



The Situation Analysis OF CHILDREN AND WOMEN IN BELIZE 2011 AN ECOLOGICAL REVIEW

This Situation Analysis was commissioned by the United Nations Children's Fund in collaboration with the Government of Belize. UNICEF gratefully recognises the work of Consultants Mark Edberg-PhD, Claudia Chambers-M.Phil. and Diana Shaw, L.L.B. (C.L.E., Hons) as well as the contribution from members of the Situation Analysis Steering Committee including Elena Smith (NTUCB), Ann-Marie Williams (NWC), Cynthia Thompson (UB), Robyn Daly (MOH), Clara Cuellar(YMCA), Evan Cowo (Care Belize), Lorna Tench (YES), Paulette Wade (NCFC), Roy Young (UB), Natalia Beer (MCH-MOH), John Flowers (MHDST), Icilda Humes (Women's Dep't) Allison Harvey of George Washington University (USA), for tireless work in locating and editing documents and graphics, and research assistance and Dorothy Biberman of George Washington University, for valuable research support and review.

Published by Fer De Lance Productions for:
United Nations Children's Fund, Belize
#1 Coney Drive, Gordon House 3rd Floor
P.O. Box 2672
Belize City
Belize, Central America

Photography by: Christine Norton, Anna Hoare, William Neal, Evan Tate

July 2011

©The United Nations Children's Fund (UNICEF) Belize

This publication or any part thereof may be freely reproduced. Prior permission is not required but credits would be much appreciated. A sample of any publication in which the content or part there of is reproduced would also be appreciated.

Note: Financial data in this report are in Belize Dollars. The official exchange rate is US\$1.00 to BZ\$2.00.

Government of Belize - UNICEF Programme of Cooperation

The Situation Analysis
of Children and Women in Belize 2011
An Ecological Review

CONTENTS

List of Acronyms Used.....	3
List of Tables and Figures.....	5
Executive Summary.....	8
Chapter 1: Introduction.....	19
Chapter 2: National Context.....	25
Chapter 3: Poverty & Inequity.....	31
Chapter 4: Socio-Economic Opportunity.....	39
Chapter 5: Health Status & Equity.....	47
Part A: Health Status.....	48
Part B: Health Serving System Capacity.....	60
Chapter 6: Education Status & Equity.....	65
Part A: Education Status.....	66
Part B: Educational System Capacity.....	77
Chapter 7: Protective Asset Status & Equity.....	85
Part A: Protective Assets.....	86
Part B: Protective Asset Capacity, Policy and Legal Structure.....	101
Chapter 8: Communications and Information Technology (IT) Capacity Assessment.....	115
Chapter 9: Crisis Vulnerability (Includes Commodity Analysis).....	121
Chapter 10: Summary of Key Factors: Causal Analysis & Recommendations.....	135
APPENDICES.....	149
Appendix 1: References.....	150
Appendix 2: MDG Review Summary.....	156
Appendix 3: Web Addresses for Important Human Rights Conventions.....	159

Acronyms Used

ACP	Group of African, Caribbean and Pacific Countries	DHS	Department of Human Services
AIDS	Acquired Immune Deficiency Syndrome	DPP	Department of Public Prosecutions
AIPSN	Association for Inclusion of Persons with Special Needs	DSD	Disability Services Division
ARVs	Antiretrovirals	ECADERT	Estrategia Centroamericana de Desarrollo Rural Territorial
ATJ	Access to Justice	ECLAC	Economic Commission for Latin America and the Caribbean
BCVI	Belize Council for the Visually Impaired	ECPAT	End Child Prostitution, Child Pornography, and Trafficking of Children for Sexual Purposes
BFLA	Belize Family Life Association	EU	European Union
BHIS	Belize Health Information System	FACA	Families and Children Act
BNE	Belize Natural Energy, Ltd	GDP	Gross Domestic Product
BNTU	Belize National Teachers' Union	GOB	Government of Belize
BPD	Belize Police Department	GPL	General Poverty Line
BRCS	Belize Red Cross Society	HDI	Human Development Index
BRDP	Belize Rural Development Project	HECOPAB	Health Education and Community Participation Bureau
BTB	Belize Tourism Board	HFLE	Health and Family Life Education
BTIA	Belize Tourism Industry Association	HIL	Household Indigence Line
CAMRODDD	Caribbean Agency for Mental Retardation and Other Developmental Disabilities and Delays	HIV	Human Immunodeficiency Virus
CARD	Community Initiated Agriculture and Rural Development Project	HPV	Human Papilloma Virus
CARE Belize	Community Agency for the Rehabilitation and Education	HRH	Human Resources for Health
CAREC	Caribbean Epidemiology Center	IDB	Inter-American Development Bank
CARICOM	Caribbean Community	ILO	International Labour Organisation
CBI	Caribbean Basin Initiative	IT	Information Technology
CBOs	Community Based Organisations	IMR	Infant Mortality Rate
CCA	Common Country Assessment	KAP	Knowledge, Attitudes and Practices
CDRT	Community Disaster Response Teams	LAC	Latin American-Caribbean
CEDAW	Convention on the Elimination of Discrimination Against Women	LLINs	Long Lasting Insecticidal Nets
CFNI	Caribbean Food and Nutritional Institute	LSMS	Living Standards Measurement Survey
CHWs	Community Health Workers	MDGs	Millennium Development Goals
CNAs	Certified Nursing Assistants	MFB	Minimum Cost Daily Food Basket
CNCDs	Chronic Non-Communicable Diseases	MHD	Ministry of Human Development
COMPAR	Community and Parent Empowerment	MICS	Multiple Indicator Cluster Survey
CPA	Country Poverty Assessment	MMR	Maternal Mortality Rate
CPI	Consumer Price Index	MOE	Ministry of Education
CPS	Child Protection Services	MOH	Ministry of Health
CRC	Convention on Rights of the Child	MSM	Men who have Sex with Men
CRD	Community Rehabilitation Department	NAP	National AIDS Programme
CRO	Community Rehabilitation Officer	NaRCIE	The National Resource Centre for Inclusive Education
CRPD	Convention on the Rights of Persons with Disabilities	NCFC	National Committee for Families and Children
CSEC	Commercial Sexual Exploitation of Children	NEMO	National Emergency Management Organization
CSOs	Community Service Orders	NGOs	Non-Governmental Organizations
CSW	Commercial Sex Workers	NHI	National Health Insurance
		NMR	Neonatal Mortality Rate
		NOPCAN	National Organisation for the Prevention of Child Abuse and Neglect

NPA	National Plan of Action	TB	Tuberculosis
NQTs	Newly Qualified Teachers	TCGA	Toledo Cacao Growers Association
OAS	Organization of American States	TDC	Toledo Development Corporation
OFDA	Office Of U.S. Foreign Disaster Assistance	TOLCA	Toledo Children and Adolescents
OPEC	Organisation of the Petroleum Exporting Countries	TSAP	Toledo Strategy and Action Plan
ORS	Oral Rehydration Salts	UB	University of Belize
ORT	Oral Rehydration Therapy	UDP	United Democratic Party
PAHO	Pan American Health Organization	UN	United Nations
PASMO	Pan American Social Marketing Organization	UNAIDS	The Joint United Nations Programme on HIV/AIDS
PHIs	Public Health Inspectors	UNDAF	United Nations Development Assistance Framework
PMTCT	Prevention of Mother to Child Transmission	UNDP	United Nations Development Programme
PPAs	Participatory Poverty Assessments	UNESCO	United Nations Educational Scientific and Cultural Organization
PSE	Primary School Exam	UNHCR	United Nations High Commissioner for Refugees
PUP	People's United Party	UNICEF	United Nations Children's Fund
QADS	Quality Assurance and Development Services	USAID	United States Agency for International Development
SES	Socio-Economic Status	VPL	Vulnerable to Poverty Line
SIB	Statistical Institute of Belize	WASH	Water, Sanitation and Hygiene
SICA	System for Central American Integration	WHO	World Health Organization
SitAn	Situation Analysis	YAM	Youth Advocacy Movement
STD	Sexually Transmitted Disease		
STI	Sexually Transmitted Infection		
TA	Technical Assistance		

Figures, Tables and Diagrams

Figures

- Figure 1. Connection between contributing factors and achieving rights and MDGs
- Figure 2. Relationship between combined progress across all domains – from distal to proximal – and the achievement of rights and MDGs
- Figure 3. Belize map, showing districts
- Figure 4. 2009 Poverty Distribution for both Households and Population
- Figure 5. Poverty in Belize, 2002 and 2009
- Figure 6. District Population Poverty Rates, 2002 and 2009
- Figure 7. Belize Oil Production
- Figure 8. Comparison of Remittances
- Figure 9. Five leading causes of death, both sexes, in Belize, 2005 & 2009
- Figure 10. Five leading causes of mortality in females in Belize, 2005 & 2009
- Figure 11. Belize Infant Mortality Rate, 2003-2010
- Figure 12. Under Five Mortality Rate, 1980, 1990, 2005, 2010
- Figure 13. Vaccination coverage, 1980-2009
- Figure 14. Mortality Rate for 10-19 year olds (per 10,000), 2004-2008
- Figure 15. Estimated adult HIV Prevalence Rate in Belize and surrounding countries
- Figure 16. Belize urban drinking water coverage by wealth quintiles, MICS 2006
- Figure 17. Belize rural drinking water coverage by wealth quintiles, MICS 2006
- Figure 18. Belize national drinking water coverage by wealth quintiles, MICS 2006
- Figure 19. Belize urban sanitation coverage by wealth quintiles, DHS 2006
- Figure 20. Belize rural sanitation coverage by wealth quintiles, DHS 2006
- Figure 21. Belize national sanitation coverage by wealth quintiles, DHS 2006
- Figure 22. Health expenditure as % of GDP and government expenditure
- Figure 23. Number of primary care nurses per 1000 people in Belize compared to other countries
- Figure 24. Grade repetition by class and sex
- Figure 25. MOE summary review of factors affecting completion in the education system
- Figure 26. Boys who are not successful in the education system
- Figure 27. PSE scores and dropout Rates

- Figure 28. Share of entrant students with PSE scores <50%
- Figure 29. Poverty rates by age group, 2009
- Figure 30. Overview of Belize education system
- Figure 31. Distribution of schools by district, 2009-10
- Figure 32. School enrollment by district, 2009-10
- Figure 33. Distribution of teachers by district, 2009-10
- Figure 34. Geographic distribution of schools, 2008-2009
- Figure 35. School densities
- Figure 36. School types by district and geographic location
- Figure 37. Pre-schools by type, district and geographic location
- Figure 38. Primary schools by type, district and geographic location
- Figure 39. Secondary schools by type, district and geographic location
- Figure 40. Distribution of ministry of education capital budget, 2008-09
- Figure 41. MOE's recurrent spending per student by education level, 2008-9
- Figure 42. Disciplinary Practices
- Figure 43. Juvenile Crime Rates 2004 - 2008
- Figure 44. Juvenile arrest and conviction rates for 2004 - 2008
- Figure 45. Projections: juvenile crime rates to 2015
- Figure 46. Child Labour Activities
- Figure 47. Child Labourers by age groups and gender
- Figure 48. Child Labourers by age group and ethnicity
- Figure 49. Percentage of Child Labourers by Employment Sectors
- Figure 50. Factors Precipitating Child Labour Participation
- Figure 51. Communications Channels – Belize
- Figure 52. Model showing how climate change affects children
- Figure 53. Tropical Storm Arthur
- Figure 54. Map indicating impact from 2008 floods
- Figure 55. Nutrition Cycle
- Figure 56. Juvenile Justice Issues
- Figure 57. Reproductive Health

Tables

- Table 1. Summary of Current Belize Demographics (population, gender, age)
- Table 2. Ethnic Group Distribution (from 2010 Census)
- Table 3. District Level Household Poverty Rates, 2002 and 2009
- Table 4. District Level Population Poverty Rates, 2002 and 2009
- Table 5. Local perceptions of the causes of poverty
- Table 6. Percentage distribution of employment by industry and district, 2009
- Table 7. Unemployment Rates by District, 2007 and 2009

Table 8.	NPA Monitoring Report Indicators 2010 - HIV/AIDS
Table 9.	Health and Poverty
Table 10.	School enrollment by age, quintile and urban/rural
Table 11.	School enrollment and transition, by district and gender
Table 12.	Comparative population and pre-school facilities' distributions by districts, 2003 and 2008
Table 13.	Student performance in PSE by district and location, 2008
Table 14.	Poverty and education of household head
Table 15.	Child and Young Adult Poverty Rates, 2002 and 2009
Table 16.	School Management Types, by district
Table 17.	Level of training for primary school teachers by district and location (2008-9)
Table 18.	Level of training for secondary school teachers by district (2008-9)
Table 19.	NPA Monitoring Report 2010– Child Protection Target Indicators
Table 20.	Child Protection Recommendations
Table 21.	Institutional Capacities - Protocols and Procedures
Table 22.	Ownership of Household Goods by District, 2009
Table 23.	Indicative list of questions for the assessment of each essential commodity
Table 24.	Commodities to be covered by the assessment
Table 25.	Road network
Table 26.	Minimum food basket costs for an adult male, 2002 and 2009

Diagrams

Diagram 1	Equity of Economic Opportunity Builds Social Fabric
Diagram 2	Investment in Health Workforce Capacity Increases Health Equity
Diagram 3	Gender Inequity Means Family Poverty
Diagram 4	The Impact of Violence against Children Lasts a Lifetime
Diagram 5	A Vital Communications Infrastructure Improves Participation and Reduces Vulnerability

FOREWORD

This rights-focused Situation Analysis of Children and Women in Belize is about the importance of the ecology in which children grow. It examines the conditions necessary for the full achievement of children and women's rights. One of the key messages that emerges relates to the importance of early and consistent investments across the lifecycle and how timely, culturally-relevant investments translate into positive outcomes for boys, girls and women to shape lives.

The UNICEF review of the situation of children and women calls the attention of policy-makers, parents, teachers and other duty-bearers to the need to build a strong connection between developmental programmes and policies in order to construct a coherent set of supports and services. This system is needed in all spaces and across the lifecycle. Such a system would depend on integrated and multi-level support mechanisms and evidence-based policies managed by skilled providers. It emphasizes the importance that culture plays in a country as diverse as Belize and the need to tailor programmes that place culture as a core component of most, if not all, developmental programmes.

Many laws and policies exist in Belize, which confirm the Government's commitment to the achievement of child rights in keeping with the National Plan of Action on Children. The challenge is translating those legal frameworks into concrete actions, systems and services to achieve full developmental rights. Children and women will be healthier, happier and ready to contribute to Belize's national development agenda when families, schools, social services and communities provide equitable access and opportunities for social , participation and networking. In this process, sub-national structures in towns, villages and communities need to be mobilized to support the change.

Boys, girls and women too, can be more empowered to play a role in their own development by providing them opportunities to express themselves; build knowledge and skills; increase networking and mobility to make lasting and meaningful change in homes, schools and communities as productive citizens. When all children and women know their rights and feel empowered to act on them in favour of development, more overall national development will be the result.

