Towards a Social Protection Floor
The case of Belize

International Seminar
Investment in Children
Latin America and the Caribbean
Belize in Context

► Area: 8,867 sq. miles
► Population: 390,000/83,000HH
► Density: 17 per sq mile
► Independent since 1981
► A part of both Central America and the Caribbean
► Young population: 40% < 18
75% < 35

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Belize in Context (2)

- Parliamentary Democracy
- Elected House of Representatives
- Appointed Senate: representatives from Government and Opposition, Trade Unions, Private Sector, Churches, and NGOs
...objective of the Horizon 2030 Framework is to clearly establish a set of long-term development goals, targets, and indicators that will guide concerted action...
Growth & Sustainable Development Strategy (GSDS)

- Healthy Natural Environment, Historical and Cultural Assets
- Optimal Income & Investment
- Enhanced Governance
- Enhanced Social Cohesion
- Citizen Security

MHDSTPA Policy and Planning Unit
Office of the Prime Minister & Cabinet

CEO Caucus

Secretariat: MED

ONIIC SCR NEHC CS G
ONIIC SCR NEHC CS G

Statutory Bodies: NWC, NAC, NCA, NCFC, SSB, SIB, SIF

Committees: ATIPS, Work Permit, Refugee...

Task forces: JJ, Parenting, ECD, CPS...

Economic Development Council
Social Protection Leadership

- Cabinet Decisions
- CEO Caucus
- Technical Committees
- Ministry of Human Development, Social Transformation, Poverty Alleviation (lead entity of social protection)
The Ministry Mandate

Ministry of Human Development, Social Transformation and Poverty Alleviation

Pregnancy  ECD  Child  Youth  Adult  Elderly

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Social Protection Developments

► 2008: Social Policy Loan from IADB...
  ▪ “…better basic health care, improve secondary education and strengthen its capacity to target, coordinate and evaluate social protection programs”

► Jun 2010: World Bank Social Policy Note...
  ▪ Improve coordination & targeting
  ▪ Create a Social Protection Program Inventory
  ▪ M&E (major programs & SP system)
A Decade of Social Safety Net Reforms and Programming

► 2008-2011 BOOST, Food Pantry, Public Assistance, School subsidies, CXC Exam Payments (GOB)

► 2011-Single Information System of Beneficiaries (SISB) (IADB Social Policy Loan)

► 2012-BOOST Process evaluation (WB funded)
A Decade of Social Safety Net Reforms and Programming


► 2016-2017 BOOST Impact evaluation (UNDP & UNICEF funded)

► 2016-2019 BOOST+ (OAS & UNICEF funded)
BOOST

► Co-responsibility Cash Transfer Programme
► Five groups of beneficiaries
  ▪ Women who are pregnant
  ▪ Women who have children 0-4
  ▪ School children (Infant I – Form IV)
  ▪ Elderly (over 60 years of age)
  ▪ Physically disabled
► School attendance including vocational, and is up to 21 if attending secondary school
► Each group has to meet criteria for payments
BOOST Objectives

Education:
▲ Increase attendance & transition (primary ➔ secondary)
▼ Reduce drop out

Health Care:
Increase primary health care use ▲
Immunizations and ante-natal visits ▲

Double Dividend:
► Small but consistent transfer of cash to households
► Long term improvements in human capital – aim is to break the cycle of poverty

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Social Protection Registry System

PBR
[Database of Potential Beneficiary HHs: ≈ 30k HHs and 140k ppl]

BTI
[Econometric Model: Targeting Index; PMT based on CPA]

DSM
[Data Sharing Module]

MEM
[Inventory and Basic Monitoring of Social Interventions]

SISB
Beyond BOOST: BOOST+

- BOOST+ is a two-year family program for targeting 200 selected BOOST households on the southside of Belize City.

