

SUMMARY

Annual Action Programme in favour of Belize to be financed from the 11th European Development Fund

1. Identification

EDF allocation	EUR 10,560,000 (health) + EUR 1,350,000 (PFM)
Total cost	EUR 11,910,000 of EU contribution
Basic act	11 th European Development Fund

2. Country background

The macroeconomic situation in Belize has weakened in 2016 compared to previous years. Real GDP growth slowed from 4.1 % in 2014 to less than 1 % in 2016 driven by lower oil exports and decreased agricultural and fishery production (Hurricane Earl). The unemployment rate increased to 11 % in September 2016 from 10 % in September 2015 mainly driven by an expanded labour force. The decline in oil and other commodity prices led to deflation in 2015, but the inflation rate turned positive in early 2016 on the back of higher food prices and fuel tax.

The overall fiscal deficit expanded to 8 % of GDP in FY2015/16 from 2.4 % of GDP in FY2014/15 mainly as result of partial settlement of liabilities related to the nationalized companies (BEL and BTL) and drove the public debt up to an estimated 90 % of GDP in 2016. The Government has just renegotiated the terms of the Super Bond for the third time, a debt that accounts for nearly 50 % of the country's total debt. The banks have lost a significant number of correspondent banking relationships (CBRs) which increased the cost of doing business to the detriment of economy.

On the positive side, the performance in the tourism sector continues to be robust. Tourism and agriculture are the main sources of income and employment in Belize. Tourism employs 28 % of the population and represents 21 % of GDP while agriculture employs 10 % of the labour force and contributes 13 % of GDP, mostly through exports of sugar and tropical fruits.

Poverty in Belize has substantially increased in recent years due to a stagnant economy and the impact of natural disasters. The latest Country Poverty Assessment showed that during the 2002-2009 period, the overall poverty rate increased from 34 % to 41 %, while extreme poverty increased from 11 % to 16 %.

Belize's main development challenges are rooted in its high vulnerability to external shocks, including terms of trade, natural hazards and impacts of climate change, while the government's ability to address these challenges is constrained by high debt levels (92 % in 2016) and limited fiscal space. Withdrawal of Correspondent Banking Relationships (CBRs) and low capital buffers in the banking system are key threats to financial stability.

3. Summary of the Action Programme

a). Health

The action aims at supporting the implementation of the Belize Health Sector Strategic Plan (BHSSP 2014-2024) aligned with the Horizon 2030 National Strategy and the Belize Growth and Sustainable Development Strategy 2016-2019. The main objective of "Achieving a better quality of life, for all Belizeans, living now and in the future" substantive changes in the different structures and functions of the sector will be introduced, with a view to increasing the equity of its benefits, the efficiency in its management, and the effectiveness of its actions to achieve the satisfaction of the health needs of the population. The specific objectives aim to (1) develop efficient, effective, disaster resilient and environmentally friendly health facilities, (2) strengthen the Health information system in collaboration with an organized surveillance system, and (3) improve the structure, organization and management of health services. These priority areas of the health sector reform were identified through various assessments done in the areas of the SMART Hospital assessment, the Health Information System and International Health Regulation capacity. The implementation period is five years (2018-2022) with a total cost of EUR 11,600,000 of which the EDF contribution is EUR 10,560,000.

b). Public Finance Management

As reported by the two consecutive PEFA (2008 and 2013), performance of PFM reform remained generally weak, with low transparency and accountability, thereby leaving public finances vulnerable to misuse. The latest 2013 PEFA assessment indicates that Belize still faces many challenges in public finance management and the lack of certain key reform interventions within a range of other key PFM institutions (i.e., Ministry of Finance, Ministry of Economic Development, Contractor General Department, Office of Auditor General, etc.).

The momentum for PFM reform appears to have increased since the commencement of PFM – Reform Action Plan (PFM – RAP) in July 2015 with support from CARTAC. There is plenty of room for improvement and the action plan can be further optimized as long as enduring weaknesses can be addressed through a more collaborative and coordinated effort within Government and under broader discussions with relevant donors. Following extensive discussion with the Government on its priorities and taking account support from other donors in other areas, the programme will support a specific set of activities from the GoB's PFM Reform Plan.

The overall objective of the PFM project is to achieve a more efficient public finance management by improving the legal framework corresponding to strengthening the internal and external audit and contractor general and strengthening the PFM oversight and control functions. The expected results are as follows: (i) Improved PFM legal framework, (ii) Set-up IAU and pilot units across government, (iii) Strengthened AG's and CG's capacity and (iv) Improved PFM coordination. The implementation period is 4 years with an EDF contribution of EUR 1,350,000.

4. **Communication and visibility**

Adequate communication and visibility is a legal obligation for all external actions funded by the EU. The actions shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan for each action, to be elaborated at the start of implementation and supported with the budget provided under each decision.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

The communication and visibility measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

5. **Cost and financing**

Main Activities	EU contribution (amount in million EUR)
Health	10,560,000
PFM	1,350,000
Total	11,910,000

The Committee is invited to give its opinion on the attached Annual Action Programme in favour of Belize.



ANNEX 1

of the Commission Decision on the 2017 Annual Action Programme in favour of Belize to be financed from the 11th European Development Fund

Action Document for Health Support Belize

1. Title/basic act/ CRIS number	<u>Health Support Programme Belize</u> 11 th EDF CRIS number: FED/2015/039-232			
2. Zone benefiting from the action/location	Belize – Caribbean region The action shall be carried out at the following locations: Countrywide.			
3. Programming document	11 th European Development Fund; Multiannual Indicative Program (2014-2020)			
4. Sector of concentration/ thematic area	HEALTH	DEV. Aid: YES		
5. Amounts concerned	Total estimated cost: EUR 11,600,000 Total amount of EDF contribution: EUR 10,560,000 This action is co-financed in joint co-financing by: - the Government of Belize for an amount of EUR 900,000 - potential grant beneficiaries for an indicative amount of EUR 140,000.			
6. Aid modality(ies) and implementation modality(ies)	Project Modality <ul style="list-style-type: none"> • Indirect management for PAGOda with Pan American Health Organisation PAHO • Direct management for procurement of service contracts • Direct management for procurement of grant contracts (Call for proposals) 			
7. a) DAC code(s)	12 110 Health policy and administrative management 12 230 Basic Health Infrastructure			
b) Main Delivery Channel	International Organisation (PAHO): 70 %			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	X
	Aid to environment	<input type="checkbox"/>	X	<input type="checkbox"/>

	Gender equality (including Women In Development)	<input type="checkbox"/>	X	<input type="checkbox"/>
	Trade Development	X	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, Newborn and Child health	<input type="checkbox"/>	X	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	X	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input type="checkbox"/>	X	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			

Summary

The Health Sector in Belize is confronted with many challenges and constantly evolving due to the introduction of technologies, emerging diseases, the burden of Non-Communicable illness and the threats of weather-related disasters. Therefore, the sector must be strategic in addressing these challenges. This action aims at supporting the implementation of the Belize Health Sector Strategic Plan (BHSSP 2014-2024) aligned with the Horizon 2030 National Strategy and the Belize Growth and Sustainable Development Strategy 2016-2019.

The main objective of *"Achieving a better quality of life, for all Belizeans, living now and in the future"* substantive changes in the different structures and functions of the sector will be introduced, with a view to increasing the equity of its benefits, the efficiency in its management, and the effectiveness of its actions to achieve the satisfaction of the health needs of the population.

The specific objectives aim to (1) develop efficient, effective, disaster resilient and environmentally friendly health facilities, (2) strengthen the Health information system in collaboration with an organized surveillance system, and (3) improve the structure, organization and management of health services. These priority areas of the health sector reform were identified through various assessments done in the areas of the SMART Hospital assessment, the Health Information System and International Health Regulation capacity.

The implementation period is five years (2018-2022) with a total cost of EUR 11,600,000 of which the EDF contribution is EUR 10,575,000.

1. CONTEXT

1.1 Sector context

Belize is located on the northeastern coast of Central America. The total land area is 22,960 square kilometers (8,860 sq miles) and with a population of approximately 350,000 inhabitants Belize possesses the lowest population density in Central America. About 51 % of its total population reside in rural areas. With a nominal gross domestic product (GDP) estimated at USD1.5 billion and GNI/capita at USD 3,810 in 2011, the small

economy of Belize is vulnerable to external shocks. Between 1980 and 2012 Belize's Human Development Index (HDI), rose by 0.5 % annually from 0.621 to 0.702, which positions the country as a medium level developing country, slightly below the regional average.

WHO data (2013) indicate that under-five mortality rate (per 1000 live births) and maternal mortality ratio (per 100,000 population) respectively decreased from 40 to 17 and from 75 to 45. Over the same period deaths from HIV/AIDS and tuberculosis among HIV/negative population registered substantial increases as well as ischaemic heart diseases, diabetes and cancers. Belize has approximately 15 registered nurses/10,000 persons, which compares with the Caribbean median of 17/10,000 population, but is very below the median of 105/10,000 in developed countries. Furthermore, the physician-population ratio is even wider with one physician/1,000 persons. In addition, quality and distribution of key staff are subject to high turn-over of staff migrating towards neighboring countries (U.S.A. Mexico, Guatemala). The health sector was reformed in the early 90s when health services were partially decentralized and health regions emerged.

