motherhood and disaster-preparedness interventions. It builds on efforts of the previous country programme to strengthen the capacity of rights-holders to claim their rights, and the obligation of duty-bearers, including parents and community members, to ensure that the Belizean child benefits from high-quality and effective policies, legislation, resource allocation, and equitable access to basic services.

22. There are three interrelated programmes: child survival, education and development; HIV/AIDS, violence and adolescent development; and disparity reduction through public policy, investment and participatory governance. All programmes will aim to reduce disparities and discrimination, and build protective environments. The country programme covers the life cycle: children 0-2 and their mothers living in disadvantaged communities (survival, development); children 3-12 (ECD, education and protection); and children 10-18 (development, participation and protection from HIV and violence), with cross-cutting elements relating to HIV, disaster preparedness/response and child protection. All programmes and sub-programmes are synergistically connected. According to need and the programme intervention required, several programmes, such as governance and social investment, HIV prevention and protection, adolescents' positive development and child-friendly schools, will be national in scope, while others will build the capacity of government at all levels and community members to ensure that the most excluded communities benefit from services that are child-friendly.

23. The programme will employ several key strategies: (a) advocacy and technical assistance for child-centred, human rights-based, gender-sensitive legislation; for the collection, disaggregation and analysis of data; and for policies and practices,

including the capacity-building of duty-bearers, to ensure transparent budgeting and investment; b) capacity-building of communities to translate and implement policy frameworks into concrete local-level interventions, empowering community members to demand and monitor child rights standards; (c) the leveraging of partnerships and technical and financial resources; and (d) rights-based, child-centred evaluation.

24. The **child survival, education and development** programme will achieve the following results: (a) women and children in 20 of the poorest communities, particularly in Toledo, will access ECD, high-impact health, nutrition, water and sanitation and survival interventions, safe motherhood, baby-friendly hospitals and school-readiness programmes, with villages assessed for being “child-friendly” against Government-agreed criteria; (b) efforts in quality education will achieve a 50-per-cent reduction in school dropout and repetition rates and a 50-per-cent increase in the number of children passing the primary completion exam; and (c) all primary schools will eliminate corporal punishment; increase access to water and sanitation facilities; ensure parasite and vitamin A treatment annually; introduce child-centred, participatory learning environments; and focus on disaster preparedness and response.

25. The **HIV/AIDS, violence and adolescent development** programme will achieve the following results: (a) countrywide networks of service providers will give care, treatment and support to 100 per cent of known OVC; (b) the number of children born with HIV will decrease by 50 per cent, and those receiving antiretroviral treatment (ARV) and testing for HIV will increase by 50 per cent; (c) 100 per cent of in-school, and 40 per cent of out-of-school children and adolescents will access information and skills to reduce their vulnerability to violence and HIV; (d) 25 per cent of children without familial care will benefit from community-based care; and (e) 75 per cent more children in conflict with the law will have access to mediation, diversion and community based rehabilitation services.

26. The **disparity reduction through public policy, investment and participatory governance** programme will achieve the following results: (a) women, children and adolescents will be participating in and benefiting from child-centred public policies and participatory and transparent social investment that is efficiently targeted especially to vulnerable communities, including indigenous ones; (b) disaggregated data on women and children will be collated, analysed and disseminated by an autonomous statistical institute; and (c) a culture of human rights will be promoted at all levels, resulting in children and women making stronger claims on their rights.

#### **Relationship to national priorities and the UNDAF**

27. In 2006, an UNDAF was developed in support of the Government’s priority areas of poverty reduction through quality education; health care; and the creation of economic opportunities. Three UNDAF outcomes were established for joint programming: (a) Poverty Elimination by Investing in People; (b) HIV and AIDS; and (c) Sustainable Environmental Management. UNICEF will contribute significantly to the first two outcomes and to disaster preparedness and response in the third outcome.

### **Relationship to international priorities**

28. The country programme is designed to advance achievement of the Millennium Development Goals and Millennium Declaration within the context of several international frameworks: relevant international conventions and the recommendations of their oversight bodies; the goals set at major conferences; and the MTSP.