UNICEF is committed to work alongside the Government and people of Belize to support the ongoing efforts to create the environments that foster positive developmental outcomes. In the final analysis, the true measure of success in achievement of rights will be judged by boys, girls and women of Belize through their positive expression about their sense of identity, life satisfaction and social well being as citizens of Belize.



Christine Norton
Representative

EXECUTIVE SUMMARY

Overview

Belize is a unique country, full of natural beauty, historical significance, and a vibrant and diverse cultural mix. It occupies an important political and cultural space between Central America and the Caribbean. It is a country with much promise, as well as challenges in reaching that promise. A broad goal of this Situation Analysis (SitAn) is to support the movement towards the achievement of that promise by gathering information and data on factors related to the promotion of well-being, rights and equity for children and women in Belize, with recommendations for policy and programming. The 2010 SitAn was developed through a collaborative process with the Government of Belize and a broad range of national stakeholders to ensure that the situation and views represented are as inclusive as possible. The document takes into account trends across multiple domains, policies, programmes, capacities and underlying structures related to the rights, welfare and equity of girls, boys and women.

In addition, an important aim of this SitAn is to support a re-positioning of UNICEF in relation to social policy planning and implementation at the community levels in order to maximize its value and contribution. UNICEF Belize is committed to increasing its attention towards policy advocacy and partnerships, while still maintaining its focus on the achievement of MDGs, equity and human rights goals.

Analytical framework. Important for this SitAn, we are employing an ecological framework to organize the discussion of the status of women and children in Belize with respect to the achievement of rights and MDGs. Social development efforts of all kinds are increasingly being understood as occurring within a broad and interconnected framework of contributing factors at multiple levels of society. From this perspective, a key theme underlying the organization of this SitAn is that the attainment of rights and equity is founded on the achievement of social well-being. Therefore, to hasten the attainment of rights, it is necessary to address social well-being.

UNICEF, as the key UN agency focusing on children, has at the core of its mission the advancement of a broad agenda of child rights, health, education, equity, protection, participation and development. From a social-ecological perspective, in order to achieve these goals, progress must occur with respect to a range of contributing factors that, together,

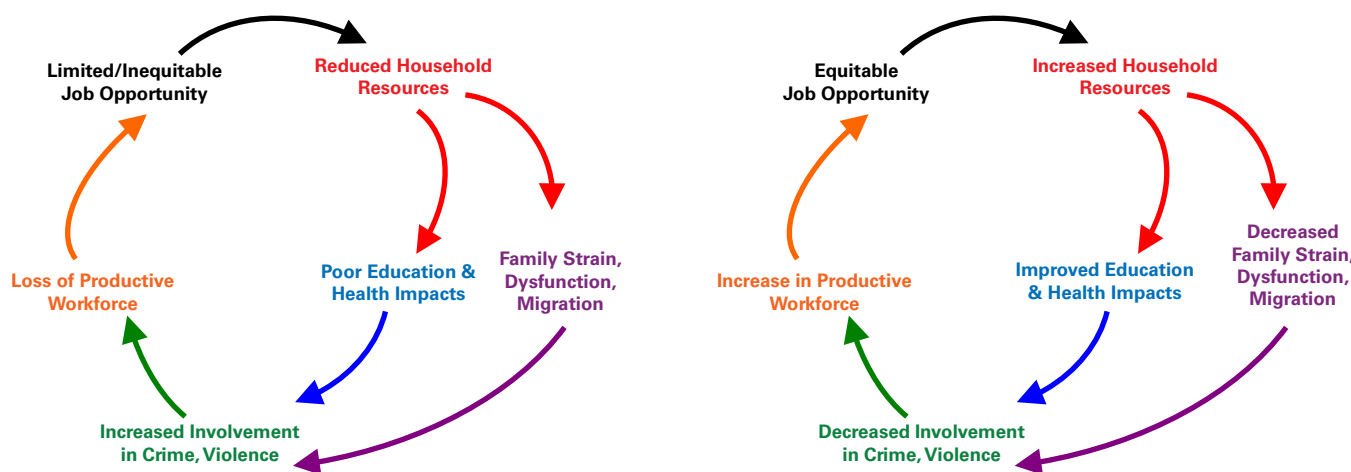
support their attainment. To facilitate that understanding and focus policy and programme efforts where they can have the most effective and sustained impact, the SitAn is organized in a continuum of domains from those that have a more proximal impact (socioeconomic opportunities, education, health, and protective assets), to those that have more distal and causal impacts (system capacity, policy and legal structures, poverty and inequity, crisis vulnerability, geography, culture, governance and economic vulnerability).

Brief Summary of Findings

Based on the review of data from multiple sources presented in this document, the following is a very brief summary of findings that illustrate the way in which domains of social well-being are linked, and the way in which coordinated policy approaches that incorporate multiple-domain impacts can support the attainment of rights and equity for women and children in Belize:

- Despite the categorization of Belize as a middle and now high income country, poverty and wealth inequity are significant. The poverty rate is typically higher than the norm for Caribbean countries but comparable or slightly better than other Central American countries. Poverty and inequity in Belize are outcomes of both a general economic and environmental vulnerability (e.g., to global market fluctuations, hurricane and storm damage), and a pattern of unequal access across the lifecycle to economic, educational, health, protective assets, and political resources and supports – by gender, region, cultural group, and socioeconomic group. **Regarding the achievement of rights and MDGs, alleviation of poverty supports positive change in other domains, including health, education, protective assets (those that guard against violence victimization and exploitation), and participation in society.**
- The economic situation and economic opportunities have begun to rebound from the period of global recession beginning in 2008, when levels of poverty and socioeconomic inequity increased. This may somehow improve rates of unemployment and emigration in search for work. Yet in order for the economic sector to support equity, there must be a change in traditional job segregation and opportunities for women of all cultural groups, and efforts to reach out and provide the opportunities needed for training and educational success, so that children and adolescents in all dis-

Diagram 1: Equity of Economic Opportunity Builds Social Fabric



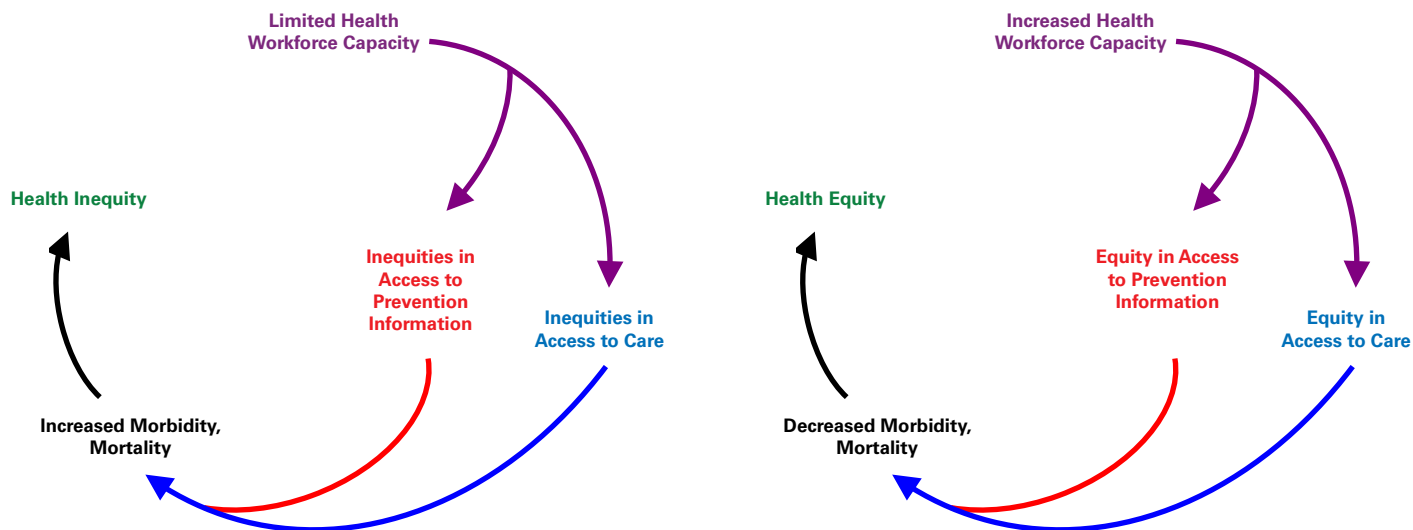
tricts believe they have a social and economic future in Belize. Equity of economic opportunity would also be facilitated with the improvement of roads and transportation infrastructure, which is currently a barrier for many, although there have been recently clear improvements in some districts. Improved economic opportunities, tied to education and training opportunities, may also reduce the involvement of youth in violence and gangs. **Increasing and diversifying the economic opportunity across districts in an equitable manner supports a positive change in other domains, including education, health, and protective assets.** (See Diagram 1)

- There have been notable successes in some health areas, particularly in the provision of vaccines, increased access to anti-retroviral therapy for AIDS patients, prevention of perinatal HIV transmission, national health insurance, health information system, and the completion of a sexual behaviour survey in 2009. Overall, however, there is not nearly enough capacity in terms of trained personnel and data systems, which remains a barrier to equity in health. In order to reduce HIV and STI rates – along with the related risks for cervical cancer – prevention efforts need to reach those at high risk, including adolescents and girls out of school, prison inmates, and individuals both in rural and tourist areas. Stigma surrounding HIV/AIDS needs to be confronted, and the knowledge about HIV/AIDS is still low regarding specific transmission risks. The sanitation infrastructure,

especially in rural areas, also remains a problem, though there have been steady efforts towards improvement. Health education regarding hygiene practices would increase the impact of those infrastructure changes. In addition, there has been a historical lack of attention to mental health issues and services, including those related to substance abuse. Importantly, the general disease profile in Belize has moved from infectious and communicable diseases to lifestyle-related conditions (e.g., cardiovascular health, diabetes, obesity), warranting an integrated prevention approach. **Improved health status and health-serving capacity supports positive change in other domains, including protective assets, participation, education, economic opportunity, and poverty.** (See Diagram 2)

- The educational system is hindered by economic barriers (school fees, transportation), lack of capacity and cultural flexibility, complex organization and management, need for trained teachers, issues with classroom and school discipline practices that do not respect child rights, and the need for vocational and tertiary education opportunities that are stimulating and relevant to the economic need. School success would also be improved by increased public awareness about children's developmental needs (including books and educational materials at home). Gender roles (that differ by cultural group) have an effect on girls and young women's continued school attendance; yet school dropout is also a problem for boys. Repetition beginning at an early age,

Diagram 2: Investment in Health Workforce Capacity Increases Health Equity

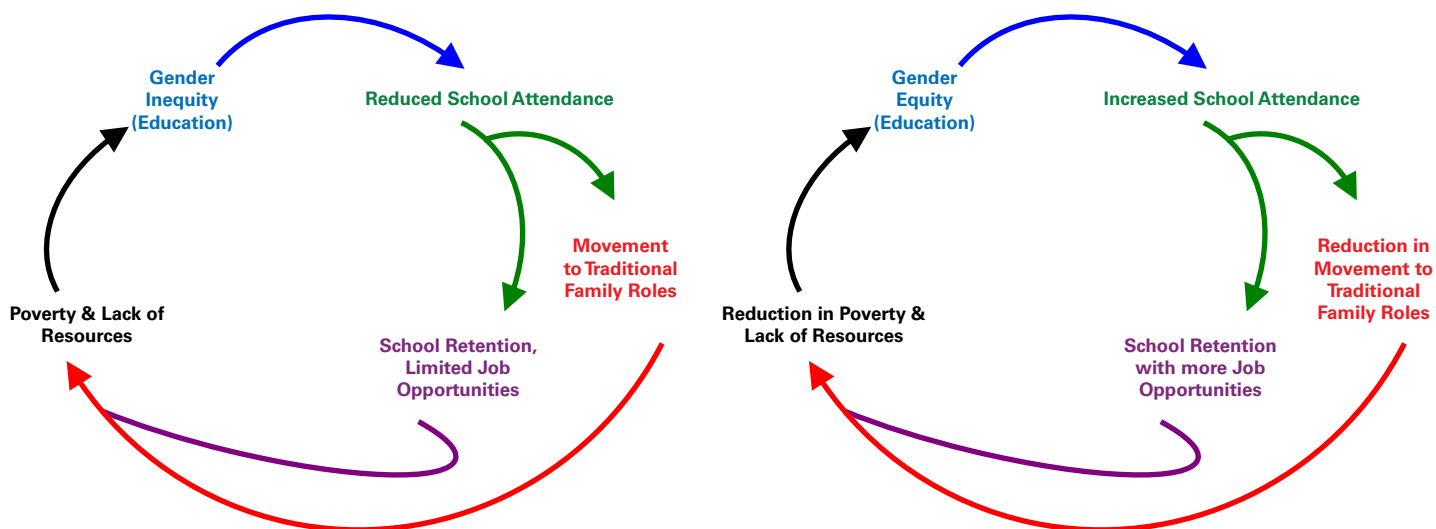


failure to complete school, and limited opportunities for job skills training affect self-esteem and become a risk factor for employment, access to resources, and health. At the same time, there are examples of strategies and approaches used by some schools that have been effective in meeting these challenges, and these best practices should be disseminated and evaluated. **Improved educational access and quality support, positive change in gender equity, economic opportunity, health, the judicial and legal system (protective assets), and the social services system**

throughout Belize – all rely on adequate workforce capacity. (See Diagram 3)

- There is a growing body of law and policy in Belize that supports a wide range of protections against exploitation, trafficking, victimization, discrimination, and exclusion, and guarantees participation and religious/cultural freedom. Belize is signatory to the CRC, CEDAW, and many other conventions – most recently the UN Convention on the Rights of Persons with Disabilities. A key issue in this domain is the gap be-

Diagram 3: Gender Inequity Means Family Poverty!



tween the legal framework and the institutional capacity to support these guarantees. Access to appropriate courts, birth registration, availability of social and legal services, quality and availability of disability and special needs services, elimination of stigma and isolation for those who are disabled, conflicts in the law surrounding marriage and consent, and general legal enforcement outside the major urban centres is an area that needs considerable strengthening – a task that would be facilitated both through the allocation of government resources and capacity building by education, training and certification programmes. Domestic violence, commercial sexual exploitation of children (CSEC), trafficking, child abuse, and labour exploitation require further investment to overcome the challenges exacerbated by the lack of capacity. There are also concerns related to family structure. The growing number of female-headed households often results in economic hardship and poor parental supervision and support, impacting inter-personal development, school performance, attendance, and risk behaviour. In addition, the juvenile justice system deserves more investment to fully implement a prevention-oriented approach that ensures that young offenders receive early attention and rehabilitation. **Improvement in protective assets supports participation at multiple levels, such as access to health and social services, economic opportunity and equity, improvement in poverty (income increases when labour exploitation decreases), and access to education.**