The current organizational structure of the MOH supports delivery of services, regulation and policy development.

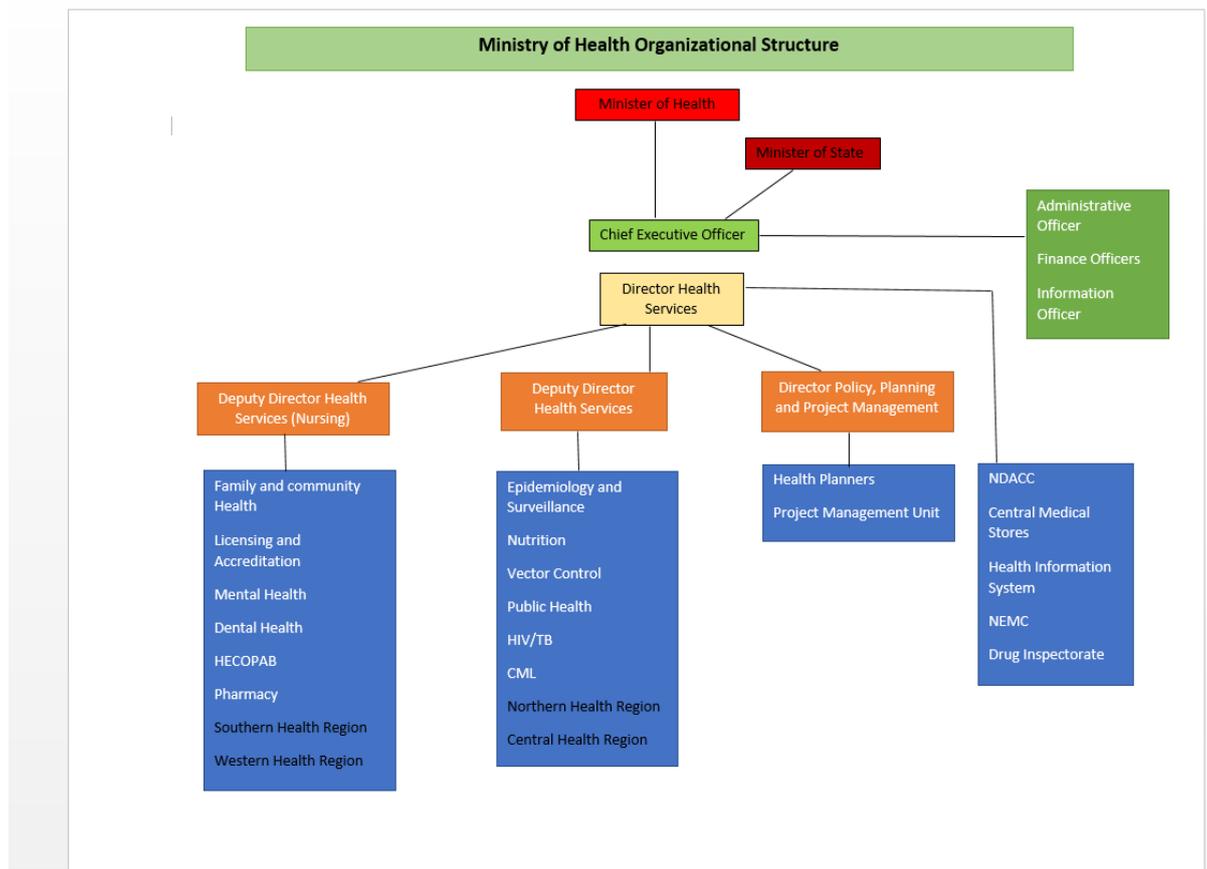


Fig. 1 Ministry of Health Organizational Structure

The Government of Belize is the principal funder for the Belize Health Care System. Approximately 63 % of health sector funds are provided by the Government, 32 % by the

private sector and 6 % from external sources. The total health expenditure is approximately 5.4 % of GDP and the total per capita was USD455 in 2010. When compared to other countries in the Caribbean and Latin America, Belize has the lowest per capita expenditure on health, however in many instances the same or higher life expectancies, indicating that the limited funds available for health are used efficiently.

1.1.1 Public Policy Assessment and EU Policy Framework

Horizon 2030 outlines the Government of Belize's approach to the development of the country. As it relates to health, *Horizon 2030* is aimed at improving equitable access to quality care, with the ultimate goal of improving the quality of life and life expectancy of all men and women, boys and girls. This long term development strategy is implemented through medium term plans, currently the *Growth and Sustainable Development Strategy 2016-2019*, which focus on social cohesion and resilience and is aligned to the development framework for the health sector.

In April 2014, the Government of Belize adopted the "*Health Sector Strategic Plan (HSSP 2014-2024)*", guided by the WHO Health Systems Framework. The *HSSP* is focused on people-centred care through improvement of the quality of services while ensuring equity and efficiency in the provision of health services. It also pursues the goal of Universal Health Coverage with the aim to ensure an equitable, efficient, effective and sustainable health system. For this purpose it identifies seven strategic objectives: i) Integrated Health Service based on Primary Health Care for improved Health outcomes; ii) Strengthening the Organization and Management of Health Services; iii) Achieving Greater Equity, Cost Effectiveness and Efficiency in the Allocation and Use of Health Resources; iv) Strengthening Capacity for Human Resources for Health Planning to meet present and future Health sector needs; v) Strengthening of the Belize Health Information System to support Evidence-based planning in the provision and delivery of Health Care; vi) Development of Quality Improvement framework to ensure stakeholder accountability; and vii) Efficient and Effective Health Infrastructure Development.

In addition, the *Belize Health Information Strategic Plan (2010-2015)* is aimed at the expansion of the BHIS to rural health facilities, reinforce control of NCDs via the use of decision- support tools and the strengthening of disease surveillance.

The European Union's "*Agenda for Change*" aligns to partner country/region and particular emphasis is given to reducing the exposure of developing countries to global shocks including climate change, ecosystem, and resource degradation, and volatile and escalating food and energy prices. The EU is committed to applying aid effectiveness principles in its development cooperation. The Commission is a signatory to the *International Health Partnership (IHP+)* which applies aid effectiveness principles to the health sector and promotes the alignment to and support of a national health plan, a national health budget or national monitoring system for health. This action also supports the achievement of the *Sustainable Development Goals*, not only related to "good health and well-being" (No.3) and its related 17 targets but also others main goals such as safe water and sanitation (No.6), clean energy (No.7), reduced inequalities (No.10) and climate action (No.13).

This Action is also in line with EU gender Policy Gap II (2016-2020), in particular objectives 10, 11, 12 related to equitable access to health services. The entire population of Belize will benefit from the project; however the focus is on strengthening equitable health care services

and improving access to quality primary health care that is directed at rural communities and vulnerable populations. The model of *Integrated Health Care Service* is expected to reduce existing inequalities by reorganizing the primary health services across the country, regardless of geographic location, socioeconomic status and medical provider. The model is a family-centred approach, making services accessible to adolescents, boys and men, since they tend to demonstrate poor health seeking behaviours increasing their risk for poor health outcomes. In addition, the Health Information System and surveillance will make data readily available to ensure appropriate decisions and deployment of a rapid response to prevent potential disease outbreaks. Therefore the enhancement of the health information and surveillance system is a critical factor in the improvement of healthcare services and reducing inequalities in health while making the health care system more effective and efficient. As it relates to the infrastructure improvement, it will have an indirect benefit for women and families in the rural areas because 95 % of all deliveries are done in a health care facility, whether at the regional and community hospitals. The focus on SMART health facility will reduce their operational costs thus save public expenditures and funds can be reallocated to support other public health programs.

1.2 Stakeholder analysis

National Stakeholders

The Government of Belize is the main stakeholder, in particular the Ministry of Health (MoH) and the Ministry of Economic Development and Petroleum (National Authorizing Office). The MOH is responsible for the provision and regulation of health in Belize and coordinating with other line ministries such as education, human development and local governments as key partners on policy and implementation levels. The Karl Heusner Memorial Hospital Authority is one of the MoH major partners since it is the national referral hospital with responsibility for the provision of tertiary level service for the entire country while also providing secondary care for the Belize District and the two largest Islands. The National Health Insurance Management supports the provision of services at the primary care level and is working with the MoH to achieve universal access to primary health care services in Belize. Furthermore, the governmental Social Investment Fund supports the MoH in improving access to health services and quality of life through the infrastructure development of health facilities and water systems to improve the coverage of potable water in remote rural communities.

The private sector is another key partner in the National Health Insurance purchasing mechanism. Presently, the NHI contracts services from the Belize Health Care Partners and Belize Medical Associates as well as from several private pharmacies. In addition the private sector contributes towards health information for mandatory disease reporting and all diseases under surveillance. In each district the private sector forms part of the surveillance committees for preventing disease outbreaks and disaster response.

In coherence with the goals of equity and reduction of inequalities, the ultimate beneficiaries will be the citizens (men and women, girls and boys) of Belize who will benefit from country-wide programs aimed at addressing the country's high rates of NCD, improved effectiveness and management within the health centers and health facilities resilient to storms and flooding.