### **Programme components**

29. Child survival, education and development. UNICEF will pilot the concept “child-friendly communities” in 20 selected communities in Toledo and other poor communities, building government capacity to efficiently deliver services and the community’s capacity to demand them. The programme will aim for an increase in the number of families using appropriate care practices and having access to the services and resources needed to ensure child survival, growth and development. The focus communities will be reached with communication campaigns and user-friendly, gender- and culture-sensitive information, services and support on better parenting and alternatives to corporal punishment as well as life-saving and efficient interventions that translate into changes in attitudes and behaviours. UNICEF and its partners will promote several programme areas: free birth registration; implementation of the ECD policy; safe motherhood programme; breastfeeding and the Baby-Friendly Hospital Initiative; the increased provision of early childhood stimulation training; good health, nutrition and hygiene practices; and access to micronutrients, enhanced oral rehydration salts, parasite medications and other interventions.

30. The country programme will support the Ministry of Education and school managers to promote child-friendly schools that address bilingual and intercultural education and are inclusive of children with special needs; mainstream remedial teaching to address poor learning results; and build the engagement of parents in their children’s learning. Efforts will result in higher-quality education, lower hidden costs, enhanced water, sanitation and hygiene facilities and practices, parasite reduction and micronutrient supplementation with vitamin A and iron. UNICEF will advocate for the repeal of articles in the Education Policy that allow corporal punishment and will train teachers in all 275 primary schools in alternative methods of discipline. A participatory approach will help to empower communities, school personnel and children to increase attendance, parental involvement, school readiness, community/school partnerships and nutrition education. Collaborative partnership with the Ministry of Education and the National Emergency Management Organization (NEMO) will help school facilities to meet the needs of children and their families during and after natural disasters.

31. Recognizing that approximately 70 per cent of Belize’s population resides in hurricane-prone areas, the programme will enhance disaster preparedness, mitigation and response capacities at the household, school and community levels through preparedness and risk-reduction training. Children and adolescents will be trained in schools. The capacity of focus communities will be enhanced for the management of psychosocial impact and for participation in the formulation of family/village emergency plans. Through the adolescent development programme, described below, those in the adolescent-led movement will be trained as peer-to-peer educators, providing support before, during and after disasters, and establishing

safe and recreational spaces for affected children. UNICEF will also work with partners to improve coordination and capabilities for disaster response according to the UNICEF Core Commitments for Children in emergencies.

32. **HIV/AIDS, violence and adolescent development.** To reduce vertical transmission of HIV and extend the lives of women who are HIV positive through ARV treatment and care, UNICEF will partner with the Pan American Health Organization (PAHO) to build the capacity of the Ministry of Health to achieve a 100-per-cent increase in the number of indigenous and other poor women accessing prenatal clinics during the first trimester, rapid testing, and voluntary counselling and treatment. Furthermore, 250 community health workers will be trained countrywide to utilize culture- and gender-appropriate communication techniques to sensitize, educate and encourage increased attendance at clinics.

33. UNICEF will support expansion of the network for the care and protection of OVC and their families. The capacity of organizations to respond to the multiple needs of these children, including support for improved nutrition, care, psychosocial support, education, and birth registration, will be strengthened. UNICEF will reinforce coordination between PAHO, government organizations and NGOs to ensure that 100 per cent of children with HIV have universal access to ARV and treatment for opportunistic infections. Stigma and discrimination will be addressed through the promotion of child-friendly and rights-based information and by building the capacity of families for care and support of OVC.

34. UNICEF will support the integration of HFLE in all primary and secondary schools to raise awareness and promote behaviour change to prevent HIV; to build conflict resolution and a culture of non-violence; and promote positive life skills. Extending the reach to out-of-school adolescents will be done in collaboration with the United Nations Population Fund. Emphasis will be placed on increased access to adolescent-friendly voluntary counselling and testing services, including gender-appropriate sexual and reproductive health services and commodities.