- The communication infrastructure and capability in Belize are improving, and new media outlets are emerging, even in the face of logistical barriers posed by geography and population dispersion. Yet communications (television, Internet, wireless, radio, print) in Belize are still held back by low (and inequitable) Internet access, and a lack of capacity and training – there are, for example, few media and communication programmes at Belize colleges and universities that have adequate facilities, staff or expertise. Belizeans generally go abroad for such training. Moreover, participation by the youth and across Belizean cultural groups is minimal because there are few communication or civic engagement opportunities. As a consequence, access to information about a wide range of issues is limited and continues to deny children the opportunity to develop their full cultural rights and rights to expression. **An improved and more equitable communications capacity in Belize supports participation, health (health education), economic opportunity, education, and the protection of rights (increased awareness through mass media and education).** (See Diagram 4)
- Belize is a vulnerable country for reasons that are both beyond and within its control. Its vulnerability to hurricanes and storms is a geographical fact owing to its location and predominantly (except for the Mayan Mountain area) low-lying territory. And because it is a small country, the economy is substantially tied to regional and global markets. The maintenance of a disaster infrastructure dispersed across all regions, and

Diagram 4: *The Impact of Violence against Children Lasts a Lifetime!*

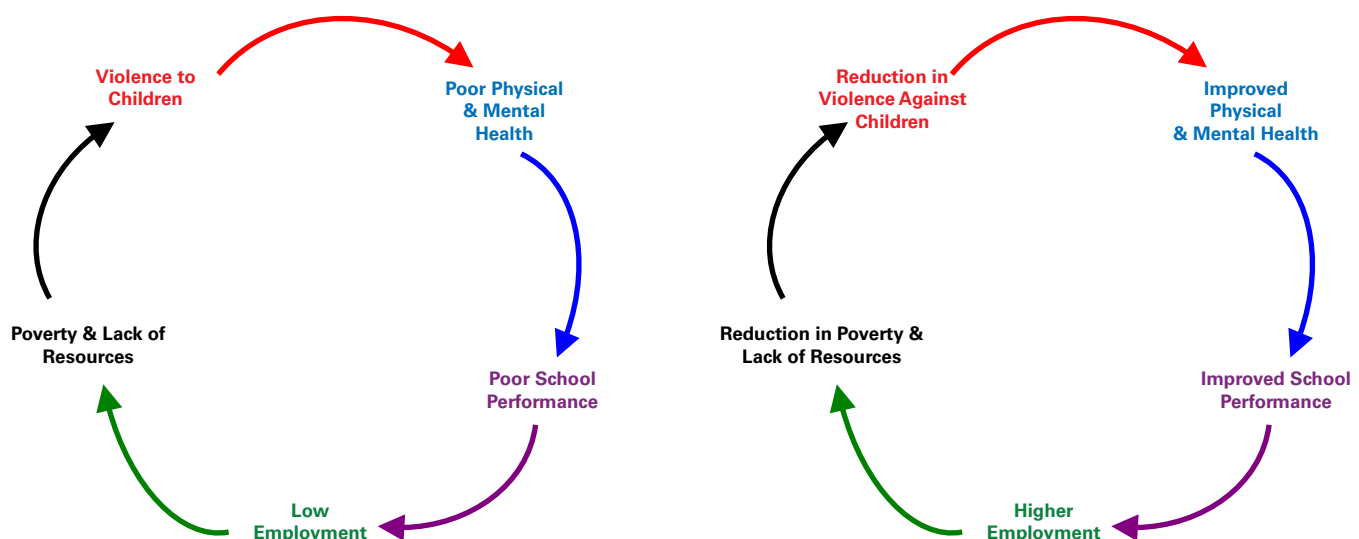
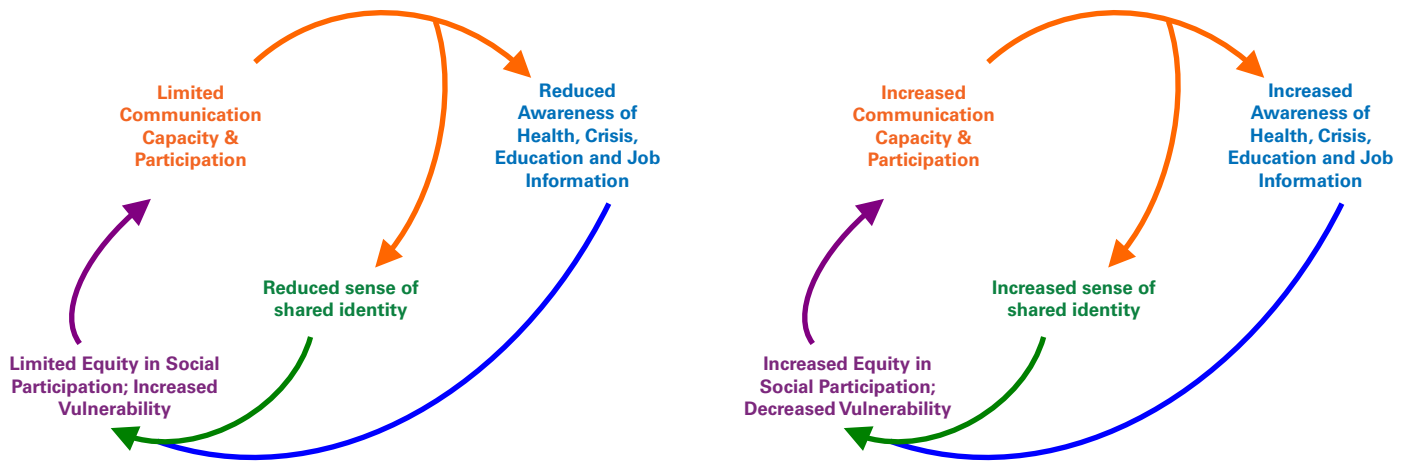


Diagram 5: A Vital Communications Infrastructure Improves Participation and Reduces Vulnerability



the diverse economic development to buffer market fluctuations are within its control, though. Currently, the disaster infrastructure is an area that needs to be focused, including dispersion of shelters and safety resources as well as improvements in the housing stock, land/water use planning in vulnerable areas, and the basic supply of water, sanitation and hygiene services. Hurricanes, for example, routinely cause extensive damage in areas such as Southside Belize City, some areas of Stann Creek and Toledo districts where housing quality and infrastructure is often inadequate. Basic commodities appear to be available for women and children in responding to crises, and the increased need to address the rights of women and children is recognised. There are still gaps in the availability of a wider range of shelter development and strengthening, physical supplies and less tangible requirements, e.g. privacy for lactating mothers. There are also gaps in the protection of children's needs during and after emergencies: while many schools have been designated as shelters, for example, very few have decided where to hold classes in/after emergency situations, putting education at risk. Data limitations are substantial with respect to assessing the availability of essential commodities. **Improvements in crisis vulnerability support better and more sustained economic opportunity, health, and protective assets.** (See Diagram 5)

- General issues of governance in Belize result in a situ-

ation where policy, programme and legislative initiatives exist to support progress towards improvement in multiple domains, and thus the achievement of rights and equity. However, many of these initiatives are not fully implemented, because they are not operationalized and/or there is no capacity to implement, monitor, or to evaluate their effectiveness. **An improvement in strategies, processes and capacity for implementation in government supports positive change in all domains, and thus the achievement in rights and equity.**

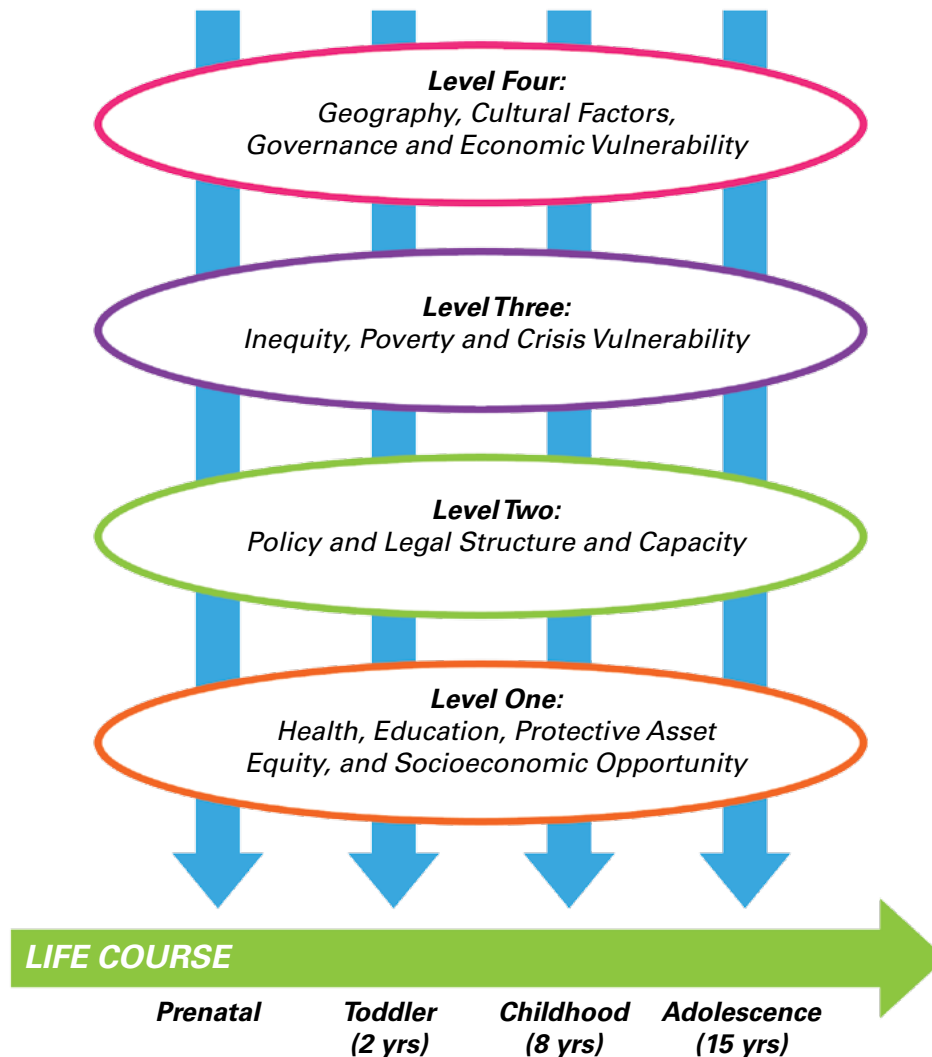
- The multicultural strength that Belize offers also presents one of its most sustained challenges. To achieve equity and full participation means continued progress towards the incorporation of children and women across the major cultural groups: for example, by ensuring that communication efforts are available in multiple languages, school curricula and teaching practices are culturally competent, disaster and crisis procedures are multi-lingual, and employment opportunities extend across regions. **Supporting the equitable involvement of all cultures increases participation, strengthens the attainment of equity in all domains, and increases cultural identity and a sense of belonging.**
- A research and technical assistance (TA) agenda could include: general TA on programme planning and evaluation (to assist in coordinating programmes under

common strategic approaches, and to identify best practices); TA to the Ministry of Education and other Ministries on the implementation of sustainable water/sanitation efforts and infrastructure improvement in schools, together with communication and education on water hygiene; research on media use (youth, adult, rural, urban, by culture) in order to improve communication capability; TA on communications and media development; TA on preventive approaches to juvenile justice; research on perceptions related to participation ("belonging") across cultural groups; research on gender norms/expectations across cultural groups; and research on HIV risk behaviours among higher risk populations (there is, for example, no data on substance use and its relation to HIV/AIDS risk).

These findings and their implications can be summarized by a general principle:

Rights are founded on a web of social well-being that affects the entire life-cycle. Because the domains of social well-being are interconnected, change in any domain can be supported by change in others. Linking progress across multiple domains is key to achieving children and women's rights, promoting their development and facilitating their ability to contribute positively to Belizean society.

Sample of Key Factors by Ecological Domain and Developmental Stage



Summary of Recommendations

Based on the findings, a number of specific recommendations were developed, by level of the overall ecological framework within the idea of social well-being. The following is a summary:

The **first level** encompasses domains that are proximal – most directly connected to social well-being. These domains are: Socioeconomic Opportunity, Health, Education, and Protective Asset Equity. As described in the full Situation Analysis, there have been some significant improvements as well as challenges in these domains. The second level is composed of domains that represent the necessary services, supports, policies and capacities to ensure that the institutions and activities at the first level can in fact provide what is necessary to foster social well-being, rights and equity. These **second-level** domains include Capacity (resources, infrastructure and workforce), Policy and Legal Structures. At this level, the Situation Analysis has identified important gaps. Issues and recommendations for both levels are combined as follows:

Socioeconomic Opportunity:

- 1) Expand the scope and capacity of tertiary education offerings so that they are a better match for the full range of job opportunities and can support a more equitable gender mix.
- 2) Encourage, through policy and public awareness, gender-balanced recruitment across all job sectors.
- 3) Continue to improve the transportation infrastructure and safety monitoring, particularly in Toledo and other areas currently less integrated into the nation's economic structure.
- 4) Support public-private efforts to foster innovation and entrepreneurial activity among adolescents, and across all ethnic/cultural groups.
- 5) Focus on improving communications and information technology (IT) infrastructure and access – a key to contemporary business opportunity.
- 6) Increase access for women and adolescents of all ethnic backgrounds to civil society organisations that are connected to business opportunities in order to build social capital and increase the likelihood of fund-

ing/financial support for new business ideas, including “green” business (important for environmentally vulnerable Belize).

Health:

- 7) Implement a “healthy lifestyle” approach in education and prevention efforts across the life-cycle that integrate multiple health concerns and potentially maximizes the impact of prevention initiatives as well as support for those initiatives.
- 8) Improve the strategic planning and coordination of programmes targeting vulnerable populations for HIV/AIDS. There should be a coordinated, multi-sectoral approach that maximizes resources to identify (with adequate data) and reach these population groups; at present, there are only scattered programmes. Also increase the involvement of those groups with substantial community-level reach, e.g. NGOs, CBOs.
- 9) Work towards common ground to find an approach to reproductive health education and prevention programming that can cut across the current challenges, inconsistencies and barriers to implementation in part resulting from the politicization of the issue and the complex (but entrenched) nature of school ownership/management. Expand the capacity of tertiary education offerings so that they are a better match for the full range of job opportunities and can support a more equitable gender mix.
- 10) Continue work to improve sustainable water and sanitation infrastructure in schools – particularly in rural areas – and implement education and communication campaign on water/hygiene practices.
- 11) Increase the visibility, awareness and capacity with respect to mental health efforts within the Ministry of Health and the Ministry of Human Development.
- 12) Develop and implement public awareness campaigns in multiple languages that seek to reduce stigma related to mental health, disabilities, and HIV/AIDS.
- 13) Capitalize on cross-border use of medical expertise at least in the short-to-medium term. It is acknowledged that this is a complex and sensitive issue, but regional meetings of the Central American Ministers of Health have already recommended this approach to increas-

ing capacity.