International and Regional Stakeholders

The Pan American Health Organization (PAHO) is one of the MOH main partners since many years. This project will benefit PAHO because it will make use of and increase PAHO's

expertise in the SMART and Safe Health Facilities Initiative as well as supporting the MOH through technical assistance for the strengthening of the organization management of the health sector.

The MOH is a member of regional initiatives such as the Council of Ministers of Health of Central America and the Dominican Republic (COMISA) that provides technical assistance to member states to improve the health system within this region. Also, the Caribbean Public Health Agency (CARPHA) is a key stakeholder in strengthening the surveillance, laboratory and research framework within the Caribbean region. CARPHA is Belize's reference laboratory and the MOH receives support from the Gorgas Institute in Panama through its regional commitments to support surveillance and the laboratory services.

The Government of Belize also established bilateral agreements with Cuba and Nigeria to complement its human resource cadre and meet the demand for health care services in areas of medical specialist and nurses.

Civil society organizations (CSOs)

Despite their limited number, CSOs will be an important complementary partner in both service delivery and governance of the sector. As an example, the Belize Cancer Society (BCS) works in the area of cancer prevention also with emphasis on the common risk factors of NCDs. This organization has previous experience in collaboration with the MOH and other CSOs such as the Kidney and Diabetes Associations.

1.3 Priority areas for support/problem analysis

Reliable and functional **health infrastructure** is essential for the provision of equitable, safe, quality health services as well as for the efficient use of health resources. Due to Belize's geographic location, the country is at risk for water-related hazards, such as floods, storms, cyclones, and droughts. Therefore, it is essential that health care facilities are properly prepared and equipped which is critical since they must remain operational before, during and after a natural disaster. As part of the essential infrastructure of any health system, the Central Medical Laboratory (CML) is a critical service for confirmatory testing and surveillance of the public health system. The CML provides the central screening of samples for blood donation for both public and private sector in Belize and results are uploaded in the Belize Health Information System and releases at the regionally level.

The MOH, through the assistance of PAHO, conducted so far assessments of 26 health installations throughout the country which cover more than 80 % of the population. The specific toolkit for evaluation is considering the following aspects:

- Improving the structural safety of health care facilities;
- Reducing energy and water use;
- Boosting energy security with low carbon, renewable sources;
- Improving air quality and reducing harmful emissions;
- Strengthening disease surveillance and control;
- Equipping structures with efficient and environmentally friendly appliances and fixtures.

The DFID-funded Smart Hospitals Initiative developed a comprehensive Toolkit which provides guidance on achieving a balance between safety and an environmentally-friendly setting in health care facilities in the Caribbean, thus contributing to the goal of climate-smart and disaster-resilient hospitals – a balance that is achieved by targeting interventions that lessen the vulnerability of health facilities to natural hazards and the potential effects of climate change, while reducing their carbon footprint as well. The Toolkit was designed for

all personnel associated with the overall management and operations of health care facilities. SMART Hospitals are evaluated in terms of green, structural, functional and non-functional aspects with two instruments: The Green Checklist and the Hospital Safety Index. A SMART health facility would be able to have reductions in expenditures related to utility bills, reduced greenhouse gas emissions, improved air and light quality, enhanced physical access to hospitals, improved access to safe water and improved safety conditions.

The present action will support the refurbishing and retrofitting to SMART standards of selected health facilities, with focus on the regional hospitals and the central laboratory. The selection of facilities to be refurbished, reconstructed and equipped will be decided through a joint exercise between the implementing agency PAHO and the MoH taking into account aspects as health coverage, cost-benefit and gender-responsive sustainability.

A well designed and inter-connected electronic **health information system** is the backbone of any health care system. The information is used by management teams to make timely evidence base decision and improvements for service delivery. Such a system also assists with the surveillance of communicable diseases such as dengue, malaria, fever, and rash etc. on a real time basis. The MOH, with support from PAHO, has conducted assessments of the health information system and the country International Health Regulations (IHR) capacity and these assessments outlined major gaps in data management and surveillance systems. There are rural health facilities that do not have access to the health information system which constitutes a critical issue to implement actions for a timely control of diseases and evidence base planning. Also, the Laboratory Module of the BHIS needs to be enhanced to ensure real-time sample monitoring and traceability as well as the inclusion of surveillance performance indicators and automated outputs to improve the monitoring of disease surveillance. This project will upgrade the existing Belize Health Information System (BHIS), introduce new modules, expand to rural communities and ensure effective use of data among connected health facilities.

Primary health care services need strengthening in the areas of **gender-responsive management of health services, surveillance of diseases and service delivery network**. Belize continues to undergo an epidemiological transition in which non-communicable diseases (NCD) have become increasingly prominent in the disease profile, formerly characterised by communicable diseases such as dengue, malaria, fever, and rash etc. Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are responsible for approximately 40 % of deaths annually. Timely screening and access to comprehensive integrated health services with high resolution capacity at the primary care level reduces fragmentation of care and improve outcomes for patients with NCDs and prevent those that are at risk. Also, the service delivery network must be improved as well as the organizational structure related to planning and sector governance in order to meet the changing demands of the healthcare system. Several barriers to gender equality affect the health sector:

- i. Health services and facilities: Rural women must travel to urban centres to seek quality health care. This puts them at particular disadvantage if they are unemployed, lack support for child-care or exist in particularly abusive relationships. In addition, access to these facilities would be impossible for the entire population if they are not made disaster resilient.
- ii. Family planning services (including non-communicable diseases): Women who lack knowledge of the proper use of contraceptives will not benefit from the expected effects and lose the opportunity to plan and adequately space child-bearing. Their ability to

participate in the employment domain in order to gain autonomy is therefore limited. There is need for the strengthening of the organization and management of health services with a focus on the needs of women. Women who must perform the roles of motherhood along with work in the homes or in paid labour and who are not attentive to balancing their roles with exercise and taking care of their nutritional needs, should recognize the imminent threats of death from NCD. Employment and health policies that stress health and wellness of women must therefore be enforced.

- iii. Maternal and infant health (teenage pregnancy and abortion): Education systems which prevent students from accessing the full suite of information on sexuality and reproduction, knowledge of the risks during pregnancy and access to safe termination of pregnancies continues to be harmful to women and girls. There is need for sustained strengthening of health information systems through-out the population (and in schools) with particular attention on rural communities and at-risk youth.

The action will provide funds to PAHO in order to assist the MOH in the restructuring process of the health management and the delivery network.

2. RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
<u>Natural disasters and climate variability</u> Hurricanes and floods and other climate change effects can impact severely on Belize's institutional and financial capacities.	M	Good coordination with National (NEMO) and regional (ECHO offices) institutions delegated to deal with natural disasters and related emergency plans strengthened.
<u>Unforeseen Health emergencies (i.e. Zika virus)</u> Spreading of unforeseen health emergencies can over-stretch Belize's limited human resources and infrastructures	M	Increased coordination with neighboring countries and regional/international Public Health organizations.
<u>Inter-Institutional Coordination</u> Communication and sharing of information among stakeholders is partial and unsatisfactory	L	Central Government enforcing transparency law allowing for full project disclosure to all relevant stakeholder(s), including gender-relevant stakeholders. Project coordination mechanism established and operational.
<u>Socioeconomic instability</u> Rural economic face decline causing movement of populations towards urban centers	M	MOH to analyse demographic and geographic changes and identify future needs of health centre/hospitals. Gender-responsive elements (for ex. women's needs) are considered in the needs assessment.
<u>High turn-over of health staff</u> affects the program	M	MOH to design a strategy to make work in health facilities more attractive.
<u>Local/Decentralized authorities</u> unable to cope with their role and responsibilities	L	Institutional capacity is created and strengthened and transfer of funds to decentralized authorities remains reliable and continuous.
Assumptions		
➤ Stakeholders, including government institutions, civil society, and private sector, participate in the		

- definition of gender-responsive sector policies and strategies, and their translation into actions;
- Government budgetary allocation to health sector remains stable or increases over the next years;
- Government commitment (including commitment to gender equality and equity) and strategic direction remains constant of the five year period.

3. LESSONS LEARNED, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

With a small population in comparison to its land area, Belize experiences challenges with the quality and distribution of senior government staff in particular related to project management. UN agencies are present in Belize (UNDP, UNICEF, PAHO, and UNFPA), however the implementation of projects through these agencies also showcased their issues of limited core staff and promoting local ownership of projects. National and international civil society organizations and private sector operating in the country are also few with inexperienced and insufficient management expertise. As a result, the absorption capacity of the country is limited.

Lessons learnt from ongoing and past EU funded interventions in Belize (EDF, AMS, and BAM) indicate that the choice of appropriate aid modalities is important for improved aid effectiveness and local ownership. In particular, consideration must be given to include local capacity building opportunities in the selected focal sector, including project management, procurement, monitoring and evaluation capabilities.