- It is an addition of Wrap Around Services to complement and maximise conditional cash transfers already being made...
1. Every adult has a copy of their birth certificate.
2. Each child has a copy of their birth certificate.
3. Every adult has a social security card.
4. Each child has a social security card.
5. The household is registered in the SSB, and has a copy of their SSB certificate.
6. Each adult family member knows their BHSN ID number.
7. Each child knows their BHSN ID number.
8. The family is registered with the primary Health Care Service (NHIS).
9. Family members with a disability should be participating in a rehabilitation program where appropriate.
10. Children 0-5 should have their vaccines up to date.
11. Children 0-5 should have their health check-ups up to date.
12. All adults go for cancer, breast and prostate exams and they know the results.
13. Pregnant women should have up-to-date health check-ups, receive micro-nutrients and have a birthing plan.
14. Family members 60+ have regular health checks.
15. Family members who suffer from a chronic disease are under medical supervision.
16. Adults are familiar with contraceptive methods.
17. Family members are informed about health and self-care issues.
18. No child between the ages of 0-5 is malnourished, stunted, wasted or obese.
19. The family diet is varied and healthy, and babies under 6 months are fed exclusively on breast milk.
20. New mothers and their babies eat well and take the necessary vitamins and micro nutrients.
21. Children in preschool through secondary school are beneficiaries of school assistance programs to which they are entitled.
22. Where there is a working mother and no other adult at home, children under age 3 are placed in some form of child care.
23. Children aged 3-18 attend school.
24. Children of preschool age attend preschool.
25. Children older than age 12 are able to read and write.
26. Children with disabilities who are capable of studying should be placed in the education system.
27. An adult should be responsible for the children's education and maintain regular contact with the school.
28. Adults have a positive and responsible attitude towards education and school.
29. Every adult family member is able to read and write.
30. The family has a daily custom of discussing topics such as habits and schedules, and adequate mechanisms for addressing conflicts.
31. The family has information on family violence, sexual abuse, HIV/AIDS and know where they can go for help if needed.
32. Children in care receive regular visits from family members (unless excluded from doing so).
33. The family has a clear rules for living together.
34. There is an equitable distribution of household chores.
35. If there is domestic violence, the person directly involved in this situation is involved in some support program.
36. Families with children in the justice system support them and assist in their rehabilitation program.
37. "The family is clear about their housing situation as it relates to tenure of the land and houses in which they live.
38. "If the family wants to apply for housing, they are in the process of applying.
39. "Family has access to clean, safe, potable water.
40. The household has electricity.
41. "The family has an adequate sewage system.
42. "The house should not be susceptible to floods, or have severe leakage problems.
43. "The house is kept clean and sanitary, and their environment poses no health risk.
44. "The bathroom, kitchen, washroom and bedroom are separated, and adults and children have separate bedrooms.
45. "The family has a clean and safe garbage disposal system.
46. At least one adult member of the family has work regularly and gains income from work.
47. "No child under 14 should work.
48. "Those who are unemployed should be registered in BALMIS.
49. "Family members that are entitled to BOOST payments receive them.
50. The family has an organized budget as a function of its resources and priorities.
51. "The family knows of recreational spaces in their community.
52. "The family knows of educational opportunities for their children.
53. "Family members that are employed are engaged in adequate early childhood stimulation.
54. Children aged 3-5 have at least 10 children's books in the household.
55. Children aged 3-5 are developmentally on track for literacy and numeracy.
56. Children aged 3-5 are developmentally on track physically.
57. Children aged 3-5 are developmentally on track for social-emotionally.
58. At least one adult has completed a financial literacy course.
59. Each adult member should have a savings account with either a credit union or a bank.
60. Conditions with an asterisk (*) and are in italic bold are listed as minimum conditions.
The Core Diagnostic Instrument

CODI has been designed to... “systematically take stock of social protection provisions, assess social protection systems, and identify ways to improve system performance.”
CODI – 10* Criteria

► 1. Inclusiveness       ► 2. Adequacy
► 3. Appropriateness
► 4. Respect for Rights & Dignity
► 5. Governance & Institutional Capacity
► 6. Financial & Fiscal Sustainability
► 7. Coherence & Integration
► 8. Responsiveness
► 9. Cost-effectiveness*
► 10. Incentive Compatibility*
## CODI – 18 Key Areas

### 18 Key Areas in Social Protection Systems

<table>
<thead>
<tr>
<th>Policy</th>
<th>Program Design</th>
<th>Program Implementation</th>
</tr>
</thead>
</table>
Definition of Social Protection

Reviewed World Bank, ILO, UNICEF, IDS and EU definitions

Nationally we defined it as...

