

Ministry of Human Development MESECVI Questions

1. Institutional Mandate and Coordination

- Does the Ministry have a dedicated GBV or VAW unit?

Response: Yes, the Gender Unit within the Family Support and Gender Affairs Department, MHD

- Name and structure of this unit:

Response:

Gender Unit

- Gender Mainstreaming (Gender Focal Points)
- GBV Case Management
- Gender and GBV Outreach

- Is the Ministry represented in national or district GBV coordination mechanisms?

Response: Yes, MHD support GBV service delivery.

- Does it lead or co-lead the multisectoral GBV response?

Response:

The Ministry is the lead the multisectoral GBV response

- NWC – leads coordination and governance of coordination
- DHS/FGSAD support GBV services delivery.
- MHD HQ – leadership for policy and legislative advocacy.

2. Protection Services for Survivors

- Number of active women's shelters or safe houses supported by the Ministry:

Response: The Ministry facilitates access to services in collaboration with NGOs such as Haven House, Mary Open Doors, and House of Dorcas.

- Are there emergency response teams or caseworkers available 24/7?

Partially. While some officers make themselves available after hours, there is no national on-call policy in all districts (on-call available for Belize City and San Ignacio/Benque Towns). This impacts the Ministry's ability to consistently respond to emergencies outside working hours.

- List of services provided:
 - Psychosocial support - Yes
 - Shelter or emergency housing - Yes
 - Family or child protection interventions - Yes
 - Legal referrals - Yes
 - Financial or welfare support - Yes

3. Case Management and Referral Pathways

- Does the Ministry use a standardized case management tool?

Response: Yes, FAMCare is used as a case management tool for GBV and other social services.

- Are survivors referred through formal GBV referral pathways?

Response: Yes. A multisectoral GBV referral pathway has been developed and is used by social workers.

- Do social workers or child protection officers collaborate with:
 - Police: Yes
 - Health facilities: Yes
 - Legal/judicial services: Yes
 - NGOs or civil society shelters: Yes

4. Data Collection and Monitoring

- Does the Ministry collect data on:
 - Domestic violence: Yes
 - Child abuse and neglect: Yes
 - Elder abuse: Yes
 - Sexual exploitation or trafficking: Yes
- Is data disaggregated by:

Age: Yes

Sex: Yes

Ethnicity: Yes

District: Yes

- Number of GBV-related cases managed annually:

Response: on average 350 cases

5. Training and Capacity Building

- Are social workers or child protection officers trained in:

Trauma-informed response: Yes

GBV survivor-centered approaches: Yes

Case documentation and safety planning: Yes

- Number of staff trained in the last 12 months:

Response: Over 100 officers, including social workers and key partners, have received training.

- Key training providers (e.g., UNFPA, UNICEF, NWC):

Response: UNFPA, UNICEF, NWC, Legal Aid Department, Judiciary, and local NGOs.

6. Prevention and Community Engagement

- Does the Ministry run or support public awareness campaigns on:

Prevention of GBV: Yes

Child marriage and early unions: Yes

Positive parenting or family violence prevention: Yes

- List ongoing programs or campaigns:

- Development of the Social and Behavior Change Communication Strategy for GBV
- “It Ends With Me” Campaign
- Multisectoral Protocols for GBV
- Family Violence Toolkit rollout

7. Services for At-Risk Populations

- Are there targeted interventions for:
 - Indigenous or rural communities: Yes
 - Children and youth: Yes
 - Elderly persons: Yes
 - Persons with disabilities: Yes
 - LGBTQ+ persons: No
- Are materials available in culturally appropriate formats/languages?

Response: Yes, efforts are made to tailor outreach and materials, especially in rural and Indigenous communities. The Disability Desk also ensures inclusive formats.

8. Resources and Budgeting

- Does the Ministry have a budget line dedicated to GBV prevention and response?

Response: Yes, but it is limited and supported through both national and donor funding.

- If yes, specify the amount or percentage:
- Funding sources:
 - Government (60%)
 - Donor or UN agencies (40%)
 - Partnerships with civil society (0%)

9. Structural or temporary assistance measures for violence against women within the framework of measures to stop the spread of COVID-19
(Measures leading to prevent, reduce and eradicate violence against women during confinement and isolation during the fight against the COVID-19 pandemic.)

Response:

- The Ministry implemented the Belize COVID-19 Cash Transfer Program (BCCAT) and supported the Unemployment Relief Program and Women's Economic Empowerment COVID response projects. These reached over 1,000 women with training and financial support.
- 25 women were supported with temporary emergency shelter through partnership NWC and Family Support and Gender Affairs Department.

10. Existence of assistance protocols for the implementation of the different assistance and support services for women victims or survivors of violence in: - shelters, -legal advice services, -psychological support (individual, group, family), telephone support, - health care, -job training guidance, -training in human rights (State whether there are protocols for a comprehensive approach to violence, differentiating those for action from those for benefits (direct assistance to victims). Scope, content and areas of intervention. Differentiate if they are aimed at areas of social policies or police forces.)

Yes, protocols exist within the Multisectoral Protocols for GBV, Essential Services Package and the National Gender-Based Violence Action Plan. These include:

- Shelter placement
- Legal aid via Legal Aid Act 2023
- Psychosocial support (e.g. Counselling Unit, CRD)
- Emergency and longer-term health and housing support
- Job training and business start-up support
- Rental Assistance

- Food Assistance

Protocols are structured as both direct assistance procedures and multisectoral coordination guidelines, aimed at police, social policy actors, and health/legal service providers.