3.2 Complementarity, synergy and donor coordination

The *HSSP* will build on and complement past EU interventions funded under 10th EDF (BRDP II), Sugar (AMS) and Banana (BAN) Protocols and other funding agencies, namely:

- Prevention and control of dengue and malaria: Under the 10th EDF, a Contribution Agreement (CA, EUR 865,800) with PAHO supported the MOH to prevent and control vector-borne diseases.
- Maternal and neonatal services: Also under the 10th EDF, another CA of EUR 2,138,769 with PAHO improved the quality of and access to health services and infrastructure for mothers and children under 5, with emphasis on preventing maternal and neonatal mortality.
- Bananas (BAM 2013): Through a Programme Estimate (PE), jointly managed by the MOH and NAO, two clinics/polyclinic in the banana growing districts were upgraded (confined construction/works and medical/lab equipment) to strengthen the status as referral health facilities for satellite clinics in the southern region. Improvement of basic sanitary measures targets ten local primary schools, in Stann Creek and Northern Toledo.
- DFID: SMART hospital project (GBP 2M) is concentrated on the upgrading the small to medium sized health primary care facilities in Belize based on the safe and green standards that consider the protection of the environment and creating health facilities that are resilient to emergencies and disasters.
- The Global Fund: The grant of USD 7.5 million supports at-risk populations with essential prevention and outreach services, support the development of a stronger health care workforce, and more recently, help fight stigma and discrimination in Belize with a new Global Fund HIV-TB grant at the beginning of 2016. The Global Fund also funded with a grant of USD 3.3 million the National TB response in Belize that focuses on strengthening case finding, training health workers in management of TB cases, and enhancing diagnostic capacity.

The program will also build on past ECHO funded actions in the Caribbean related to Safe Hospitals through PAHO. ECHO has been supporting PAHO in the Caribbean region for the Safe Hospital strategy and this new programme is clearly complementing past interventions.

3.3 Cross-cutting issues

Gender: The GoB has made good progress in public policies for gender equality, but at the same time, their application still faces great challenges. To align national policy and gender equality principles, priority should be given to the promotion of greater participation of women in community affairs starting with training and the organization of women's groups and above all their participation in all initiatives implemented by this action. This project's component on improving access to and quality of basic health services is addressing primarily women and children as 95 % of all deliveries are done in regional and community hospitals. Men and adolescents are also addressed as they demonstrate poor health seeking behaviors and usually reach a health facility only when their condition has already deteriorated and require hospitalized care. The Integrated Health Care Model will assist health facilities to make it more attractive for young adolescent and men to access care, establishing promotion of services to target these age groups and gender. The component of upgrading and expanding the Belize Health Information System (BHIS) will provide sex-aggregated data which would facilitate to better assess and respond to gender aspects in the health sector.

An initial gender assessment was carried out by the EU in 2017 and shared with the NAO which programmed already a wider study during 2018. Results and recommendations will be taken into account when implementing the present action.

Environment: A well-known post-hurricane challenge is the availability of energy to run the myriad of hospital equipment(s) needed for care to be provided. In most instances, generators provide that source of energy, however, the negative effect on the environment caused by fossil fuel driven generators is a documented fact. Belize is keen on adopting the technology that would be environmentally friendly and still provide cheaper and sustainable energy. Under the SMART hospital assessment framework safe and reliable energy supply is also evaluated. This action will implement the necessary measures that would prepare and equip health facilities to convert them into safe (disaster resistant) and green (energy efficient and sustainable energy source) environmentally friendly infrastructures. This includes also the important aspect of waste management. As this action proposes a component for improving management capacities and surveillance of diseases, better data on vector-related diseases (dengue, zika and malaria) will be generated and facilitate focussed and timely measures of the health authorities, mitigating some effects of the global warming and climate change.

4. DESCRIPTION OF THE ACTION

This programme is relevant for the Agenda 2030. It contributes primarily to the progressive achievement of SDG Goal No 3 "*good health and well-being*", but also promotes progress towards Goals No.6 (water and sanitation), No.7 (clean energy), No.10 reduced inequalities and No.13 climate action. The Government of Belize is challenged to lead the process of sustainable development. As health is one of the key sectors that contribute to this policy direction, it is incumbent on the sector to seek ways and means of adopting standards and technology that support the Governments direction. The main component of the present

action constitutes the *green and smart* upgrading of health facilities which could provide strategic starting points for the private sector and other government entities within the framework of disaster preparedness and mitigation.

The main component of the action consists in the improvement of infrastructure and equipment of secondary healthcare facilities to become SMART and Safe and support climate resiliency. The Central Medical Laboratory (CML) is part of the secondary care support service and is included under this component. The action is therefore complementary to the ongoing DFID funded PAHO project that is upgrading first level of care facilities. However, once the final BAT assessment of secondary health facilities is concluded and budgets for refurbishment/reconstruction and equipment are estimated for each of the selected infrastructures (initially: 3 regional hospitals, 3 community hospitals and CML), the possibly available left-over funds will be destined to primary healthcare facilities based on aspects such as coverage, access and equity.

This component also includes the training of health staff in SMART facility and BAT assessment, will establish health facility maintenance plans and create an electronic repository system for digitalization of facility assessments and infrastructure designs. Simultaneously, a multi-hazard plan will be developed and training provided to health management teams in disaster response and preventive maintenance.

The second component concerns the upgrade of laboratory, public health and electronic clinical records modules in the Belize Health Information System (BHIS). New modules will capture medical information, supply chain management and productivity information for evidence-based decision making. The development of a Cancer Registry will also be included. The BHIS will be expanded to rural health facilities increasing coverage and improving access to basic primary health care since it will be able to provide laboratory and radiology results to community hospitals and health centres respectively. The expansion will also support training of human resources in the field of epidemiology, disease surveillance and data management.

The third component of the proposed action is twofold: Firstly, the development of an Integrated Care Model for service delivery, with focus on primary care services, reducing fragmentation and segmentation of services which ultimately diminishes the quality of services and increase health care cost. This goes in hand with the design of a national Nutrition Policy and the education for preventing NCDs. Secondly, the Health Sector Reform will be revised in order to adapt the organizational structure and function of the Ministry of Health to foster the model of care and support the network of services while integrating the different stakeholders and partners in health. Training in results-base management, strategic planning, and program budgeting and the establishment of a M&E system for the sector are also programmed.

4.1 Objectives/results

Overall Objective (GSDS 2016-2019):

"Achieving a better quality of life, for all Belizeans, living now and in the future."

Specific Objective 1: *To develop efficient, effective, disaster resilient and environmentally friendly health facilities.*

Expected Results:

- 1.1 Three (3) regional hospitals and three (3) community hospitals retrofitted based on the SMART concept and climate-disaster resiliency.
- 1.2 Central Medical Laboratory refurbished and equipped.
- 1.3 Multi Hazard Plan developed and health staff trained.

Specific Objective 2: *To strengthen the Health information system in collaboration with an organized surveillance system.*

Expected Results:

- 2.1 Health Information System expanded to rural health facilities
- 2.2 Information system upgraded, interconnected and functional.
- 2.3 Develop a Cancer Registry.
- 2.4 Training to health management teams/staff in BHIS, Surveillance and epidemiology and IDC 10

Specific Objective 3: *To improve the structure, organization and management of health services.*

Expected Results:

- 3.1 Integrated Health Service Delivery Network approach implemented in all regions, including primary care services.
- 3.2 Health system re-organized with improved efficiencies and organizational management, fostering partnership with different stakeholders.
- 3.3 National Nutrition Policy designed and promoted.
- 3.4 Training in results-base management, strategic planning, and program budgeting and Monitoring and Evaluation system functional.

4.2 Main Activities

Specific Objective 1:

- SMART Facility and Base Assessment Tool completed for 50 health facilities and final design for works and tender dossiers elaborated.
- Tendering of supervision of works.
- Upgrade of Northern Regional, Southern Regional and Western Regional Hospitals.
- Upgrade of Punta Gorda and San Ignacio and Corozal Community Hospitals.
- Upgrade and retrofitting of Central Medical Laboratory.
- Develop a health facility preventive maintenance plan.
- Create an electronic repository system for the digitalization of facility assessments, infrastructure designs, etc. for information storage and sharing.
- Develop a Multi-Hazard Plan and training for health teams in disaster preparedness.
- Capacity building of MOH staff and disaster response teams.

- Training of NEMC and regional maintenance staff in preventive maintenance.

Specific Objective 2:

- Upgrade of the Belize Health Information System with laboratory, public health and electronic clinical records modules.
- Expand Belize Health Information System to rural facilities.
- Develop a Cancer Registry.
- Develop M& E indicators within the BHIS.
- Training for surveillance and data system.

Specific Objective 3:

- Develop an Integrated Care Model for service delivery focussing on primary care services.
- Develop a National Nutrition Policy
- Promotion health and education for preventing NCDs.
- Assess the Health Sector Reform and reorganize the organizational structure.
- Training in results-base management, strategic planning, and program budgeting.
- Design and implement a Monitoring and Evaluation System for the health sector.

4.3 Intervention Logic

An improved infrastructure of the health facilities, focusing on the very important regional level and crucial complementary services, will only develop full functionality after the reorganization of the health sector through (i) a new and adapted structure of the health management system and (ii) improved technical skills and capacities. However, both components rely on the upgraded and expanded health information system to collect health data and provide timely and accurate information. At the same time, climate change adaptation through improved disaster plans will have no effect without counting on resilient and safe health facilities. This holds true also for disease surveillance plans which can only be implemented through a functional information system connected to all medical facilities and the private sector.