- 14) Build internal capacity (health, education, data, social services) by implementing requirements (bonding) for Belizean students who are funded to study abroad so that they return to Belize for a specified period of time (e.g. five years).
- 15) De-centralize and expand training for education and health so that culturally specific practices and materials are incorporated in the recruiting and training of local staff. This, in turn, will have positive impacts on participation, capacity, and economic development. If Belize is to accept its multicultural nature, this must be operationalized in governance structures.
- 16) Increase the emphasis on bilingual capability for programme staff and personnel, especially in districts where this is a key social fact.
- 17) Basic educational resources need to be provided at the community level, through community centres that include educational and health supports – libraries, health education materials, tutoring, computing/Internet facilities, etc.
- 18) Belize needs to develop an expansive cadre of sufficiently-paid, multi-skilled community/field workers that can, among other roles, adequately address information, education and communication tasks. One option is to expand/enhance the current team of community health workers.

Education:

- 19) Continue the effort to upgrade teacher training and to improve teachers' cross-cultural understanding and capability, as well as latitude for incorporating lessons learned. Teacher training should be implemented within the context of a whole-school improvement approach.
- 20) Educational programmes and curricula need to vary by district and cultural mix so that they are appropriate, more effective, and retain the interest and participation of children (both genders). While there may be increased costs to such an approach in the short term, it offers long-term benefits.
- 21) Work with organisations in traditional Maya communi-

ties to explore strategies for maintaining and supporting the continued involvement of girls in school.

- 22) Increase the focus on retaining boys in secondary (and tertiary) education, based on the extensive data that now exist, and address factors that are contributing to the pattern of early dropout and low transition. Current practice in disciplining students should be re-examined with an understanding that these practices have an effect on school dropout and consideration of "second chances." Continue experiments (such as cash transfers/incentives for school completion) and evaluate results.
- 23) Recruit more men to serve as teachers at all levels.
- 24) Utilize schools as a dissemination point for education to students and the community regarding hygiene practices (e.g., water treatment, storage, hand washing), and improve effectiveness of relevant messages.
- 25) As noted above for health, build internal capacity (health, education, data, social services) by implementing requirements for Belizean students who are funded to study abroad so that they return to Belize for a specified period of time (e.g. five years).
- 26) As noted above for health, de-centralize and expand training for education and health so that culturally specific practices and materials are incorporated in the recruiting and training of local staff. This, in turn, will have positive impacts on participation, capacity, and economic development.
- 27) Increase the emphasis on bilingual capability for programme staff and personnel, especially in districts where this is a key social fact.
- 28) Basic educational resources need to be provided at the community level, through community centres that include educational and health supports – libraries, health education materials, tutoring, computing/Internet facilities, etc.
- 29) Disseminate effective educational models and practices and their criteria/methods for measuring success (Examples include: St. John's College and St. Catherine's Academy for their focus on teaching excellence and support for students from different socioeconomic backgrounds; Belize High School for its innovative use

of technology).

Protective Asset Equity:

- 30) The approach to youth violence should shift from crime suppression to child development and prevention, in a way that is culturally appropriate for each district, because the context of violence/delinquency manifests itself differently.
- 31) Develop a plan and implementation strategy for how to handle disabled populations, with assignment of responsibilities, roles, and resource allocation. This, as for other programme administration, should be decentralized. Further identification/facilitation for appropriate targeting should become possible via the recently completed census.
- 32) Standardize definitions of juvenile, adolescent and young person in all legislation relating to juveniles – Criminal Code, Indictable Procedure Act, Summary Jurisdiction Act, and Labour Act.
- 33) Implement recommendations for specific legislative amendments to the Juvenile Offenders Act, the Penal System Reform (Alternative Sentences Act), the Probation of Offenders Act as set out in the "Vulnerability Analysis of the Juvenile Justice System, 2007".
- 34) Repeal the Certified Institutions Act and Regulations [Now that there is a Social Services Agencies Act and Regulations for residential facilities taking care of children, the act is no longer needed. In addition, the provisions added to the Families and Children Act (FACA) that address children with anti-social behaviour now renders the provisions in the Certified Institutions Act that address uncontrollable behaviour obsolete.]
- 35) Remove the Wagner's Youth Facility from the Prison Complex or place it under the Social Services Agencies Act and Regulations. Also, there is a need to re-energise rehabilitation programmes offered at the facility to address reports of abandoned programmes due to limited resources.
- 36) Revise and repurpose the National Drug Abuse Council – there is need for an updated policy and plan of action, additional staff, and additional programmes.
- 37) Develop a new vision for the Youth Hostel in line with the new draft policies and procedures of the Community Rehabilitation Department to strengthen programmes and provide better transition from institution to society in order to address high recidivism rates.
- 38) Staff the Juvenile Justice Courts with trained mediators and social workers in each district.
- 39) Strengthen first time offenders programmes and ensure collaboration in those programmes with those offered by the Cadet Core, Youth For the Future, Community Policing Unit and Restore Belize to avoid duplication and also to ensure that comprehensive services are provided.
- 40) Re-sensitize the police regarding the rights of juveniles and develop collaborative community initiatives between police and youth in Southside Belize to address juvenile hostility and distrust towards police.
- 41) Revitalize National and District Committees on Community Service and expand Community Service options in the Penal System Reform (Alternative Sentences) Act.
- 42) Make improvements with respect to social worker capacity: Re-train the current cohort of social workers in all the policies and procedures of the department as well as cross training for other areas of the Ministry. Implement faster response times by social workers when there are requests for social inquiry reports in custody and adoption cases. Add social workers in each district, especially social workers attached to each family/juvenile court to prepare court reports and to do spot checks and court appointed visitations in matters before the district court.
- 43) Improve collaboration between the Women's Department, Department of Human Services (DHS) and the Community Rehabilitation Department (CRD).
- 44) Include the child protection system and role of the police in the training curriculum for police officers at the training academy.
- 45) Re-train doctors who must perform medical examinations on the new medical-legal form and on how to present expert medical evidence in court.
- 46) Improve counseling capacity: Develop a better counseling programme at the University of Belize to pro-

vide specializations in trauma counseling and counseling victims of sexual violence. Expand the Belize counseling centre and establish properly staffed counseling facilities in each district.

- 47) Expand the foster care programme and improve marketing of the programme and the development of more support services for foster families.
- 48) Enact the law that prohibits commercial sexual exploitation of children (CSEC) and develop and implement a national plan of action to eliminate CSEC.
- 49) With respect to communications: Increase the capacity at the University of Belize and at smaller colleges to train Belizeans in media and communications – essential for a participating and informed polity, and for the dissemination of information about health, education, socioeconomic opportunities and other facets of public life. (The recommendations listed in this document would benefit from expanded information, education and communications campaigns.)
- 50) With respect to communications: Increase the percentage of people in all districts who have access to the Internet and are familiar with its use.

At the **third level** are key domains representing social conditions that confront the general effort to improve social well-being and achieve rights and equity. These are basic social conditions that the legal/policy framework and national service and communication capacity must address. The domains at this level are Poverty, Inequity, and Crisis Vulnerability.

Poverty and Inequity:

- 51) All recommendations in this Executive Summary and Situation Analysis are relevant to this domain.

Crisis Vulnerability:

- 52) For crisis vulnerability, the NEMO plan needs to be re-organized to emphasize de-centralization of resources to maximize immediate response. Pro-active planning for disaster response is imperative, especially with global climate change. This includes ongoing disaster preparedness communication and enforcement of building codes, etc. As it is often the case, there are laws to the matter, but no means of enforcement. Community-level strengthening and resources

will also provide more immediate access to response. This could also include capacity-building, training, and engaging village councils with disaster preparedness and response duties.

- 53) Institute increased enforcement of water, sanitation and related infrastructure requirements to ensure potable water availability.
- 54) Institute a review and increase enforcement of safety regulations in general, with respect to vehicle and road safety, water safety, and other transport.

Finally, at the most fundamental **fourth level** are the basic, long-term causal domains that create the environmental and social context that underlies Level Three social conditions. These domains are Geography, Cultural Factors, Governance and Economic Vulnerability.

Geography:

- 55) All recommendations that seek to improve infrastructure, socioeconomic opportunity, participation, and crisis vulnerability will mitigate the impact of geographic factors.

Social/Cultural

- 56) A general principle and commitment: While there has always been public discourse about Belizean multiculturalism, a real commitment must be made to better understand and value the multicultural nature of Belize as an asset. This will require movement towards decentralization of governing functions, training, resources, and programmes, and over the longer term, attitudinal shifts.
- 57) Improve the working understanding of child and human development milestones across programmes that address children's issues so that appropriate norms and expectations are understood across the lifecycle. Public education and communications campaigns can be helpful in this respect. There is also a need to recognise potential cultural differences in child-rearing approaches.
- 58) Address quality of education by investing in the quality of teachers with respect to subject matter expertise and pedagogic methods. Increased quality will also require better pay.

- 59) Increase discourse on the value of non-English use in school environments.

Governance:

- 60) In order to maximize outcomes towards the achievement of rights and goals, reduce the gap between plans, policies and implementation by including specific procedures and milestones for implementation, and the training and allocation of staff responsible for implementation, as well as consistent monitoring/evaluation.
- 61) Increase accountability requirements as part of the development of planning documents.
- 62) Disseminate information about successful small and local programmes, in education, health, youth support, disabilities, juvenile justice, economic development and develop a best practice inventory – via a website – that can be accessed by anyone. Examples include CARE Belize’s disability programmes, several well-performing schools, and many individual success stories. Along the same lines, increase access to lessons learned via non-governmental organisations.
- 63) Improve IT/data capabilities and access across all ministries and agencies (including NGOs, CBOs), with respect to technology, technical skills, etc. Data is essential to effective planning and accountability – for example, to determine where to locate schools and services so that they are accessible, and to better identify high risk HIV/AIDS populations (including those in prison).
- 64) Minimize high turnover and loss of skills as well as institutional knowledge in agencies through increased investment in staff, better pay, and improved documentation. Also minimize turnover (solely) due to political reasons.
- 65) Increase the dissemination of institutionalized knowledge within ministries so that proper functioning is not dependent on just a few individuals.
- 66) Continue progress towards elimination of corruption and patronage politics. In the long term, this will increase participation, increase trust in government, reduce cynicism, and improve attitudes among children and women regarding equity and opportunity.

- 67) Using the kind of theoretical framework presented in this document, organize the governmental response to key issues around an understanding of multiple contributing factors, which should then lead to coordinated, multi-sectoral action.

Economic Vulnerability:

- 68) Continue efforts to reduce the debt burden and debt-to-GDP ratio.
- 69) Over the long term, work towards a diverse economy less dependent on fluctuating external sources, and more forward-looking – particularly in the area of “green economy” enterprises.
- 70) Over the long term, continue progress towards inclusive economic involvement that maximizes the development and employment of internal capacity. This will contribute to a sense of “belonging” and reduce emigration.

Key Principles

The findings and recommendations in the 2010 Situation Analysis follow from the analysis of specific domains, and from their interconnected nature. This can be understood under three basic principles:

ONE: Investments to achieve children’s and women’s rights in Belize must be made across the lifecycle. Development is a continuous and cumulative process – what happens later in the lifecycle is conditioned by what happened earlier.

TWO: Investments to achieve children’s and women’s rights in Belize must be made across multiple domains. No domain exists in isolation from others – what happens in schools and neighbourhoods is conditioned by what happens at home, which is in turn conditioned by social, cultural and economic opportunity as well as gender equity, which in turn is affected by the capacity of multiple systems to support those opportunities.

THREE: The institutions of Belizean society, as duty-bearers, exist in an ongoing, multi-dimensional relationship with children and women as rights holders. That relationship is not confined to single actions, or programmes or policies. Like any relationship, it requires continuity, interaction, responsiveness, and commitment.

CHAPTER 1

Introduction



Improved health status and health-serving capacity supports positive change in protection, participation, education, economic opportunity, and poverty.

INTRODUCTION

A. Overview

Belize is a unique country, full of natural beauty, historical significance, and a vibrant and diverse cultural mix. It occupies an important political and cultural space between Central America and the Caribbean. It is a country with much promise, as well as challenges in reaching that promise. In one sense, the broad goal of this Situation Analysis (SitAn) is to support the movement towards the achievement of that promise by presenting information and data within a framework of domains related to the rights and well-being of children and women, and synthesizing those data in a multidimensional explanatory profile with recommendations for policy and programming. It details a situation that has changed since the previous assessment in 2004 and is intended as a contribution to the national knowledge base, useful to public and social sector professionals, academic and business institutions, community and non-governmental organisations, and the general public.

As in previous Situation Analyses, this document will serve as the guiding document for the elaboration of the current Country Programme of Cooperation between UNICEF and the Government of Belize (2013-2016¹), and it will contribute to the development of the new Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). It incorporates a substantial number of surveys, assessments, evaluations and studies that have been conducted by the government of Belize (GOB), the National Commission on Families and Children (NCFC), Non-Governmental Organisations, UNICEF and other UN agencies, and other development and local organisations, updating and providing additional information on the status of women and children in Belize and the factors contributing to their current status. Moreover, as described further below, impacts of the changing economic environment in Belize as a consequence of the global recession are documented in this SitAn.

The current SitAn has been developed through a collaborative process with the Government of Belize and a broad range of national stakeholders to ensure that the situation and views represented are as inclusive as possible. The SitAn takes into account trends across multiple domains, policies, programmes, capacities and underlying structures relating to the rights, welfare and equity of girls, boys and women. The situation of children and women in Belize is the outcome of political, social, cultural, economic and institutional factors at multiple levels, which are assessed in this document using

an integrative, ecological framework of analysis (see below). These factors work together to support or inhibit the rights and social well-being of children and women. Moreover, these factors will inform the priorities for UNICEF Belize and its efforts to support the Government of Belize in prioritizing social allocations towards the well-being of children and women. Of importance, and in line with global strategies, UNICEF Belize is increasingly engaged in generating evidence to provide information into decision making, advocacy for effective policies and programmes as well as resource leveraging, and national capacity development.

Evolving UNICEF role

In a country of the scale and diversity of Belize, UNICEF will reach only a small minority of those who suffer from social, health, and economic disparities, inequity and exclusion, if it solely operates on a service-delivery and project model. Reaching the majority requires working at the policy level and with those who shape and implement these policies through their professional practice. Simultaneously, an appropriate balance must be found between “upstream” policy work and “downstream” community-based interventions. Thus, an additional aim of this Situation Analysis is to support the re-positioning of UNICEF in relation to social policy planning and implementation at community levels in order to maximize its value and contribution. UNICEF Belize is committed to increasing its attention towards policy advocacy and partnerships, while still maintaining its focus on the achievement of MDG, equity and human rights goals.

B. Goals of the Situation Analysis

Since the 1980s and 1990s, Belize has been considered a middle income country, despite recent economic fluctuations. In 2010, the World Bank categorized Belize as a high income country, which becomes important for this SitAn because the benefits of economic growth have still not touched large segments of the population – there are still too many under the poverty level or at risk of poverty. Although there have been notable successes in some areas, Belize still faces significant challenges in gender equity, ethnic and regional parity, access, coverage and quality of social/health services, in education, child protection, and in the implementation of rights that have been guaranteed at the national policy level. Additionally, the role and importance of exemplary/experimental projects and models that have the potential to be of extreme value have not yet been evaluated. Notwithstanding, successful service delivery and possibilities for scaling up and replication of models rely on a good understanding of the policy processes and in-

¹NOTE: The next country programme will be one year shorter as the current 2007-2011 will be extended to the year 2012 due to the extension of the current UNDAF until 2012.

stitutional arrangements, as well as the availability of the best possible evidence.