35. Using targeted, sensitive and participatory communication programmes, and through HFLE in schools, UNICEF will help to empower children and adolescents to end violence, exploitation and abuse. Complementing this approach, UNICEF will support legal reform and institutional capacity development of government organizations and CSOs to prioritize services for, and the protection of, children and adolescents. Promoting a culture of non-violence and discrimination will take place by means of a systemic prevention model through which children themselves will promote the prevention and monitoring of violence, participating in the creation of safe spaces in homes, families, schools and communities. Efforts will promote diversion programmes for children in conflict with the law and improve alternative care and the protection of children denied family care.

36. UNICEF will promote positive adolescent development by encouraging adolescent-led initiatives, genuine participation, the establishment of youth-friendly and gender-sensitive spaces and services conducive to creative expression, sport for development and life-skills education. Key elements, including connectedness, character, confidence and competence, will be fostered. Through peer-to-peer methodology, adolescents will impart knowledge and skills to younger children, especially those aged 10-14. Parents and communities will be encouraged to dialogue with children and respond to signals from adolescents at risk.

37. **Disparity reduction through public policy, investment and participatory governance** programme will leverage results, resources and partnerships for children's rights by advocating for national budgets, policies and administrative practices conducive to transparency, participation and gender equality. UNICEF will work with the United Nations Development Programme (UNDP) to develop the capacity of national and local government institutions to improve the volume, efficiency and accountability of social investment, as well as to formulate and implement public policies in favour of children. UNICEF will also promote civil society and community participation in the design, implementation and monitoring of public policies.

38. UNICEF will leverage resources and promote corporate social responsibility with the private sector, engaging the sector as a partner in efforts to secure greater and better targeted social investment.

39. In collaboration with UNDP and the Inter-American Development Bank, UNICEF will use *DevInfo* and multiple indicator cluster surveys (MICS) to enhance data compilation, disaggregation, analysis and dissemination to improve targeting of strategies to excluded populations.

40. UNICEF, in partnership with media, academia and others will motivate and empower people to claim their rights to basic services and will help to engender the accountability of government, as well as community and parental responsibility for respecting, protecting and fulfilling human rights.

#### **Cross-sectoral costs**

41. Cross-sectoral costs will cover selected staff, logistics, communication and information expenses.

#### **Major partnerships**

42. Efforts to build synergy and cooperation are major strategic thrusts in the country programme and will include technical support for the effective functioning of coordination entities. Relying on the trust developed through past programmes of cooperation and having limited human resources in Belize, the United Nations partners are well placed for, and committed to, piloting joint actions in health, education, social investment and protection.

43. Support for national priorities within nationally owned policies and processes calls for line Ministries to remain key partners. This partnership will be complemented by those with the major Government coordinating bodies, the Judiciary, and NEMO. To ensure a multisectoral response to issues affecting children's rights as well as greater emphasis given to children's issues in policy development, the Ministry of Human Development will coordinate an inter-Ministerial Committee appointed by the Cabinet, beginning in 2007. Partnerships to advance children's rights will also be strengthened with bodies such as district AIDS organizations, COMFORTH, networks for the care of OVC, village and municipal councils, the Belize Chamber of Commerce and other private-sector organizations, nursing and teacher unions, women's and indigenous associations and media organizations.

44. South-South cooperation will be enhanced through UNICEF partnerships with SICA, CARICOM and subregional organizations, particularly to ensure transfer of knowledge and best practice on trans-border concerns such as violence, trafficking, gun control, HIV and nutrition.

**Monitoring, evaluation and programme management**

45. Monitoring, research and evaluation will be coordinated through the five-year Integrated Monitoring and Evaluation Plan, including an UNDAF MTR in 2009. The 2006 MICS will contribute to baseline disaggregated social data. Results-monitoring will be based on key indicators, such as preschool attendance, the vertical HIV transmission testing coverage, the exclusive breastfeeding rate, infant and under-5 mortality, and schoolchildren reaching grade 5. Baseline and other data collection exercises, including those with the World Food Programme and other partners, will strengthen the capacity to collect, analyse and disseminate data using *DevInfo*, which will continue to be promoted for monitoring the Millennium Development Goals.

46. The Ministry of National Development is responsible for overall coordination of the country programme, which will benefit from collaboration with the new inter-Ministerial Committee and will use intersectoral advisory groups involving Government partners, NGOs and academic institutions to evaluate and readjust programmes.

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