Consequently, the three components of this action, coherent with the overall sector reform plan (HSSP 2014-2024), are complementary among each other. As all components will be implemented simultaneously through an operational project coordination mechanism under the leadership of the MOH, their individual effects will operate as catalyzers for the overall objective of the action which is a high performing and improved health services for the improved health and well-being of the population of Belize. The implementation modality chosen will provide the best available technical expertise for each component. As regional knowhow and expertise will be provided through the implementing partners, the MOH is not required to strain human resources on project management and administrative procedures but can concentrate on its core functions of policy design and the provision and regulation of health in Belize.

The Integrated Health Service Delivery Network is based on a model of care that is focused on reducing fragmentation and improves coordination within the health care system. Fragmented care can result in barriers to access, major inefficiency in care, higher health care cost, suboptimal quality of care and poor adherence to treatment and adverse outcomes for

patients with chronic disease conditions. At the same time, Primary Health Care is a comprehensive concept based on socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. In strengthening the model of care in the service delivery network for non-communicable diseases such as diabetes, cardiovascular diseases, and cancers and the establishment of strong health promotion and education strategy for NCDs, the country can reduce the prevalence of these conditions while providing information and comprehensive care for those that are already diagnosed to prevent complications.

The healthcare system needs to ensure that it has the capacity to meet the demands of the changing health care needs and epidemiological profile of the country while using strategic approaches for management. With limited financial resources and increase health care cost it is critical for the MOH to reorganize the system to adequately use the limited resources and prevent duplication of efforts while integrating the partnership with its different stakeholders. This expected result will be obtained through the implementation of the results based management framework, program budgeting and the implementation of a national monitoring and evaluation framework for the health system. These concepts will need to be integrated into the national health policies and plans, training of all levels of management to transform the operational management of health improving the efficiency in health with equity.

Apart from the expected results of the proper action, the benefits surpass the health sector by achieving a better quality of life for all Belizeans. Most importantly, the people of Belize will be better prepared to withstand the permanent threat of water related hazards (storms, flooding). The reduction of potential damage to the hospital infrastructure and equipment as well as the surrounding environment will have positive impact on the national treasury related to reconstruction and maintenance. Another considerable cost saving will be generated by the SMART and GREEN concept since it comprises electrification and energy efficiency, alternative water supply, waste and solid waste management, reducing the utility bill for health facilities.

5. IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 0 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of Regulation (EU) No 322/2015.

5.3 Implementation modalities

5.3.1 Grants: Call for proposals (direct management)

(a) Objectives of the grants and fields of intervention

The objective is to promote the participation of Civil Society in the health sector reform process. CSO interventions will focus on projects to women, children and vulnerable groups, to overcome inequalities of access to health services and to procure accountability of the public action in the sector.

(b) Eligibility conditions

Potential applicants are civil society and non-governmental organisations legally established in Belize, local authorities of Belize and international organisations. Subject to information to be published in the call for proposals, the indicative amount of the EU contribution per grant is EUR 200,000 and the grants may be awarded to sole beneficiaries and to consortia of beneficiaries (coordinator and co-beneficiaries). The indicative duration of the grant (its implementation period) is 24 months.

(c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants under this call is 80% of the eligible costs of the action. The rate may be higher if the auto-financing capacity of the targeted beneficiaries is weak. In accordance with Articles 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100 %. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative timing to launch the call: First semester 2019.

5.3.2 Procurement (direct management)

Subject in generic terms, if possible	Type (works, supplies, services)	Indicative number of contracts	Indicative trimester of launch of the procedure
Technical Assistance for the upgrade and expansion of the Belize Health Information System (BHIS), specific objective 2	Services	1	Second semester 2018
Call for Proposals for CSO actions	Grants	3	First semester 2019
Audit, evaluation and visibility contracts	Services	4	2021 - 2023

5.3.3 Indirect management with an international organisation

A part of this action may be implemented in indirect management with the Pan American Health Organisation (PAHO) in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) No 323/2015. This implementation entails the implementation of Specific Objective 1 (*Develop efficient, effective, disaster resilient and environmentally friendly health facilities*) and Specific Objective 3 (*Strengthen the organization and management of health services*) of the present action. This implementation is justified because PAHO is the regional organisation of the World Health Organisation, highly specialised and widely experienced in the thematic of the action. In effect, PAHO carried out already the first phase of the SMART health facility assessment (main component) and is collaborating since years with the MOH on the health sector reform providing technical expertise and regional knowhow.

The entrusted entity would carry out the following budget-implementation tasks:

Outcome 1:

- SMART Facility and BAT Assessment completed for 50 health facilities.
- Final designs for works and tender dossiers elaborated for selected facilities.
- Tendering of supervision of works.
- Upgrade of Northern Regional, Southern Regional and Western Regional Hospitals.
- Upgrade of Punta Gorda and San Ignacio Community Hospitals.
- Upgrade and retrofitting of Central Medical Laboratory.
- Develop a health facility preventive maintenance plan.
- Create an electronic repository system for the digitalization of facility assessments, infrastructure designs, etc. for information storage and sharing.
- Develop a Multi-Hazard Plan and training for health teams in disaster preparedness.
- Capacity building of MOH staff and disaster response teams.
- Training of NEMC and regional maintenance staff in preventive maintenance.

Outcome 3:

- Develop an Integrated Care Model focussing on primary care services.
- Develop a National Nutrition Policy.
- Promotion health and education for preventing NCDs.
- Assess the Health Sector Reform and reorganize the organizational structure.
- Training in results-base management, strategic planning, and program budgeting.
- Design and implement a Monitoring and Evaluation System for the health sector.

The entrusted international organisation is currently undergoing the ex-ante assessment in accordance with Article 61(1) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) No 323/2015. The Commission's authorising officer responsible deems that, based on the compliance with the ex-ante assessment based on Regulation (EU, Euratom) No 1605/2002 and long-lasting problem-free cooperation, the international organisation can be entrusted with budget-implementation tasks under indirect management.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

5.6 Indicative budget

Key Activities	Amount				Implementation Modality
	EU	GoB	CSO	Total EUR	
1. SO 1: Develop efficient, effective, disaster resilient, gender-responsive and environmentally friendly health facilities.	5,000,000	300,000		5,300,000	PAGoDA with PAHO
2. SO 2: Strengthen the health information system in collaboration with an organized surveillance system.	3,000,000	420,000		3,420,000	Service Contract
3. SO 3: Strengthen the organization and management of health services.	1,800,000	180,000		1,980,000	PAGoDA with PAHO
4. Call for proposals Civil Society participation in health reform process, including women's organisations.	560,000		140,000	700,000	Call for Proposals
5. Evaluation and Audit	100,000			100,000	Direct Management
6. Visibility	100,000			100,000	Direct Management
TOTAL	10,560,000	900,000	140,000	11,600,000	

5.7 Organisational set-up and responsibilities

The action will be implemented under the leadership of the Ministry of Health of Belize. The MOH will establish and chair the necessary coordination mechanisms with both sector stakeholders and implementing partners aiming to achieve the expected results and specific objectives. The National Authorizing Officer will assist the MOH in specific tasks related to administrative procedures, policy development and reporting.

Specific objectives 1 and 3 of this action will be implemented in indirect management. The EU Delegation is responsible for concluding a Pillar Assessed Grant or Delegation Agreement (PAGoDA) with the PAHO in line with the indication stipulated in chapters 4, 5.3.3 and 5.6. It is crucial for the achievement of these specific objectives that a close and regular coordination mechanism is established with PAHO and information is shared in a

timely and transparent manner in order to facilitate a mutual decision making under the leadership of the MOH.

Specific objective 2 will be implemented through an international technical assistance. The corresponding procedure will be launched by the EU Delegation but the evaluation and award procedure will be completed jointly with the MOH and NAO. Posterior follow up of the service contract will be realised by the MOH though administrative and financial issues will be managed by the EU Delegation.

The civil society will be called to offer their expertise and local knowledge to contribute to the sector reform process. The Call for Proposals will be launched by the EU Delegation according to chapter 5.3.1. It is expected that the respective contracts awarded to Civil Society Organizations will strengthen and expand the public activities of this action and that all sector stakeholders are coordinating and collaborating among each other to achieve the maximum impact of this intervention.

5.8 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports.

Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

Taking into account that many necessary data are not available, not reliable or not precise, it will be necessary to carry out several supporting studies (e.g. gender, environment, efficiency index, etc.) and make full use of the BHIS (e.g. sex disaggregated data, new thematic and regional reports, better frequency, etc.) which will be substantially improved under this action. A revised logframe will have to be developed after 18 months of having started this intervention in order to adapt indicators, including their baseline, targets and source of data.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the nature of the action, mid-term and ex-post evaluations will be carried out for this action or its components via independent consultants, contracted by the Commission. The mid-term evaluation will be carried out principally for learning purposes, in particular with respect to the achievement of expected results of the implementing partners. The ex-post evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that the action foresees changes in the organisational structure of the health sector as well as the development and implementation of several subsector plans.