Specifically, the Situation Analysis serves to:

- a) Provide an in-depth understanding of the situation of children (girls and boys 18 years of age and under) and women through demographic and socioeconomic trend analysis and the testimony and judgment of children and women, as well as professional practitioners;
- b) Elaborate this understanding with respect to inequities based on regional differences, gender, socioeconomic status, and other factors, and across the life cycle;
- c) Develop recommendations for action to ensure that UNICEF remains as a relevant development partner in a middle-income country facing rapid environmental changes;
- d) Prepare the foundation for the upcoming United Nations' CCA and UNDAF processes;
- e) Contribute to the generation of evidence-based knowledge including identification of critical information gaps that stimulate dialogue and serve as a basis for rights-based and child-centred policy-making; and
- f) Contribute to UNICEF's commitment to develop national capacity in general and research capacity on children in particular.

C. Structure of the Situation Analysis

The structure of this Situation Analysis represents a slight departure from previous analyses, primarily in the way the information is presented and organized. The content remains grounded in an analysis tied to achievement of the MDGs and of the rights and equity that all children and women deserve.

Using an Ecological Framework

This Situation Analysis employs an ecological framework to organize discussion of the status of women and children in Belize. Social and health programmes of all kinds are increasingly being understood as occurring within a broad and intercon-

nected framework of contributing factors at multiple levels of society. This perspective draws from the Ottawa Charter in 1986, advocating health promotion as well-being, holistic and practical constructs of social justice, which has been supported by Amartya Sen's (2009)² theory in human development³ and other social sciences under the general rubric of *social ecology*,⁴ the *ecological approach*,⁵ or social determinants. According to the WHO Commission on the Social Determinants of Health (2008),⁶

"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries."

While the language of the above statement focuses on health, it is equally applicable to the general goals of broader social well-being and development encapsulated in the MDGs and other documents, in support of the theme that the attainment of rights and equity is founded on the achievement of equity and social well-being. Therefore, to hasten the attainment of rights, it is necessary to address social well-being. This ecological or holistic approach is also reflected in the language and construction of the Human Development Index (HDI), which contemplates a broad definition of measures to assess poverty, and uses the language of *well-being*.⁷

UNICEF, as the key UN agency advocating for children's rights, has at the core of its mission the advancement of a broad agenda of child rights, health, education, equity, protection, participation and development. From a social-ecological perspective, in order to achieve these goals, progress must occur with respect to a range of contributing factors that, together, support their attainment.

This is precisely why, in order to describe the current situation for children and women in Belize, the 2010 Situation Analysis is organized so that these factors are presented within specific domains as part of an inter-related, ecological framework, with some domains depicted as underlying others and having a causal or contributing relationship to them, as a "linked

²Sen A. 2009. The Idea of Justice. Cambridge, MA: Belknap Press.

³Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32, 513-531; Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press.

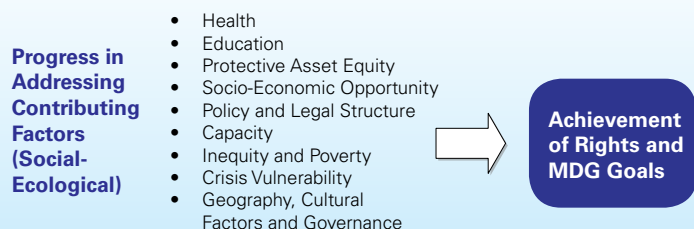
⁴Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10, 282-298.

⁵Green L, and Kreuter MW. 1999. Health Promotion Planning: An Educational and Ecological Approach (3rd Edition). Mountain View, CA: Mayfield Publishing Company.

⁶CSDH (2008). Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

⁷Narayan D, Patel R, Schafft K, Rademacher A, and Koch-Schulte S. 2000. Crying Out for Change: Voices of the Poor. Oxford: Oxford University Press/World Bank.

Figure 1, below, illustrates this connection:



chain” of causality. In this way, it is our hope that the information included here will provide a systemic understanding of causality, and support recommendations for coordinated actions that take into account the linkages between domains and the role that an ecological perspective plays in achieving progress towards rights. The ecological focus will also help frame the sources and multiple levels of inequity that contribute to the situation among the most vulnerable population groups in Belize. Within the analysis by domains, we can then locate where the barriers to attainment of rights and equity lie, which in turn allows for more clarity in recommending strategic and policy directions to redress the gaps.

Figure 2 is an illustration of the way in which the domains function together to support or hinder achievement of rights, equity and the MDGs. In Figure 2, the domains are positioned as having a causal relationship to the ultimate achievement of social well-being and rights. If we depict the direc-

tion of causality as moving upwards in the diagram, then the domains at the bottom of Figure 2 (e.g., cultural factors, poverty and inequity) are broader, more basic and at deeper levels of causality, while the domains at the top (e.g., education, health) are more concrete and more proximally related to social well-being and the achievement of rights. Generally, the domain levels are as follows:

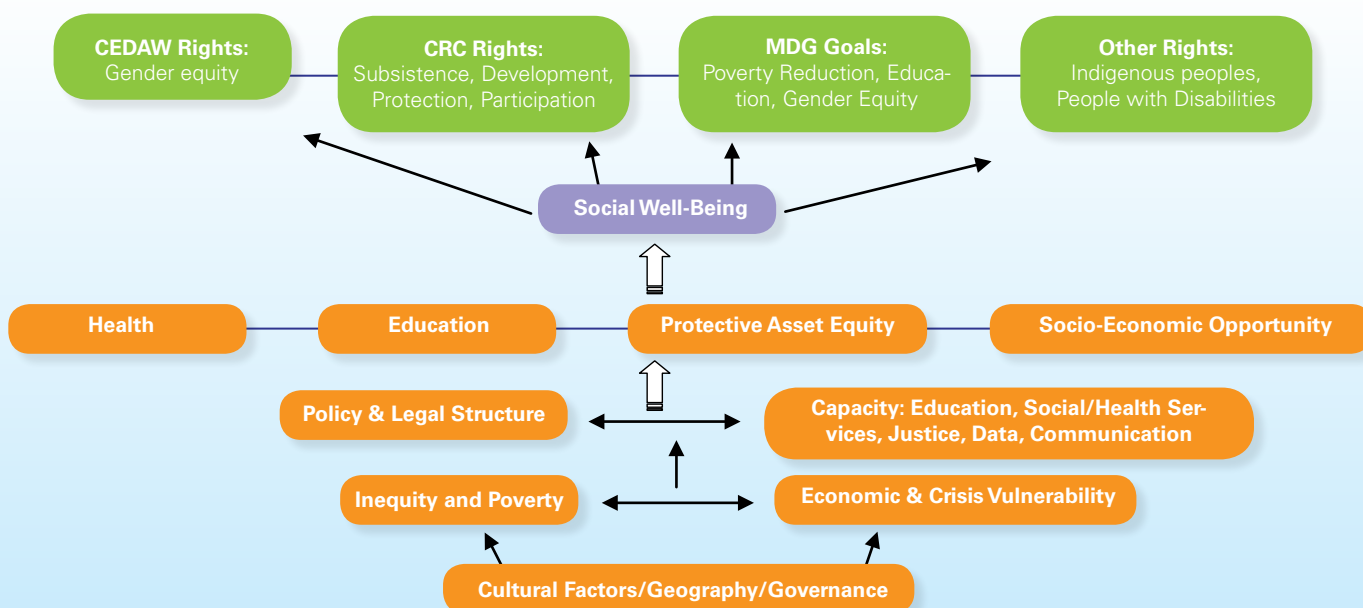
LEVEL ONE: Health, Education, Protective Asset Equity, and Socioeconomic Opportunity.

LEVEL TWO: Policy and Legal Structure, and Capacity (with respect to the equitable delivery of quality education, social/health services, justice services, data, and communication). Improvement in Level One domains is assumed to be a function of legal/policy structures and general capacity to provide the necessary services, supports and policies to ensure the rights/equities necessary for Level One domains.

LEVEL THREE: Inequity, Poverty and Crisis Vulnerability are basic domains representing social conditions that confront the general effort to improve social well-being and achieve rights/MDGs. These are basic social conditions that the legal/policy framework and national service and communication capacity must address.

LEVEL FOUR: Geography, Cultural Factors, Governance and Economic Vulnerability are basic causal domains that create the context for Level Three social conditions.

Figure 2, below, shows the relationship between combined progress across all domains – from distal to proximal -- and the achievement of rights and MDGs:



A Human Rights Focus

Within the organisation by domains, and in terms of overall conclusions about the current situation and its causality in Belize, a human rights approach remains central to the analysis of the situation of girls, boys and women. A human rights perspective draws attention to the imperative of respecting, protecting and fulfilling the rights of all children. This implies that children are subjects of rights, rather than objects with needs. It also means that the analysis in this SitAn will serve to highlight gaps as well as successes in achieving goals and rights as set out in the Convention on Rights of the Child (CRC), the Convention on the Elimination of Discrimination Against Women (CEDAW), the UN consensus document entitled *A World Fit for Children*, the Millennium Development Goals (MDGs), and the focus on equity outlined in the September 2010 UNICEF document entitled *Narrowing the Gaps to Meet the Goals*. Also important in the Belize context are the protections set out on the UN Declaration on the Rights of Indigenous Peoples (2007) and the UN Convention on the Rights of Persons with Disabilities (CRPD, 2006). In general, the preparation of such SitAn follows the guidelines set out in the UNICEF Guidance for Conducting Situation Assessment and Analysis of Children's and Women's Rights (2008). The key message communicated in the revised SitAn structure, though, is that achievement of rights is dependent upon improvement in social well-being.

A Life-Cycle Approach

For UNICEF and for this report, the term children refers to children from birth to age 18 – thus in this report the developmental context will be addressed by separating data – where possible – and recommendations by age group.

The Situation Analysis will adopt an integrated, cross-sectoral approach that takes a holistic view of the child. A life cycle approach will be used to undertake the analysis of the key issues affecting children aged 0-18 and women of reproductive age. Issues of inequity and vulnerability will be tied, within each domain, to the life-cycle. In other words, if in the domain of health, for example, there are reasonably adequate prenatal and post-natal care services that are widely accessible, but very few services for children age 10 and above, that would be identified as a life-cycle inequity in the domain of health.

Inclusion of Key UNICEF SitAn Components

While organized by domains, this SitAn will include all the key components for a UNICEF SitAn within these domain descriptions, and tied together under a general causal analysis:

- General status analysis of social, health, education, economic, and related conditions (by age and gender where possible);
- Institutional systems analysis of the sectors, their sub-systems and services as well as the social policy environment that shapes them;
- Vulnerability assessment outlining critical vulnerabilities by region and population with respect to climate-related emergencies, conflict, or economic distress;
- Commodity assessment detailing access to basic food and medical commodities by region and population group;
- Communication assessment addressing communication/information needs and gaps, usage, equity in access, stakeholders/partners, and resources;
- Legislative analysis, reviewing legislation relative to children and its role in supporting or impeding the attainment of rights and equity;
- Role pattern analysis which examines the relationships of claim holders and duty bearers linked to institutional systems analysis;
- Capacity gap analysis which examines the capacity of the individual and institutional duty bearers and claim holders responsible for respecting, protecting and fulfilling children's and women's rights; and
- Causal analysis of the violation of children's and women's rights, their manifestation, immediate, underlying and basic causes as well as the linkages between these causes subject to quantity and quality data.

These key components will in some cases be marked off as separate section, and in other cases integrated into the domain-based discussions.

D. Cross-Cutting Themes: Gender and Equity

According to a recent UNICEF study⁸ on sub-national trends in 26 different countries, it became clear that while overall gains have been made in achieving the MDGs, evidence of these gains is based on national averages, concealing broad and widening disparities in poverty and children's development among regions and within countries. The gap between

⁸UNICEF, October 2010. *Narrowing the Gaps to Meet the Goals*. New York: UNICEF.

many developing and industrialized countries and sub-Saharan Africa, South Asia and the least developed countries in child survival and other measures of progress has increased. In 18 of the 26 countries studied, the gap in these measures of progress between the richest and poorest quintiles has grown or remained the same; in 10 of these 18, the gap has increased by at least 10 percent. These gaps are also occurring between urban and rural areas.

The most salient factor in this study is clearly poverty. Children in the poorest households are far more likely to die before age 5, to be malnourished and have stunted growth, and to be unregistered at birth. Access to health and other basic services is significantly less, if at all. With respect to gender equity, conditions of poverty increase the likelihood of early marriage and childbirth, dropping out of school, HIV and STI risk, abuse and exploitation for girls.

The UNICEF study drew the following conclusions:

- National burdens of disease, under-nutrition, ill health, illiteracy and many protection abuses are concentrated in the most impoverished child populations. Providing these children with essential services through an equity-focused approach to child survival and development has great potential to accelerate progress towards the Millennium Development Goals and other international commitments to children.
- An equity approach could bring vastly improved returns on investment by averting far more maternal and child deaths and episodes of under-nutrition and markedly expanding effective coverage of key primary health and nutrition interventions.

Thus, issues of equity and gender are addressed throughout the discussion in all domains, because they are inextricably tied to the state of affairs at multiple levels and multiple points. Educational progress cannot be discussed without reference to equity and gender; neither can health, developmental assets, or any other domain.

E. Organisation of the Document

The SitAn that follows begins with an overview of the national context, situating Belize and its current circumstances in a comparative perspective within the region, and examining key national characteristics that form a backdrop for the issues to be discussed. Following this overview, the analysis will take a narrative approach to synthesizing the data and information within the domains presented above. In doing so,

some domains may be discussed together in order to facilitate presentation of the current situation. Embedded within the narrative are the commodity, communication and vulnerability assessments as well – these will be clearly identified. Where possible, Southside Belize City and the Toledo district will be highlighted as two key examples representing different patterns of vulnerability – although we note that in the most recent period, the distribution of vulnerability has expanded to Cayo and other districts due to the global economic situation. The domain-based discussion then provides the foundation for an assessment of causality in terms of the key problems for women and children that are identified in the data, and recommendations as to effective areas of focus for UNICEF support.