- “The set of public and private policies and programs aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation.”
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Contributory Social Assistance</td>
<td>14</td>
</tr>
<tr>
<td>Contributory Social Insurance</td>
<td>3</td>
</tr>
<tr>
<td>Labour Market Measures &amp; Services</td>
<td>10</td>
</tr>
<tr>
<td>Social Care Services</td>
<td>18</td>
</tr>
<tr>
<td>General Subsidies</td>
<td>2</td>
</tr>
</tbody>
</table>
Detail Program Assessment

Life Cycle + Priority → 12 Programs Selected
## Selecting programs for Assessment

<table>
<thead>
<tr>
<th>Programme</th>
<th>Life cycle (age groups)</th>
<th>SP sector</th>
<th>Delivery Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-4</td>
<td>5-9</td>
<td>10-14</td>
</tr>
<tr>
<td>BOOST</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>Food Pantry</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>Non-contributory pension</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
</tr>
<tr>
<td>Contributory pension</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>Belize Rural Finance Programme</td>
<td>🟢</td>
<td>🟢</td>
<td></td>
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<tr>
<td>Secondary school subsidy</td>
<td>🟢</td>
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<td></td>
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<tr>
<td>TVTP</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>HECOPAB</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>BZE Tuberculosis (TB)</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
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<tr>
<td>National Health insurance</td>
<td>🟢</td>
<td>🟢</td>
<td>🟢</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>🟢</td>
<td>🟢</td>
<td></td>
</tr>
<tr>
<td>Roving Caregivers</td>
<td>🟢</td>
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</tr>
</tbody>
</table>
Analysis and Results
CODI Results – 12 Programs

- Weak consideration towards inclusiveness (adequate consideration of gender and other crosscutting issues only for a limited number of programs and a generally low programme coverage);

- Weak achievement of adequacy (characterized by predictable, but overall low levels of benefits not assured through a quality standard or benchmark system)
CODI Results – 12 Programs

► Moderate level of appropriateness (SP programme alignment, evidence-based design with realistic timeframe and targets);

► Weak respect for rights and dignity (entitlements, enforcement mechanisms, design of benefits);

► Weak governance and institutional capacity (incomplete or insufficient legal frameworks, For each of the 12 programs)
CODI Results – 12 Programs

► Moderate financial and fiscal sustainability (high share of domestic finance in line with financial capacity but with a weak long-term vision);

► Moderate levels of coherence and integration (complementarity of SP policies, their legal foundations and delivery mechanisms)

► Weak capacity for responsiveness (financial and operative capacity to respond to shocks and crises and being able to plan for these)
Belize SP System Strengths

► Extremely high level of domestic financing
► Modern structure for expenditure budget classification
► Versatility of programs enables potential for integration
Belize SP System Limitations

- Weak information sharing between programs and across sectors.
- Stakeholder involvement and policy coordination take place to a certain extent within but not across SP and policy sectors.
Benefits of the Assessment

► Helped to solidify a national definition of SP
► Assessment has highlighted where along the life cycle key programs focus
► Validates the need for early investment
► Points out issues with inadequacy, programme gaps and programme overlap
► Provided some inputs for development of Minimum Social Protection Floor (MSPF)
Recommendations for Improvement
Recommendations 1

The CODI findings were validated and suggest that there is a need to:

- Improve the inclusiveness of transfer programs
- Consider the conceptual update for the design of some service delivery programs
- Improve financial and coherence/integrative aspects of service delivery
- Improve the responsiveness of transfer programs
- Using MPI as a beneficiary selection targeting tool ensures to a greater degree the correct targeting
Recommendations 2

- Increase clarity in programme operations
- **Define legal basis** (rights based perspective)
- Increase opportunities for coordination/joint delivery (Example BOOST and National Health Insurance or BOOST and Non-Contributory pensions)
Recommendations for a MSPF

► Need for increased support / incentives for income security
► Consider the possibility of a fiscal pact for SP
► Consider the possibility of protected minimum budget guarantees for SP
► Consider the possibility of working in SP planning, not only with targets but also with required minimum achievements
► Coherence and coordination require improvement
Other Recommendations

► Create guidelines, increase coherence and coordination), while at the same time construct a MSPF, as well as an M&E framework around the key elements of SP following these three programs:

- ECD (capacity building)
- Active Labour Market Policies (income security during working age)
- Pensions (income security during old age)
Implementing Recommendations from the Comprehensive SP Review
Social Protection Conferences

**MHD**
- Social Protection: From Flaws to Floors – Policy Dialog / CEO Caucus Meeting / Technical Workshop - Dec 3rd to 7th 2018