The Commission shall inform the implementing partner at least three (2) months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Indicatively, one (1) contract for mid-term and ex-post evaluations services shall be concluded under a framework contract in 2020.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

Indicatively, one (1) contract for audit services shall be concluded under a framework contract in 2022.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation and supported with the budget indicated in section 0 above.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

6. PRE-CONDITION

This project is designed under the assumption that PAHO would carry out the majority of the programmed activities through a PAGOda contract to be concluded with the Commission. By means of a participatory process between MOH, PAHO and the EU Delegation, the details of the activities, the timeline, budget and procedures were analysed and mutually agreed. All partners confirmed their willingness and availability for assuming the different tasks of this action. It constitutes therefore a necessary pre-condition for this action that the PAGOda contract with PAHO is timely signed after the signature of the Financing Agreement. In the case that a PAGOda with PAHO cannot be signed in time, a PAGOda with another international organisation that is eligible for this type of contract will be negotiated.



ANNEX 2

of the Commission Decision on the 2017 Annual Action Programme in favour of Belize to be financed from the 11th European Development Fund

Action Document for 11th EDF PFM Belize

1. Title/basic act/ CRIS number	The 11 th EDF PFM, Belize, CRIS number: FED/2015/039-230 financed under the European Development Fund			
2. Zone benefiting from the action/location	Caribbean, Belize The action shall be carried out at the following location: Belize			
3. Programming document	The 11 th EDF Multiannual Indicative Programme 2014-2020 for cooperation between Belize and the EU			
4. Sector of concentration/ thematic area	Public Finance Management	DEV. Aid: YES		
5. Amounts concerned	Total estimated cost: EUR 1 350 000 (5 % of the NIP 2014-2020) Total amount of EDF contribution is EUR 1 350 000.			
6. Aid modality(ies) and implementation modality(ies)	Project Modality through: <ul style="list-style-type: none"> • Direct management (service contracts) 			
7 a) DAC code(s)	151 Government and civil society, general 15111 Public Finance Management			
b) Main Delivery Channel	Private consultancy			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women In Development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not	Significant	Main

		targeted	objective	objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			
10. Sustainable Development Goals (SDGs)	<p>The PFM Programme contributes primarily to the progressive achievement of:</p> <p>SDG 16: To promote just, peaceful and inclusive societies</p> <p>SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all</p> <p>SDG 17: Partnership for the goals</p>			

SUMMARY

As reported by the two consecutive PEFA (2008 and 2013), performance of PFM reform remained generally weak, with low transparency and accountability, thereby leaving public finances vulnerable to misuse. The latest 2013 PEFA assessment indicates that Belize still faces many challenges in public finance management and the lack of certain key reform interventions within a range of other key PFM institutions (i.e., Ministry of Finance, Ministry of Economic Development, Contractor General Department, Office of Auditor General, etc.).

The momentum for PFM reform appears to have increased since the commencement of PFM – Reform Action Plan (PFM – RAP) in July 2015 with support from CARTAC. There is plenty of room for improvement and the action plan can be further optimized as long as enduring weaknesses can be addressed through a more collaborative and coordinated effort within Government and under broader discussions with relevant donors.

In the light of the above, the aim of the 11th EDF PFM Project is to contribute to the improved management and oversight of public finances by building the organisational and operational capacity of an internal audit unit within Ministry of Finance (including pilot units across the government), strengthening Auditor General and Contractor General capacities and setting up of a PFM Working Group / Oversight Committee to guide and monitor the implementation of the PFM Action Plan, among others.

1 CONTEXT

Country context

The macroeconomic situation in Belize has weakened in 2016 compared to previous years. Real GDP growth slowed from 4.1 % in 2014 to less than 1 % in 2016 driven by lower oil exports and decreased agricultural and fishery production (Hurricane Earl). The unemployment rate increased to 11 % in September 2016 from 10 % in September 2015 mainly driven by an expanded labour force. The decline in oil and other commodity prices led

to deflation in 2015, but the inflation rate turned positive in early 2016 on the back of higher food prices and fuel tax.

The overall fiscal deficit expanded to 8 % of GDP in FY2015/16 from 2.4 % of GDP in FY2014/15 mainly as result of partial settlement of liabilities related to the nationalized companies (BEL and BTL) and drove the public debt up to an estimated 90 % of GDP in 2016. The Government has just renegotiated the terms of the Super Bond for the third time, a debt that accounts for nearly 50% of the country's total debt. The banks have lost a significant number of correspondent banking relationships (CBRs) which increased the cost of doing business to the detriment of economy.

On the positive side, the performance in the tourism sector continues to be robust. Tourism and agriculture are the main sources of income and employment in Belize. Tourism employs 28% of the population and represents 21 % of GDP while agriculture employs 10 % of the labour force and contributes 13 % of GDP, mostly through exports of sugar and tropical fruits.

Poverty in Belize has substantially increased in recent years due to a stagnant economy and the impact of natural disasters. The latest Country Poverty Assessment showed that during the 2002-2009 period, the overall poverty rate increased from 34 % to 41 %, while extreme poverty increased from 11 % to 16 %.

Belize's main development challenges are rooted in its high vulnerability to external shocks, including terms of trade, natural hazards and impacts of climate change, while the government's ability to address these challenges is constrained by high debt levels (92% in 2016) and limited fiscal space. Withdrawal of Correspondent Banking Relationships (CBRs) and low capital buffers in the banking system are key threats to financial stability.

1.1.1 Public Policy Assessment and EU Policy Framework

The Belizean authorities' new Growth and Sustainable Development Strategy (GSDS) is a detailed implementation plan that translates the vision articulated in the long term national development framework for 2010-2030 (Horizon 2030) into specific goals and policy actions for the period 2015-2018. Its overarching objective to improve the quality of life for all Belizeans both in the short as in the long term is anchored in 4 Critical Success Factors among which of relevance for the current action is Enhanced governance and improved citizen security.

Public Finance Management System

In 2008, the first Public Expenditure and Financial Accountability (PEFA) Assessment, commissioned by the European Commission, concluded that Belize's Public Finance Management System was performing below the average standard and in some areas is well below the standard. A repeat 2013 PEFA assessment noted that a general strengthening trend is gathering pace, notably in budget preparation, debt recording and reporting, controls over budget execution and transparency of donor operations. However, several concerns emerged especially in the system of fiscal transfers to municipal governments, revenue administration, cash flow forecasting, payroll control, procurement, internal audit, annual financial statements and capacity constraints in Office in Auditor General.

In addition, the status of the Public Finance Management System of Belize has been evaluated as part of an EU - funded mission (ECORYS) in autumn 2016 whose general aim was to assess Belize's eligibility to receive Budget Support under the 11th EDF. The report concluded that it is not yet the case, as the macroeconomic stability criterion was not satisfied.

Though the PFM criterion was met, based on a mini-PEFA exercise, outside the scrutiny of the PEFA Secretariat, performed by the PFM expert, little progress was noted in 2016 as compared to PEFA 2013 scores (out of the 28 indicators, 2 obtained a better score while 2 deteriorated).

In 2015, CARTAC supported the government in drafting a PFM Action Plan tied to the results of 2013 PEFA and comprised a set of actions aimed at improving of key PFM areas, such as procurement, chart of accounts, debt management, treasury, tax, customs and budget. However the elections in 2015, delayed many reform activities and resulted in structural changes to Ministries and departments, therefore, the PFM Action Plan had been reorganised in 2016 in order to take stock of these changes. The main areas of the PFM RAP and associated objectives are as follows:

- a). Budget: improve Budget Preparation and Execution and develop a multi-year policy-based budget
- b). Chart of Accounts: improve classification by implementing new chart of accounts
- c). Customs: improve tax payer administration, improve functionality of risk management, improve Voluntary Compliance Program, modernisation of customs institutional and legal framework, improve Post Clearance Audit (PCA) function
- d). Debt: improve quality of debt data and the debt management function
- e). Internal audit Unit: create internal audit unit, plan for internal audit activities and initiate internal audit activities
- f). General MoF: reform PFM legislation, prevention and management of expenditure payment arrears
- g). Procurement: link procurement objectives to government policy documents, begin process of establishing procurement department, continue work on reforming public procurement,
- h). Public Sector Investment Programme (PSIP): improve PSIP process planning, monitoring, and manuals
- i). State Owned Enterprises (SOE): oversight of SOEs
- j). Tax: improve tax payer administration and compliance, improve IT Systems
- k). Treasury: strengthening and institutionalization of Cash Management, Centralized consolidation of government cash resources, Improvement of quality and timeliness of annual financial statements, Clear Bank reconciliation backlog, Improvement in the effectiveness of Internal Control

As mentioned in a number of documents assessing the state of play of PFM (PEFA assessments, EU ECORYS mission, UNDP's Macro-assessment of PFM systems of Belize), the Government of Belize has been implementing PFM reform for a number of years based on PEFA assessments and subsequent PFM Action Plans drafted with support from IDB (2009) and CARTAC (2015-2016) but progress has been slow reflecting capacity constraints, as well as perhaps political and economic constraints. At the moment, performance of PFM still reveals lack of certain key reform interventions Contractor General and Office of Auditor General while an internal audit function is still not in place.