F. A Note on Data

The Situation Analysis presented here is based on a synthesis of data obtained from multiple sources, provided or referenced from the Situation Analysis Steering Committee, from GOB agencies, and through a search of UN and other multilateral organisations as well as Belizean and relevant global NGOs. These sources include (but are not limited to): 1) GOB Ministries of Health; Human Development and Social Transformation; Education and Youth, Economic Development, Commerce Industry and Consumer Protection; the Statistical Institute of Belize; 2) the National AIDS Commission, National Women's Commission, National Committee for Families and Children; 3) UNAIDS, UNDP, World Bank, Caribbean Development Bank, Pan American Health Organisation, IDB; and 4) Belize NGOs, including Hand in Hand Ministries, Youth for the Future, Belize Family Life Association (BFLA), CARE Belize, National Garifuna Council, Toledo Maya Cultural Council, and others. The SitAn Team then reviewed documentation, and synthesized information based on the theoretical framework presented earlier in this section. During this process, the authors have attempted to assess the quality of the data and information identified and have given greatest weight to data derived from processes that were thorough and systematic. Where there were questions, concerns or issues related to the data, these are noted as much as possible. However, it must be acknowledged that there are many sources of data included in this report, and it was not feasible to obtain complete information in all cases regarding assumptions, definitions, and other parameters underlying the data or analyses. We have, therefore, included citations for all source material to facilitate any additional examination.

CHAPTER 2

National Context - Belize



The 2010 SitAn was developed through a collaborative process with the Government of Belize and a broad range of national stakeholders to ensure capturing multiple domains, policies, programmes, capacities and underlying structures related to the rights, welfare and equity of girls, boys and women.

THE NATIONAL CONTEXT -- BELIZE

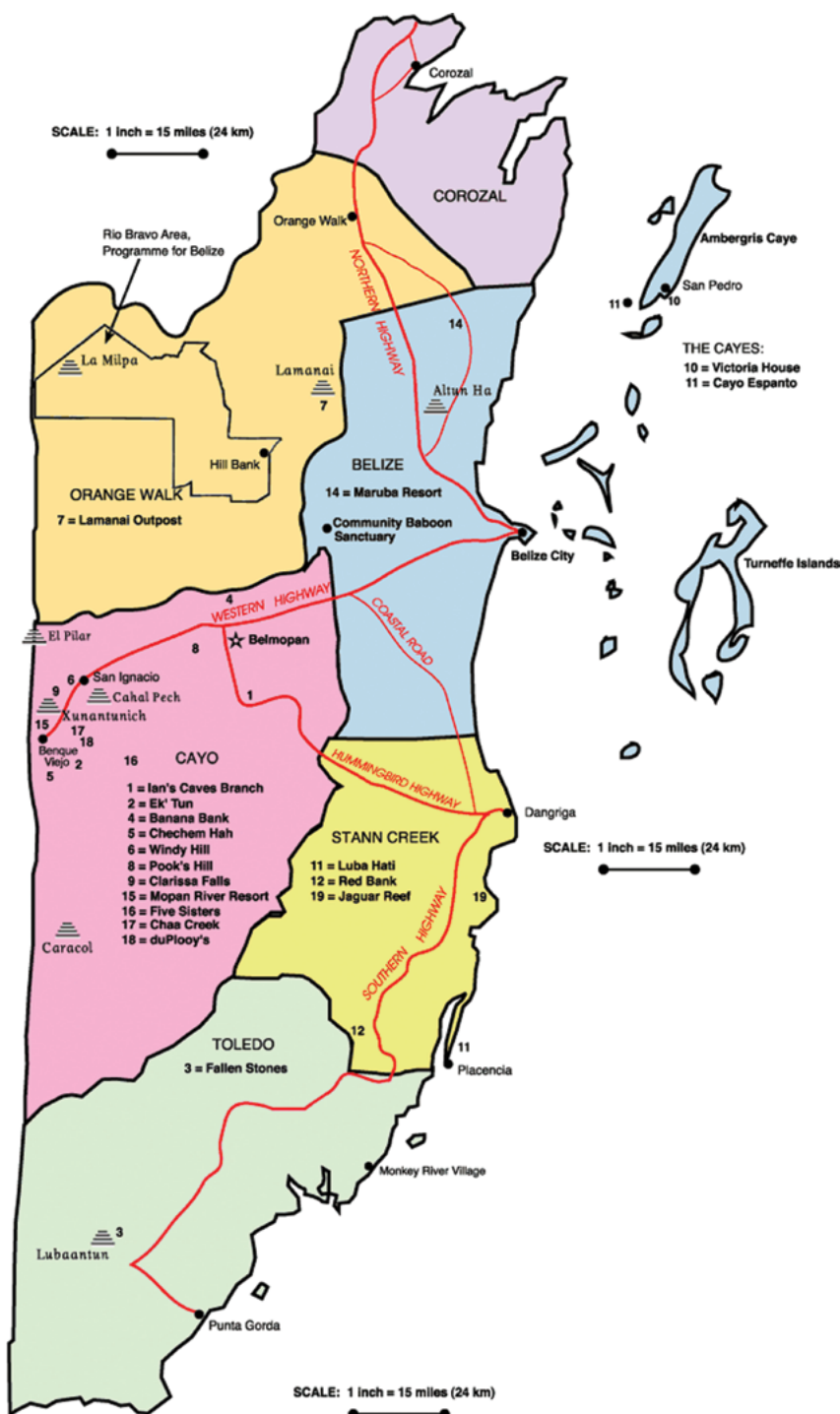
A. Country Overview

Belize is situated on the Caribbean coast of Central America, bordered on the north by Mexico's Yucatan Peninsula, and in the south and west by Guatemala, with a very small direct sea link to Honduras in the south. The second largest barrier reef in the world - a draw for diving and water sports tourism - lies off the Caribbean coast of Belize. It is a relatively small country, with a diverse landmass of almost 23,000 square kilometers, but with only a population of 312,698 in 2010.⁹ The country is divided into 6 districts: Corozal and Orange Walk in the north, Cayo in the south-centre and west, Belize in the centre and coast, Stann Creek on the southern coastal area, and Toledo in the far south, west and southernmost coast.

Children and adolescents comprised 43.86% of the total Belizean population; specifically, 141,300 of 322,100, as of mid-2008 (see Table 1). Of these, 21,400 were under-2 yrs; 17,100 were 3-4 yrs, 69,600 were 5-12 yrs, and 33,200 were 13-16 yrs (6.64, 5.31, 21.61, and 10.31 percents of total respectively). These data also indicate generally decreased proportions of the under-2 year olds between 2005 and 2008, reflecting a declining birth rate. A substantial proportion of residents live in Belize district (29.99%) followed by Cayo (23.91%), and Orange Walk (15%); Toledo is least populated with 30,100 residents (9.34%). Each district is further divided into "urban" and "rural" areas.

The geography of Belize is key to many of the socio-economic, environmental, and political characteristics that are an

Figure 3. Belize map, showing districts



⁹Belize Census 2010.

Table 1: Summary of Belize demographics (population, gender, age)

Belize census population figures by district and sex 2010					
	Total	Male	Female	No. of Households	Average Household size
Country Total	312,698	157,935	154,763	79,272	3.9
Urban	138,796	67,896	70,900	39,131	3.5
Rural	24,205	88,261	83,566	40,141	4.3
Corozal	40,354	20,254	20,100	9,247	4.4
Corozal Town	20,254	4,752	5,149	2,699	3.7
Corozal Rural	20,100	15,502	14,951	6,548	4.7
Orange Walk	45,419	23,120	22,299	10,394	4.4
Orange Walk Town	13,400	6,642	6,758	3,361	4.0
Orange Walk Rural	32,019	16,478	15,541	7,033	4.6
Belize	89,247	43,980	45,267	27,161	3.3
Belize Urban	65,042	31,833	33,209	19,930	3.3
Belize City North Side	16,116	7,620	8,496	5,078	3.2
Belize City South Side	37,416	18,266	19,150	11,078	3.4
San Pedro	11,510	5,947	5,563	3,774	3.0
Belize Rural	24,205	12,147	12,058	7,231	3.3
Cayo	72,899	36,667	36,232	17,250	4.3
Cayo Urban	36,152	17,803	18,349	9,221	3.9
San Ignacio	9,925	4,856	5,069	2,593	3.8
Santa Elena	7,052	3,501	3,551	1,753	4.0
Benque Viejo	5,824	2,906	2,918	1,415	4.1
Belmopan	13,351	6,540	6,811	3,460	3.9
Cayo Rural	36,747	18,864	17,883	7,676	4.8
Stann Creek	32,066	16,652	15,414	9,057	3.6
Dangriga Town	9,096	4,410	4,686	2,562	3.6
Stann Creek Rural	23,070	12,342	10,728	6,495	3.6
Toledo	30,538	15,384	15,154	6,516	4.7
Punta Gorda Town	15,384	2,456	2,749	1,358	3.8
Toledo Rural	15,154	12,928	12,405	5,158	4.9

important determinant of its past and present situation, as will be reviewed in this report. The degree to which this issue is addressed will play a major role in how Belize successfully meets the challenges of achieving equity. Because the northern part of the country is close to Mexico, the Corozal and Orange Walk districts have a high percentage of Hispanic (Mestizo) populations, and in Corozal there is a free-trade zone with Mexico called the Corozal Free Zone (CFZ), promoting movement of people in both countries. Although the population in the Belize district is largely Creole, there is an increas-

ing proportion of Spanish-speaking residents. Belize City, the largest urban centre in Belize at approximately 54,000 people (in the city proper – Census 2010) is the commercial centre, tourist transportation centre, and close to the international airport. Cayo district, home to the capital city of Belmopan, has both Creole, Spanish-speaking and ethnic Maya (Mopan, Q'eqchi') groups – the latter part of the contiguous Maya culture area near the border with Guatemala. Stann Creek district is home to the Garifuna (Afro-Carib Indian) population, as well as significant numbers of Creole and Mestizo, and Toledo district includes the most rural areas of Belize, dominated by Q'eqchi' and Mopan Maya villages. In addition, there are concentrated Mennonite communities in Orange Walk and Cayo, and South Asian and Asian (Chinese) populations in several districts – the latter primarily in Belize district. The physical and socio-cultural geography of the

Table 2: Ethnic Group Distribution (from 2010 Census)

Ethnic Group	Percent of population (%)
Mestizo	50
Creole	21
Maya	10
Garifuna	4.6
Other (East Indian, Lebanese, Taiwanese, Mennonite, etc.)	14.4

country is thus something of a patchwork, which is reflected in the complex ethnic group and language relationships that form the cultural fabric of Belize.

The ethnic/cultural population mix is mirrored to some extent by the economic geography. Corozal and Orange Walk are primarily agricultural, with sugar cane the largest crop. These districts are thus vulnerable to fluctuations in the global market for sugar, and to crop damage resulting from hurricanes and flooding. Belize district (including the barrier reef and the keys) is the centre of the tourist industry and other key business and offices, though it does include some more rural communities along the Belize River. Being a largely low-lying area, parts of this district, particularly along the coasts and its related economic activities are vulnerable to hurricane damage. Due to its geography as a Caribbean coastal country in the "hurricane belt" with large areas of low-lying and sometimes swampy flatland crossed by rivers, Belize has historically been vulnerable to hurricane damage and flooding. The capital was moved from Belize City to Belmopan following its near-destruction from Hurricane Hattie in 1961. Damage from Hurricane Hattie caused a substantial

demographic shift in the Belizean population, because large numbers of the Creole population left for the U.S., following the destruction of their houses and property; a migration that continues to impact Belize City in particular, where a marked pattern of adult/parent emigration for work, while leaving children in Belize, has affected family structure. This remains one of a number of unique factors contributing to the social conditions that plague the lives of children in Southside Belize City and the coastal areas to the south, in the districts of Stann Creek and Toledo.

Cayo is the largest district, and is inland; thus it is protected to some degree from hurricanes – although the recent experience of Hurricane Richard in 2010 is changing that perception. Belmopan, in Cayo, is home to all government ministries/agencies, as well as tourism, centred on abundant and lush forest areas and several Mayan archeological sites. More recently, oil discoveries have led to the growth of an oil extraction economy near Spanish Lookout. Stann Creek district is the site of an emerging tourist business (Placencia), shrimp processing on the coast, and is the country's major producing area for bananas and citrus fruits. Due to their coastal location, these businesses are also vulnerable to hurricanes and storms. Toledo is rural, poor, generally more remote from the country's business and tourist areas, and characterized by small villages as well as small agricultural landholdings. At the same time, it is the country's major producer of rice, corn and peas, and the centre of a recent expansion of organic cacao production.

The political context for Belize also reflects its location and multiple populations. It is an active Caribbean Community (CARICOM) member and a member of the Central American Integration System (SICA), as well as a member of the Organisation of American States (OAS) and the Group of African, Caribbean and Pacific Countries (ACP). These memberships suggest a sense of bifurcated identity – SICA and OAS represent ties to Central America, while CARICOM and ACP represent the historical linkages to the English Caribbean. Belize is unique in Central America with respect to these issues of political, social and cultural identity.

The English Caribbean influence is retained in the governing structure. The Government of Belize (GOB) is a parliamentary democracy on the English model, with a Prime Minister as head of government via the National Assembly, a bicameral legislative body with an elected Assembly and a Senate composed of members appointed by the Governor General, representing the Queen of England – who is head of state. Although there are several smaller parties, two political par-

ties are dominant: the People's United Party (PUP) and United Democratic Party (UDP). The current Prime Minister and governing party are UDP.

Other structures also reflect this heritage: the Belizean school system is an aggregate of education subsystems, still taught in English and largely based on the British educational format, with three levels – primary, secondary, and tertiary. There are eight years of primary education with two years of infant classes, followed by six standards. Secondary education is divided into four forms requiring examinations before movement to the next form. Sixth form is actually the first two years of postsecondary education. Schools, however, are largely run by various religious denominations (e.g., Anglican, Methodist, etc.), with a relatively small percentage directly managed by the Government of Belize. The legal system is also a common law system like the English system, setting Belize apart from other Central American and Latin American countries whose legal codes are modeled on the Napoleonic/Continental European system.

B. Historical Context

Historically, Belize was an integral part of the Mayan region, prior to and beginning with the early Maya civilizations in 2000 BCE through the end of the classic Maya era around 1000 ACE and to the present day. Not surprisingly, the country is host to numerous Maya archeological sites. Spanish contact and colonial domination of Belize began around the mid-1500s, but the Spanish presence was always interspersed with the presence of Maya and then the British, who eventually established settlements as well. Following a naval battle in 1798, the Spanish lost control of the territory to the British, who formally declared it the colony of British Honduras in 1862. The distinctive Belizean Creole society is a direct descendant of slaves brought (by the British) to the colony since the late 1700s, and the Garifuna arrived in the early 1800s as refugees from St. Vincent and the Grenadines (a mix of escaped African slaves and Carib Indians). Following a common Caribbean pattern, East Indians arrived later as indentured servants. Hispanic populations from the Yucatan region of Mexico moved into the area beginning in the mid-1800s.

A persistent historical issue involves the border with Guatemala. When the British took over colonial control, the Spanish turned over control of the territory to the British, but both Mexico and Guatemala claimed the territory. Mexico ultimately gave up its claim, but Guatemala has not, claiming that the Treaty of 1859 only ceded control of certain territo-

ries to the British if specific conditions were met. As described below, this remains a dispute.

Again mirroring the Caribbean pattern, stirrings of nationalist identity and an independence movement began in the 1920s and 1930s. In 1964, Belize (still British Honduras) was granted self-governing status under a new Constitution, and in 1981, Belize became independent. The relatively late independence of Belize is closer to the Caribbean historical pattern than that of Central and Latin America, most of which attained independence (from Spain) in the early 1800s. This has important implications as Belize continues to address the question of its post-colonial identity.