**MOL**
- Role of Labour in Social Protection – Employment Policy, Links between social assistance & employment - Feb 25th and 26th 2019

**MHD**
- Multidimensional Poverty Workshop – Policy Dialogue / Technical Workshop: discussions to inform public consultations and path forward - Apr 1st to 5th 2019

**NEMO**
- Social Protection Response to Emergencies – Apr 29th and 30th 2019

MHDSTPA Policy and Planning Unit
Objectives

► To increase the knowledge of national and civil society partners on key areas of social protection;

► To generate some commitments on strengthening the Belizean Social Protection System

► To more closely focus on some of the gaps identified in the 2016 SP review

► To initiate national discussions on SP investment and expenditure

MHDSTPA Policy and Planning Unit
Towards a MSPF

**Step 1**
- 1. Inventory of schemes
- 2. Draft Assessment Matrix
- 3. Dialogue #1 on ABND matrix
- 4. Translation of policy recommendations into practical scenarios

**Step 2**
- 5. Dialogue #2 on proposed scenarios
- 6. Data collection for the RAP protocol and costing of the scenarios

**Step 3**
- 7. Dialogue #3 on results of costing
- 8. Finalization of Costing, Fiscal space, Writing ABND report
- 9. Endorsement by UN/RTG joint team and presentation to the government

**MHDSTPA** Policy and Planning Unit
## Step 2: Draft Assessment Matrix

<table>
<thead>
<tr>
<th></th>
<th>Existing schemes</th>
<th>Design gaps</th>
<th>Barriers to access</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Matrix Entries - Children

<table>
<thead>
<tr>
<th>EXISTING SCHEMES</th>
<th>DESIGN GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Opportunities for our Social Transformation (BOOST)</strong></td>
<td>More financial resources are required to close the poverty gap. Predictable, but low levels of benefits that are not indexed on inflation or linked to minimum standards like the poverty line. According to LSMS 2009, social assistance benefits are uneven, e.g. it ranged between BZD 69.5 and BZD 15.1 per year in Stann C.</td>
</tr>
<tr>
<td>Legal framework: No national law</td>
<td></td>
</tr>
<tr>
<td>Beneficiary group: Vulnerable households with pregnant women, children aged 0-4, children in school, elderly aged 60+, and people with disabilities, identified by a proxy means test (PMT)</td>
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</tr>
<tr>
<td>Benefits: Cash transfer of BZD 44-82 (US$ 22-41) per person per month, maximum 6 beneficiaries per household. Conditional upon school attendance of 85%, complete immunization for children aged 0-5, and pre-natal check-ups for pregnant women.</td>
<td></td>
</tr>
<tr>
<td>Financing mechanism: Government budget</td>
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<tr>
<td>Institutional framework: Ministry of Human Development, Social Transformation and Poverty Alleviation</td>
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</tr>
<tr>
<td>Coverage: 3,200 households with 8,600 persons in 2015, less than 10% of those eligible</td>
<td></td>
</tr>
<tr>
<td><strong>RECOMMENDATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Consider indexing BOOST cash benefits on inflation, so that they can protect the purchasing power of beneficiaries.</td>
<td></td>
</tr>
<tr>
<td>Consider anchoring programs such as BOOST and the secondary school subsidy in national laws and regulations.</td>
<td></td>
</tr>
<tr>
<td>Improve coordination between social assistance programs to achieve holistic support for households, administrative efficiencies and cost effectiveness.</td>
<td></td>
</tr>
</tbody>
</table>
Social Protection Expenditure Review (SPER)

► A building block in the implementation of the Assessment Based National Dialogue (ABND)

► Identify the scope of SP in terms of risks and needs covered as well as existing gaps in coverage
SP Expenditure Review (SPER)

► Analyse cost & sources of annual expenditure (e.g. social security contributions, general taxation, domestic & foreign financing)

► Analyse the performance of the existing SP schemes in terms of coverage (#s and $)
SP Expenditure Review (SPER)

- Data collected follows structure of the ILO Social Security Inquiry (SSI) and its Technical guides
- The SSI consists of 3 questionnaires that are aimed at collecting information from
  - Ministry of Finance
  - Ministry of Labour
  - Social Security Board
- Work to start mid/end of April (6 months)
Conclusions

► Belize has taken incremental steps towards investment in social protection across the life cycle.
► Still very much a work in progress.
► Using evidence based decision making to incrementally improve service delivery for most vulnerable.