1.1.2 Stakeholder analysis

The main stakeholders in this programme are government institutions, regional partners and international partners such as:

- Government partners: Ministry of Finance - responsible of PFM implementation, the Office of the Auditor General - responsible of checking the accounts of all entities that collect, disburse or transact in any way with public money and the Contractor General Department - in charge of monitoring/overseeing the public procurement process and complaints process, Ministry of Economic Development – National Authorising Officer and Parliamentary commissions overseeing the budget execution.
- Regional partners: SEMCAR and CARTAC and other relevant thematic organizations which have been active in the region and are very familiar with the country situation
- Other international donors: World Bank, Inter-American Development Bank.

The ultimate beneficiaries will be the citizens of Belize (women & men; boys and girls) who will benefit from improved quality, efficiency and better service delivery as result of strengthened PFM system. As the action aims at strengthening the key PFM functions (internal audit, external audit, monitoring procurement), accountability and transparency should be strengthened as well

1.1.3 Priority areas for support/problem analysis

Both the PEFA assessments and the dialogue with the Belizean authorities revealed there is still plenty of room for improving the performance of PFM.

Following extensive discussion with the Government on its priorities and taking account support from other donors in other areas, the programme will support a specific set of activities from the GoB's PFM Reform Plan. The government staff size is limited and reforms are implemented by staff along with their operational duties; there is no team dedicated to the PFM Reform. As a result, some reforms are not being implemented while other occurring within other MoF departments.

Therefore, legal changes are needed to implement many of the PFM RAP reforms, including the internal audit unit, Auditor General and Contractor General. For this reason, the project includes a cross cutting foundation on PFM legislation in the form of advice on legal drafting offered to Ministry of Finance in these areas. As SEMCAR and CARTAC/IMF assisted the Government in drafting PFM legislation, the project shall build on and closely follow up on the advice already provided.

As noted by the 2 consecutive PEFA assessments, Belize is the only country in the Caribbean region with no Internal Audit Unit in place, in particular due to the lack of appropriate legislative framework. By lacking this function, the independent monitoring of legality, integrity, support documents, and compliance with accounting standards and financial rules and procedures remains non-existent. The Government has been taking steps for many years in order to set-up the IAU but currently, this is still not in place (indicator PI 21/PI 26 internal audit). The Ministry of Finance admitted that it was unable to determine if Accounting Officers are in compliance with the Finance and Audit Act, consequently, the control of public expenditure is illusive. A strong internal audit unit in the Ministry of Finance would support budget execution via proper procurement guidelines and effective accounting standards. Therefore the EU could support the country in establishing IAU and pilot internal audit units in key spending ministries across the government.

The activity of Auditor General and Contractor General is constrained by staffing and financial resources; therefore a smarter, more effective and efficient work plan and ethic could significantly improve the quality of work and service delivery. The EU support will focus on assessing the legislative framework, reviewing the procedural framework, providing recommendations and defining a roadmap for implementation to improve their work related methods. This could contribute to improve the work flow making the AGD more efficient and reducing the long delays in the submission of audit report to Parliament (indicator PI 26, external audit) while stronger more definitive guidelines for the conduct of CG work would significantly improve the quality of work delivery (indicator PI 19, procurement controls).

The major shortcoming in the PFM system comes from the lack of coordination on PFM reform, donors' fragmented approach and lack of financial support for implementation. PFM is a broad field and several organisations are providing technical assistance both at regional and country level (CARTAC, SEMCAR, FMC and IDB). The Government has not established a platform for dialogue on PFM where bilateral issues can be discussed along with other donors and there is no annual or bi-annual IDP meeting to discuss development and governance matters. Therefore, the EU could offer support in setting up a PFM mechanism composed of authorities and donors to be led by the Ministry of Finance, preferably by a unit charged with the responsibility of PFM reform. The EU could support further the PFM coordination mechanism to identify prior PFM activities financed by donors and not yet implemented. Realistic targets will need to be identified and support from donors needs to be clearly mapped out in order to avoid duplication of efforts.

As recommended by QSG 1, the EU Delegation will launch an Advisory Technical assistance (funded under the 11th EDF TCF) aimed at developing the Parliamentary Oversight Functions, namely, technical, training and institutional support to the Public Accounts Committee to enhance their capacity to provide effective oversight of the budget execution thereby improving transparency and accountability on the management of public finances (according to PEFA 2013, both PI-27 Legislative scrutiny of the annual budget law and PI-28 Legislative scrutiny of external audit reports scored D). In addition, in order to improve CSOs capacity, the EUD could finance at first, a mapping of the CSOs acting in Belize in different areas and secondly, to prepare and implement projects aimed at building their capacity and skills in the three focal areas of EDF: health, energy and governance/PFM.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
High turn-over of staff in MoF and not sufficient or low qualified staff in the supported entities	H	Capacity building measures within TA contract; reform plan makes work more attractive
Lack of ownership of the PFM reform	H	Involve all actors in planning and implementation
Weak implementation capacity	M	Capacity building component included
Limited political will to implement PFM reforms	H	High level political dialogue

Assumptions

- Legal framework completed for supported entities
- Stable macroeconomic environment
- The Government of Belize remains committed to inclusive growth and reduce inequalities
- CARTAC funding / regional programme continues for PFM Action Plan to be implemented
- Staff maintain their posts

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

Important lessons have emerged from the implementation of PFM projects funded by different donors that were considered in the design of the programme:

- The implementation of PFM and macroeconomic reforms are more likely to be successful when complementarities and coordination between the government and international donors is best exploited. The EU will work closely with the other donors to ensure that the new PFM project will complement their programmes and attain synergies in the various interventions.
- Political support has been sometimes lacking, which has resulted in delays in implementing important reforms, including the PFM Reform or adoption of new laws. Therefore, continued support will be instrumental for achieving progress in many areas that require better organisation from departments and improving the legal framework.
- One of the key challenges in the implementation of the previous EU funded programmes was the severe capacity constraints, particularly in terms of not sufficient or low qualified staff in the supported entities. The programme will also place strong emphasis on capacity building where possible, as this will also help to ensure sustainability.
- Besides the limited financial resources and staff shortages, the slow implementation of PFM reforms in Belize is also the result of a very fragmented donor support while no a donor coordination group in the PFM area makes implementation and monitoring of actions difficult. Taking stock of the experience with other countries, the EU will support setting up an internal PFM mechanism composed of senior personnel from different departments representing key PFM areas that will execute, monitor and oversee the overall implementation of the PFM Action Plan. In addition, a platform for dialogue with international donors where bilateral issues on development and governance matters can be discussed along with other donors on PFM issues should be put in place by the government.

3.2 Complementarity, synergy and donor coordination

The EU is one of Belize's biggest donors with a contribution of 30 % of total donor assistance. A number of donor-supported capacity building projects have been taking place in recent years, aimed at strengthening the PFM system. The actions proposed will complement and

build on past actions funded by different international development partners (IDPs). Most active IDPs in the PFM and related sectors:

- *Caribbean Regional Technical Assistance Centre (CARTAC)*, Phase V (2017-2022) aims at implementing a new Chart of Accounts, improving the budget processes, including preparation of medium term budget framework and training of staff in cash management, and improved analysis. The Accountant General and Ministry of Finance staff, with CARTAC's support, continues to improve the comprehensiveness and content of the financial statements to make them IPSAS compliant.
- *Supporting Economic Management in the Caribbean (SEMCAR)* focused on identifying the key changes in policies, institutional reforms, improvements in formal processes, and actual work practices that are needed to take place quickly in tax, customs, and PFM to effectively implement the ICT systems. Its second phase will continue on focusing on IT solutions to be implemented in the PFM system.
- *Financial Management in the Caribbean (FMC)* - currently supporting the Belizean treasury.
- *Inter-American Development Bank (IDB)* has been assisting with taxation, trade, and public procurement. The Bank continues to help with the training of senior public officers in public procurement practices. Several officers have been certified up to Level three by the Chartered Institute of Procurement & Supply and, there are plans in September 2017, for a further workshop to take the training to Level four when successful officers will receive the Diploma in Strategic Public Procurement. The Bank is also committed to assist with further work on trade and tax reform following the completion of an IDB-financed Report during the first quarter of 2016.
- *CARICOM* - procurement legislation

3.3 Cross-cutting issues

Good governance: The project will strengthen the PFM system and review legislation and procedures, as well as will make roles and responsibilities of key PFM institutions clearer and more transparent. In this way, the project will contribute towards sustainability of the PFM reform efforts, but also support the anti-corruption efforts which as a pre-requisite for an improved PFM.

Gender: The area of gender in public financial management is not an area well covered in Belize. A gender analysis to be performed in the near future and a TCF funded project are expected to provide a mapping of information gaps and knowledge, as well as of CSOs present in Belize by field of intervention, in this way providing the EU with opportunities to support actions to mainstream gender in PFM actions. However, at the moment, this project is expected to have a positive impact on gender equality by improving both the quality and targeting of service delivery.

Climate change and environmental sustainability: This programme does not specifically address environmental issues.

4 DESCRIPTION OF THE ACTION

4.1 Objectives/results

The **overall objective** of the PFM programme is to achieve a more efficient public finance management.