C. Current Context

Belize in 2010 faces numerous issues as it continues to grapple with challenges of development: hints of an economic recovery (e.g., modest GDP growth of 0.5% in 2010) following a significant economic slowdown, increased poverty levels, a high national debt (approximately 70% of GDP), a pattern of increasing youth violence and drug trafficking activity, the highest HIV prevalence rate (2.1%) of any Central American country (again, the pattern conforms more to higher HIV rates in the Caribbean region), continued interaction with Guatemala over the border question, growing migrant labour populations, a lack of jobs and out-migration of Belizeans in search of work,¹⁰ and – importantly – a significant shift in population away from the Creole centre to Spanish-speaking groups, which is a factor in the issue of Belizean identity and political/economic participation. A significant proportion of Belize's population is also young – one in every 4 persons is an adolescent (SIB population data estimates in 2009, where adolescent equals age 10-19), and about 48% of the Belizean population is 19 or under¹¹ (approximately equal percentages of boys and girls). At the same time, immigration into Belize has increased for a number of reasons. There has been a notable decline in birth rates (crude birth rate of 24/1000 in 2009, compared to 36/1000 in 1990) in Belize over the past number of years;¹² thus the population growth rate is due to immigration. In 2008, almost half the population growth rate came from immigration, compared to one-quarter just

two years before in 2006.¹³ Much of that immigration has occurred in Belize and Cayo districts. In 2009¹⁴, 60% of these immigrants came from Guatemala and El Salvador, and 19% came from Mexico. The other more recent immigrants have included North Americans moving to Belize, often for retirement, and an influx of Chinese.¹⁵

Belize has ratified many international conventions,¹⁶ including the CRC, and there is a desire to address HIV/AIDS, reproductive health issues, education, and many other issues. However, there is a noticeable gap between the existence of these plans and action on the ground. In part, this is due to generally weak operational planning – with some exceptions. In addition, the systems and infrastructure for capacity-building to carry out such plans remain limited, and there is a general shortage of skilled labour and technical personnel. The higher education system in Belize does not have sufficient programmes or resources to fill these needs. Moreover, the education system in Belize faces continued problems, with a downward trend in school enrollment,¹⁷ increasing repetition over the education lifecycle and poor academic performance, indicating policy and quality problems with the educational system as a whole.

Still, tourism continues to develop, and newer economic opportunities afforded by the discovery of low-sulfur oil in 2006, increased hydroelectric and biofuel power generation, together with a growing record of international collaboration in development, offer promise for Belize's future. This will have to be balanced by concerns over the environmental implications of oil discoveries, in part because the natural beauty of Belize is one of its greatest assets.¹⁸ Even more important, Belize has a unique and rich cultural mix. Once that diversity is fully incorporated into the social, political and economic life of the country, significant progress will have been made towards equity, social well-being, and the achievement of rights and MDGs.

¹⁰Belize has a 16.5% emigration rate, and close to half of the total population are living in the U.S.

¹¹Statistical Institute of Belize, mid-year 2009 estimates. Accessed at www.statisticsbelize.org.

¹²UNICEF/Belize – www.unicef.org/infobycountry, accessed 2010; Government of Belize/Caribbean Development Bank. August 2010. Country Poverty Assessment.

¹³*Ibid.*

¹⁴From Living Standards Measurement Survey (LSMS).

¹⁵Primarily from Taiwan, following an economic citizenship programme offered between 1995 and 2002.

¹⁶See: <http://treaties.un.org/Pages/Treaties.aspx?id=4&subid=A&lang=en>

¹⁷GOB/UNICEF2010, Midterm Review

¹⁸Excerpt of Castanet.org: "Offshore Belize lies the largest barrier reef in the western hemisphere with hundreds of coral sand and mangrove-covered islands and three of the only four coral atolls this hemisphere. Belize's combination of islands and extensive underwater habitat make up the Belize Barrier Reef Reserve System and this combination of natural assets has resulted in Belize designating some 7 marine reserves – all of which have been declared as World Heritage Sites by the United Nation's Educational, Scientific, and Cultural Organization (UNESCO). This includes subterranean coral gardens featuring over 70 types of hard corals, nearly 500 species of fish, the distinguished Blue Hole, dolphins, whale sharks, sea turtles and eagle rays.... It is estimated that there are thousands of Maya Ruins in Belize. Only a few of these have been found and even fewer have been excavated by scientists. All of the following sites are available for public viewing."

CHAPTER 3

Poverty and Inequity



Poverty exerts significant impacts on equity and rights for children and women across all domains, and these impacts differ by ethnic group and district.

POVERTY AND INEQUITY

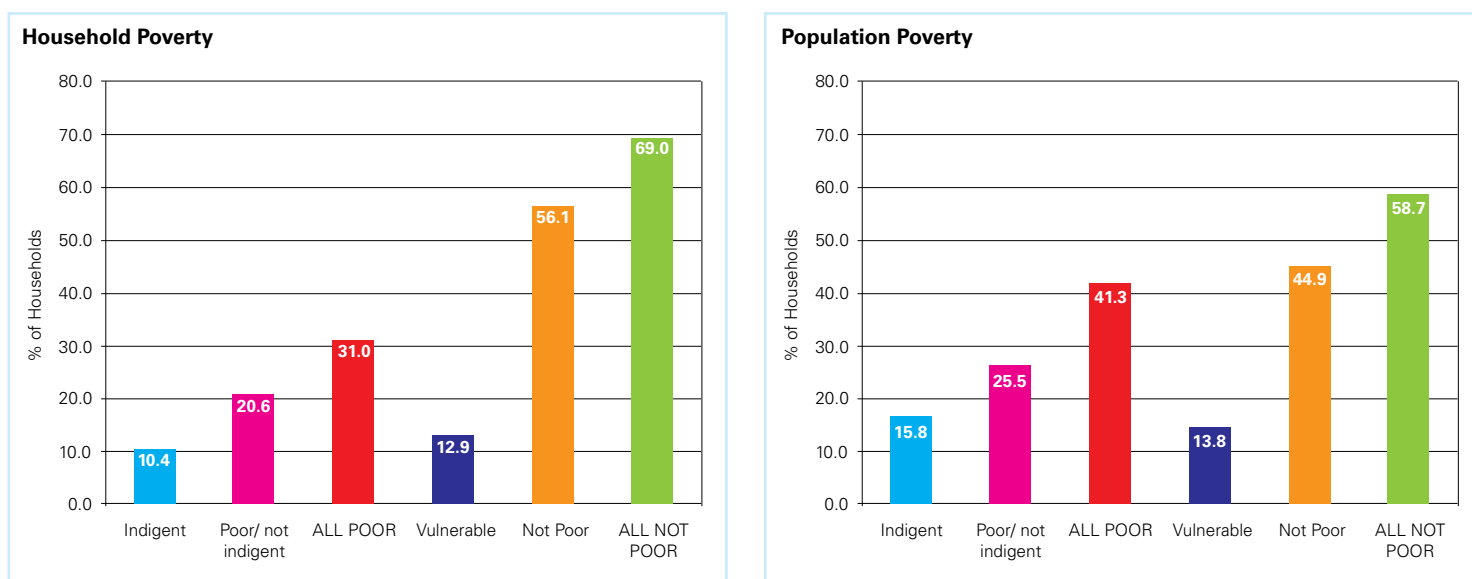
The structure and distribution of poverty is a key factor underlying general inequities in socioeconomic status in Belize, which are in turn related to other inequities in education, health, economic participation, and social participation. In this respect, the 2010 UNDP Human Development Report lists Belize with a Human Development Index (HDI) of 0.694, placing it at number 78 out of 169 countries with comparable data and below the Latin America/Caribbean regional average of 0.706.¹⁹ According to a recent Caribbean Development Bank Report,²⁰ Belize reflects a Caribbean pattern of economic growth without a reduction in poverty. In April 2009, the Country Poverty Assessment (CPA) Team conducted a Living Standards Measurement Survey (LSMS)²¹ in which a variety of data were collected across all districts in Belize. Measuring poverty levels themselves involved two categories of “poor” – indigent and poor but not indigent. The non-poor population is divided into vulnerable and the others who are not poor (and not vulnerable). Without detailing the algorithms for calculating each of these categories,²² they essentially capture the following situations:

- *Indigent* refers to households that cannot satisfy basic food needs. This level is called the *Household Indigence Line* (HIL).

- *General poverty* refers to households whose expenditures are below the level needed to cover the combination of food and essential non-food needs (called the *General Poverty Line* or GPL).
- *Vulnerable* refers to households whose expenditures are just above the poverty level, but who could easily fall into poverty if they experienced a slight decrease in income, or an increase in expenditures – e.g., for children’s school needs or health care needs. The *Vulnerable to Poverty Line* (VPL) is calculated at 25% above the GPL.
- *Not Poor* refers to households that can spend more than 25% above the poverty line. The CPA report notes that even these households can fall into vulnerability or poverty if there is a major loss of income.

With these categories in mind, the percentage of Belizean households that are poor (includes vulnerable and generally poor) was 31% in 2009. When measured as a population indicator (individuals, not households), 41.3% of Belizeans were poor in 2009. This is a significant increase from the rate of 33% in 1995.²³ Moreover, the percentage of Belizeans who were indigent in 2009 was 15.8%, an increase of 46% just from 2002, when the rate was 10.8%.²⁴ Figure 4 (2010 CPA Figure 3.1) shows the poverty distribution for both house-

Figure 4. 2009 Poverty Distribution for both Households and Population



¹⁹UNDP. 2010. The Real Wealth of Nations: Pathways to Human Development. Human Development Report 2010. New York: UNDP.

²⁰Laraia L. and Kendall P. 2010. Biennial Social Development Report – 2010. Caribbean Development Bank.

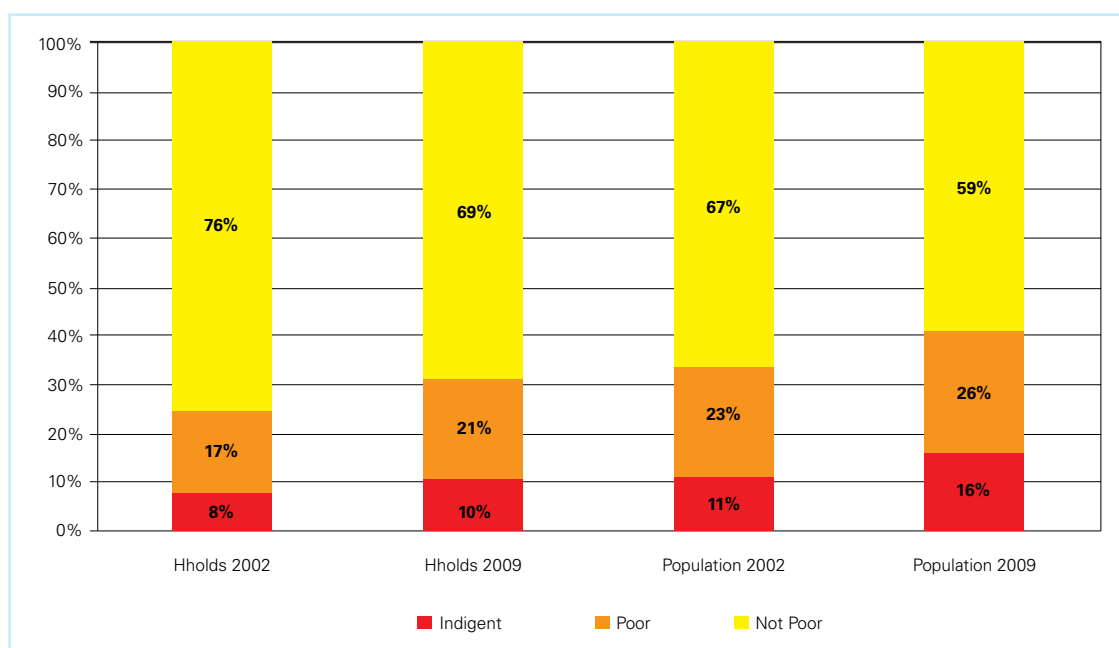
²¹Living Standards Measurement Survey (LSMS). 2009. Country Poverty Assessment Team.

²²Government of Belize/Caribbean Development Bank. August 2010. Country Poverty Assessment: Final Report, pp 51-53. (Referred to throughout as CPA.)

²³UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

²⁴Ibid.

Figure 5. Poverty in Belize, 2002 and 2009



holds and population in 2009. Poverty rates are substantially higher for Maya households.

Important for this SitAn, the poverty levels shown above for 2009 represent an increase since 2002, as shown in Figure 5.²⁵

The burden of poverty falls heavily on children – the child poverty rate is 50%, with 21% indigent, with increases since 2002 falling primarily in the age range 5-17 years old.²⁶ The burden also falls on women because of their over-representation in low-paying jobs – a historical pattern stemming from a traditional gender-based division of labour, and inequities in education that result when the school completion rate is affected by the movement of girls/young women into household roles. Labour data also show that women are disproportionately affected during economic slowdowns and face limitations in job advancement even when their education levels are relatively high. From 2007 to 2009, according to the CPA,²⁷ the female unemployment rate more than doubled while the male rate remained basically unchanged. At the same time, the percentages of the population that are poor and indigent are almost the same for males and females.

It is important to note that the most recent economic data show a rebounding economy in 2010, which may positively affect the poverty figures.²⁸ The economic downturn that preceded this emerging recovery and its accompanying poverty consequences have been attributed to the following:²⁹

- A sluggish economy since 2003, with only a slight increase in per capita income, and an unemployment rate of 14% by 2009.
- Growth sectors that included construction in San Pedro and Placencia, and to some extent the oil sector – neither of which had a significant impact on the overall economy.
- Serious setbacks in the key export crops of sugar cane/sugar products and bananas, and in the fishing industry, due to commodity price and demand decreases.
- The global recession of 2008-2009, with significant decreases in imports into the Corozal Free Zone.

²⁵Ibid, Figure 3.2

²⁶CPA. August 2010.

²⁷CPA 2010.

²⁸"Celebrating Growth, Sustaining Recovery." Budget Presentation for Fiscal Year 2011/2012. Hon. Dean Barrow, Prime Minister and Minister of Finance, March 11, 2011.

²⁹CPA 2010.

- Hurricane Dean caused enormous damage in 2007, particularly to Corozal and Orange Walk districts. It is estimated that some 21,000 people in those districts were affected by crop losses, much of which was related to papaya crops.
- In 2008, tropical storm Arthur caused significant flooding in rural areas, leading to a loss of property, assets and crops.

Most recently, Hurricane Richard hit Belize on October 24-25 2010, causing significant damage. According to initial estimates,³⁰ the storm tracked through the Belize City area then on to Orange Walk, with most structural damage in Southside Belize City as well as in Belmopan area, from wind and storm surge in the former and wind in the latter. Some 60% of housing damage was in Belize City. There was also significant crop damage (citrus, papaya) in Orange Walk and Stann Creek districts, as well as some damage to fishing and other economic sectors. Direct losses and potential economic losses together are estimated at \$70,476,982.50 BZ. The destructive force of the hurricane also caused a national power blackout and displaced many families in Southside Belize as well as other areas, leaving them homeless.