The **specific objectives** are:

1. To improve the legal framework corresponding to strengthening the internal and external audit and contractor general
2. To strengthen PFM oversight and control functions

The project aims at achieving the following results:

- R 1 - Improved PFM legal framework
- R 2 - Set-up IAU and pilot units across government
- R 3 - Strengthened AG's and CG's capacity
- R 4 - Improved PFM coordination

This programme is relevant for the Agenda 2030. It contributes primarily to the progressive achievement of SDG 16: To promote just, peaceful and inclusive societies but also promotes progress towards SDG 8: Promote inclusive and sustainable economic growth and SDG 17: Partnership for the goals to revitalise the global partnership for sustainable development. This does not imply a commitment by Belize benefiting from this programme.

4.2 Main activities

The identified actions to be undertaken under the present PFM project are:

Specific objective 1: To improve the PFM legal framework corresponding to strengthening the internal and external audit and contractor general

Activity 1.1: Support in drafting legislation and related regulations to provide the IAU with authority;

Activity 1.2: Draft, review and propose recommendations on the legislative framework to enhance autonomy of the Auditor General Office;

Activity 1.3: Draft, review the legislative and policy framework governing the activity of Contractor General and propose recommendations;

Specific objective 2: To strengthen PFM oversight and control functions

Activity 2.1: Set up of IAU – Support in developing the organisation chart, establish roles and responsibilities and to create pilot internal audit units in key spending ministries across the government (linked to outcomes of activity 1.1);

Activity 2.2: Build capacity - Identify training needs, prepare training plan and organise training (on tools and techniques, software – licenses, etc.) and provide the IAU staff with skills and practical experience to develop its capacity in line with International Audit Standards in carrying out the audits;

Activity 2.3: Organise the IAU work and support in implementation - Prepare internal audit plan, charter and manual; Establish operational procedures; Identify the audit tools; Initiate, plan and perform IA activities; set up of Internal Audit Committee; Monitor and evaluate the IAU in order to identify and address malfunctions and improve procedures and activities.

Activity 2.4: Support to the Office of Auditor General (OAG) to improve its working procedures, auditing strategy, resources management processes, audit methodologies and communications with stakeholders to ensure that the OAGs mandate is consistent with International Standards for Supreme Audit Institutions. This may include as well support for Strategic Audit Planning, Management of Audit Activities, Quality Assurance and Quality Control, Financial and Performance audit (linked to outcomes of activity 1.2);

Activity 2.5: Support to Contractor General Department to review and propose improvements to the technical framework and define a roadmap and improving monitoring of procurement contracts (linked to outcomes of activity 1.3),

Activity 2.6: Define training needs and organise necessary training to both departments;

Activity 2.7: Support in setting-up of a PFM coordination mechanism;

Activity 2.8: Support in planning, implementation and monitoring of activities and results as detailed in the PFM Reform Action Plan.

4.3 Intervention logic

The project has been designed in collaboration with the Government of Belize based on its priorities identified in the PFM Reform Action Plan and aims at improving financial management systems, including internal controls, external audit, procurement monitoring and overall PFM sector coordination. These PFM areas are expected to facilitate PFM oversight and controls, which along with updated regulations and working procedures, will translate into using the scarce resources in a more effective manner and provide potential for improved efficiency in implementation of projects and delivery of services.

Good coordination with other donors in the field as well as amongst implementing partners representing key PFM areas will also be critical to success, in particular given very fragmented donor support and the lack of a coordination group in the PFM area.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.1 will be carried out and the corresponding contracts and agreements implemented, is 36 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission’s authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of Regulation (EU) No 322/2015.

5.3 Implementation modalities

Procurement (direct management)

Subject in generic terms, if possible	Type (works,	Indicative	Indicative
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	supplies, services)	number of contracts	trimester of launch of the procedure
Technical assistance (international tender)	Service	1 contract	Q3 FY2018/19
Final evaluation	Service	1 contract	Q1 FY2021/22

5.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility in accordance with Article 22(1)(b) of Annex IV to the ACP-EU Partnership Agreement on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

5.5 Indicative budget

	EU contribution (EUR)
5.3 Procurement (direct management)	1 300 000
5.8 – Evaluation	50 000
Total	1 350 000

5.6 Organisational set-up and responsibilities

The EU Delegation in Jamaica as contracting authority will launch the call for tender to procure the technical assistance required to perform the project activities. Monitoring the implementation of the contracts will be the responsibility of the EUD and NAO.

The Government of Belize, through its Ministry of Finance, will designate a PFM Project Coordination Unit, who will be the main contact for the Contractor for the facilitation of the design and implementation of the activities. The Contractor will work directly with the relevant departments of the Ministry of Finance in advancing the technical agenda agreed to under this project.

Upon project launch, a Project Steering Committee will be appointed by Financial Secretary, and will include technical and political representatives of the Government of Belize, the EU, the Contractor, and other stakeholders involved in project implementation.

To maintain ownership of the programme, and given the nature of the activities, the Steering Committee will be chaired by a high-level representative of the Government of Belize. The Steering Committee will allow the EU to oversee and validate the overall direction and policy of the programme in conjunction with the Government. The Steering Committee will be the platform through which the EU and the other stakeholders will monitor implementation

progress, and any technical modifications to the scope of work will be discussed and agreed upon prior to its formal incorporation into the project. The EUD will provide feedback and guidance on issues that may emerge during implementation.

5.7 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) or the list of result indicators (for budget support). The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.8 Evaluation

Having regard to the nature of the action, a final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Indicatively, one (1) contract for a final evaluation shall be concluded under a framework contract in the first quarter of FY2021/22.

5.9 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

5.10 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation and supported with the budget indicated in section 5.5 above.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

APPENDIX - INDICATIVE LOGFRAME MATRIX (FOR PROJECT MODALITY) ¹

	Results chain	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	To assist the GoB in its efforts to improve the public finance management system which corresponds to the objective of Belize's Growth and Sustainable Development Strategy (GSDS) "Enhanced governance and improved citizen security"	PEFA scores for: i. Internal Audit (PI-26) ii. External Audit (PI-30) iii. Procurement management (PI-24) iv. Donor practices	PEFA 2013 scores: i. Internal Audit (PI-21, D) ii. Procurement (PI-19, D) iii. External Audit (PI-26, D+) iv. D-1 D, D2 C and D3 C	PEFA 2019/20: improve PEFA scores i. Internal Audit (PI-21, C) ii. Procurement (PI-19, C) iii. External Audit (PI-26, C) iv. improve donors coordination	National documents, Progress report on PFM Action Plan status, MoF reports, IDPs reports, PEFA	
Specific objective(s): Outcome(s)	SO1: To improve the legal framework corresponding to strengthening the internal and external audit and contractor general	Status of legislative acts related to internal and external audit, and contractor general	Finance and Audit Reform act (and regulations) not updated	The legal framework is reviewed, updated, approved and applied	Parliament's website http://www.nationalassembly.gov.bz/	Effective leadership and commitment to PFM reforms by MoF
	SO2: To strengthen PFM oversight and control functions	1. Number of IAU and the number of pilot units in key spending ministries 2. Status of the Organisational Structure 3. Status of the Internal Audit Charter	0 for all indicators	1 for all indicators	Government documents, IAU IDPs reports	Effective leadership and commitment to PFM reforms by MoF

¹ Mark indicators aligned with the relevant programming document mark with '*' and indicators aligned to the EU Results Framework with '**'.

		<ul style="list-style-type: none"> 4. Status of the Internal Audit Committee 5. Status of the A Internal Audit Manual 6. Status of the Training plan 7. Status of the M&E framework 				
		<ul style="list-style-type: none"> a). Status of working procedures, b). Status of auditing strategy, c). Status of resources management processes, d). Status of audit methodologies e). Status of technical framework, f). Roadmap defined, g). Improved monitoring of procurement contracts 	OAG and CG do not have the adequate technical framework in place	The new working procedures are drafted, approved and implemented	OAG and CG procedures	Effective leadership and commitment to PFM reforms by MoF
		Status of the PFM coordination mechanism	No PFM coordination mechanism in place	One PFM coordination mechanism in place	Minutes of the meeting, PFM RAP progress reports	Effective leadership and commitment to PFM reforms by MoF
Outputs	O 1: Legal framework for PFM reviewed, updated, approved	<ul style="list-style-type: none"> • Status of the Legal framework for PFM related to IAU, AGD and CGD 	Idem for the corresponding indicator	Idem for the corresponding indicator	Idem for the corresponding indicator	
	O2: Internal Audit Unit and pilot units set up	<ul style="list-style-type: none"> • Number of Internal audit Unit with support of this Action • Number of pilot units in place with support of this Action 	Idem for the corresponding indicator	Idem for the corresponding indicator	Idem for the corresponding indicator	

	O3: Improved Capacity of Auditor General and Contractor General	<ul style="list-style-type: none"> • Status of audit procedures & manuals. • Status of Contractor General procedures & manuals 	Idem for the corresponding indicator	Idem for the corresponding indicator	Idem for the corresponding indicator	
	O4: PFM coordination mechanism in place	<ul style="list-style-type: none"> • Status of a PFM coordination mechanism • Activities performed to implement the PFM Action Plan 	Idem for the corresponding indicator	Idem for the corresponding indicator	Idem for the corresponding indicator	