The significant increase in poverty in the past several years runs against expectations set out in the National Poverty Elimination Action Plan of 2007, and the apparent contradiction between increased poverty and per capita income rise for most of the past decade has been attributed – in addition to the economic downturn – to an overall worsening of inequality.³¹ The data, according to the recent MDG review, point to “an investment elasticity of poverty” of -3.84%. That is, for every 1% drop in investment, there will be a 3.84% increase in poverty. The “underperformance” of economic drivers has centred on the “inadequacy of government capital investment, especially in the forms necessary to lead the restructuring of the economy.”³² MDG-related investment in education, information, health and housing has often been viewed as social sector spending directed to the poor rather than capacity-building necessary for economic growth.³⁰ In addition, the agriculture sector, which has seen a decline, and in any case is typically subject to commodity price fluctuations, is often the sector where less-skilled, often immigrant workers seek employment.

Moreover, the increase in poverty has not been equal across

Table 3. District Level Household Poverty Rates, 2002 and 2009 (CPA Table 3.7)

District		Year	Indigent	Poor	All Poor	Not Poor	Total
Corozal	%	2002	5.0	14.9	19.9	80.1	100
	%	2009	15.7	30.4	46.1	53.9	100
Orange Walk	%	2002	4.3	18.9	23.2	76.8	100
	%	2009	11.4	25.3	36.7	63.3	100
Belize	%	2002	3.7	14.7	18.4	81.6	100
	%	2009	3.9	17.0	20.9	79.1	100
Cayo	%	2002	3.1	17.4	20.5	79.5	100
	%	2009	7.1	22.7	29.8	70.2	100
Stann Creek	%	2002	4.9	21.0	25.9	74.1	100
	%	2009	11.9	19.8	31.7	68.3	100
Toledo	%	2002	45.0	22.3	67.3	32.7	100
	%	2009	37.5	8.9	46.4	53.6	100
Country	%	2002	7.5	17.0	24.5	75.5	100
	%	2009	10.4	20.6	31.0	69	100

Table 4. District Level Population Poverty Rates , 2002 and 2009 (CPA Table 3.9)

District		Year	Indigent	Poor	All Poor	Not Poor	Total
Corozal	%	2002	6.2	19.9	26.1	73.9	100.0
	%	2009	21.4	34.8	56.2	43.8	100.0
Orange Walk	%	2002	7.1	27.8	34.9	65.1	100.0
	%	2009	14.6	28.2	42.8	57.2	100.0
Belize	%	2002	4.9	19.9	24.8	75.2	100.0
	%	2009	6.1	22.7	28.8	71.2	100.0
Cayo	%	2002	4.8	22.6	27.4	72.6	100.0
	%	2009	11.6	29.1	40.6	59.4	100.0
Stann Creek	%	2002	5.6	29.2	34.8	65.2	100.0
	%	2009	18.7	25.0	43.7	56.3	100.0
Toledo	%	2002	56.1	22.9	79.0	21.0	100.0
	%	2009	49.7	10.7	60.4	39.6	100.0
Country	%	2002	11.0	23.0	34.0	66.0	100.0
	%	2009	15.8	25.5	41.3	58.7	100.0

districts. Table 4³⁴ shows the disparities in poverty increase by district. Corozal and Orange Walk districts in the north, where there is a reliance on sugar cane, bananas, papaya and other agricultural exports, have been hit hardest due to damage from hurricane Dean in 2007 and from the global economic slowdown. Corozal, in fact, now has the second highest poverty rate in the country. Interestingly, the district with the highest poverty rate, Toledo in the south, is the only one that experienced a decrease in poverty over that time period, very likely because it has been less integrated into the Belizean economy.

³⁰National Emergency Management Organization, October 27, 2010. Initial Damage Assessment Report: Hurricane Richard (Category 1 Storm).

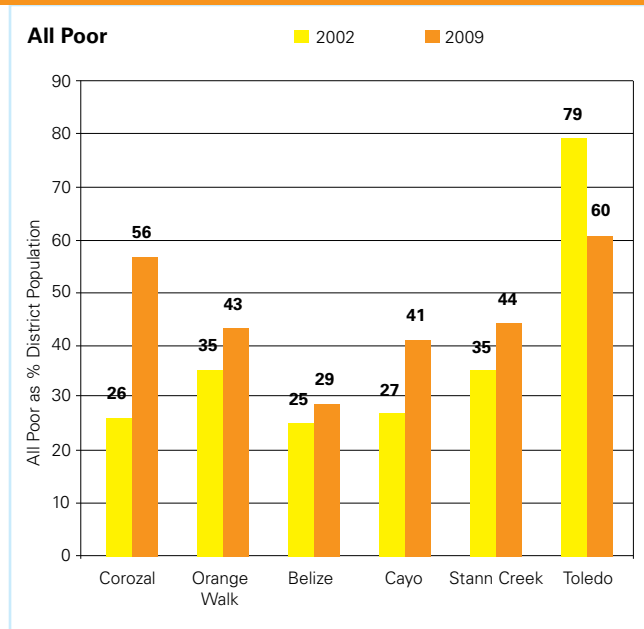
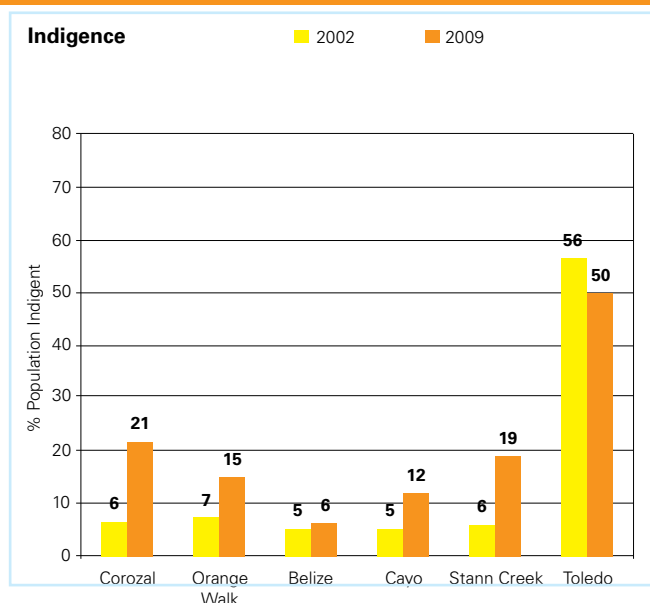
³¹Bourguignon F. 2004. The Poverty-Inequality-Growth Triangle. Paper presented at the Indian Council for Research on International Economic Relations, New Delhi, India.

³²UNDP. September 2010. Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP, p. 27.

³³Ibid.

³⁴CPA 2010, Table 3.7.

Figure 6. District population poverty rates, 2002 and 2009 (CPA Figure 3.5)



While the highest poverty rates are in rural areas, the highest urban poverty rates (indigent and poor) are in Belize City, followed by towns in Cayo district and Dangriga in Stann Creek.³⁵ As noted below, the Southside area of Belize City is a concentrated urban poverty zone.

A regional report on social protection and poverty reduction³⁶ stated that exposure to macroeconomic shocks is particularly salient for Caribbean economies, because they are open economies, yet embedded in global markets. Many of these economies import basic necessities and rely on exports/external income sources related to agriculture, labour and tourism. "Caribbean economies have a very narrow productive base and are essentially price-takers, a situation reinforced by moves to rules-based trade institutions and the dismantling of preferential trade agreements with the European Union (EU). Most countries have adopted strategies to diversify their exports, but, apart from a rapid growth in tourism, results have been mixed."³⁷ The capability of country governments to pursue counter-cyclical fiscal policy in response to macroeconomic shocks is limited. In concordance with all the other data presented here, "vulnerabilities associated with macroeconomic shocks are not evenly distributed across the population."³⁸ A compilation of vulnerability indicators (including household consumption measures, educational attainment, employment, dependency ratio, access to safe water,

housing quality and assets) in this report provides a useful comparison to other Caribbean countries: 1 in 3 households in Belize were considered vulnerable, compared to just over 1 in 5 in Grenada and under 1 in 5 in St. Lucia.

On a more positive note, while Belize has a higher poverty rate than most other Caribbean countries, it is on par with Mexico and faring better than Guatemala and Honduras. In addition, most families in Belize – even those that are poor – are able to secure enough food, though anecdotal reports from schools do indicate that a number of children require school feeding support programmes. The Ministry of Health, with UNICEF's support, is currently undertaking the first comprehensive nutrition survey in Belize to determine the extent and type of the nutrition challenges at the household level across the country. The findings of this survey should be available by the third quarter of 2011.

Perceptions of Poverty

Local perceptions regarding poverty and its causes in Belize are reflected in the following Table 5, a summary of cross-ethnic views on the causes of poverty derived from community meetings/interviews conducted as part of Belize's CPA.³⁹

³⁵CPA 2010.

³⁶Barrientos A. September 2004. Social Protection and Poverty Reduction in the Caribbean: Draft Regional Report. Institute for Development Policy and Management, University of Manchester, UK.

³⁷Ibid, p. 8.

³⁸Ibid.

³⁹CPA 2010.

Table 5. Local Perceptions of the Causes of Poverty (from CPA Table 4.30)

Type	Creole	Garifuna	Maya	Mestizo
Economic	Low wages, un-employment, and high demand for few jobs in urban areas.	Lack of employment opportunities and job discrimination: <i>They snub us and the Hispanics get work.</i> Scarcity of land. Agricultural marketing problems: <i>They would not give you a helping hand... no loans to farmers</i>	Landlessness: <i>The land is not owned; it is a reservation, therefore access to loans is difficult.</i> Poor markets for produce: <i>Everything is hard for us; we lack marketing and job...even though we harvest rice, when it sells no profit made, this is why we stop.</i>	Low wages and preferential treatment of "foreigners": <i>They come in and work for cheaper without work permits...new-comers get benefit over the people who are from here...</i> Inadequate use of land: <i>Whereas some need the land, others have land which they are not using.</i>
Education	Insufficient education: <i>Nowadays, if you don't have a piece of paper you don't have a job.</i>	Inappropriate education: <i>Dunce head linked to fisherman and farmer, that means you are no good.</i>		Inappropriate education: <i>Education is geared to white collar jobs and not farming and rearing of chickens and animals for daily use.</i>
Cultural		Cultural erosion & unwillingness to work: <i>Children have become dependent on things from abroad... they shame to go a bush"</i>	Loss of culture of self-sufficiency: <i>Instead of making sugar, [you] start buy sugar...too much influence from outside.</i>	Loss of self-sufficiency: resources: <i>Self-sufficiency is not encouraged...Belizeans feel it is degrading to grow and sell products.</i>
Social	Loss of respect for family; Single mothers and irresponsible fathers: <i>Females over the years have grown more independent, and in turn directly or indirectly push their female children...[but without fathers] to keep them in check, the boys are pushed to gangs and drugs, only want to drink and have girls."</i> Overspending: <i>"They budget poor and they live above their means with higher purchase."</i>	Single parenting and poor parental supervision: <i>Males, especially go astray with the end result of delinquency and crime.</i>	Alcoholism: <i>The money is spent in the bars buying short rum...It takes away food from the family table.</i>	Poverty was seen as being lazy in the eyes of many of the participants in the rural areas. They felt that if you have access to the land, there is no way you can be poor saying: <i>"You reap what you sow,"</i> being able to eat off the land. **

** 2009 PPAs; source of comment does not specify ethnic origin.
Source: adapted from 2002 CPA.

The Relationship between Immigration and Poverty

The relationship between immigration and poverty is a complex issue not peculiar to Belize, arising because of questions about the impact of immigration on job opportunities for Belizean workers and the need to provide education and health care for immigrants and their dependents.⁴⁰ The LSMS provides little information in this regard apart from the finding that households with foreign-born heads account for 20% of all households and have a slightly higher poverty rate than the national average. Work permit data shows around 1200-1500 new work permits but does not include dependents; it also excluded any illegal immigration about which there is no reliable information.⁴¹ Also unknown is the extent to which new families are started within the country and any resultant

impact on poverty indicators. What has been described informally, however,⁴² is an apparently large volume of funds being transferred outside the country as remittances to families in their countries of origin. About half the migrants come from neighbouring or other Caribbean countries, with permits being granted for a range of occupation types from unskilled workers to hotel managers.

Immigrants contribute to the Belizean economy by filling employment opportunities, paying direct and indirect taxes and paying for local goods and services; some will also invest in small enterprises. There are no data by which to judge if they are contributing to a decline in wages, which remains a contentious issue. It is also not possible to assess the extent to which native-born Belizeans with the required skills have

⁴⁰Ibid.

⁴¹Living Standards Measurement Survey (LSMS). 2009. Country Poverty Assessment Team. Information from the current Belize Census is expected to remedy this situation.

⁴²Personal communication with Mr. John Flowers, meeting at UNICEF Belize October 13, 2010

been denied jobs as a result of immigration. Nevertheless, in export industries such as citrus, competitive wage rates are also essential if they are to remain viable.

Overall, it is not possible to assert with any degree of certainty whether or not immigration is contributing to poverty in Belize. What can be said with greater confidence is that, for whatever reason, there is a significant number of jobs across at all occupational levels that are being taken up by immigrants. This implies a degree of failure by education and training programmes to provide new labour market entrants with the technical and non-technical skills needed to access these jobs. Focusing on Belizean workforce development would be a more productive strategy than the imposition of stronger immigration controls.

Poverty and Its Impacts

Poverty exerts significant impacts on equity and rights for children and women across all domains, and these impacts differ by ethnic group and district. Impacts include the following:

- For all children, poverty impedes educational access, performance, and retention. Access is even more difficult in rural districts such as Toledo. When home resources and education levels are low, there is less support available to complete schoolwork. When there is pressure on children to contribute to household income, school attendance and performance suffer. When school fees are a hindrance, some children will not be able to attend. For children living in urban high-poverty areas such as Southside Belize City, the opportunities for income and social status on the streets (linked to drug selling, gangs, sex for money) may outweigh the perceived importance of school.
- For all children and women, poverty is a barrier to good health. Access to quality health care and prevention is in part related to income and income-related lifestyle. Exposure to health risk is higher for those that are poor – in an urban setting, this may be due to poor housing and the risk of drug abuse and violence; in rural areas, this may be due to agricultural pesticides, poor road conditions, and flooding/other weather hazards.
- For women, poverty strains individual and household resources, especially when for cultural reasons women are the primary family care providers. The dual task

of providing or contributing to household income and caring for the family imposes a burden that may impede efforts to attend school, gain job training, or participate in the community.

- For all children and women, poverty impedes participation through reduced access to information, from the Internet and other communications channels, from books in school or libraries, and through participation in other educational/learning opportunities.

FOCUS AREAS: Toledo

Toledo is and has been the poorest district in Belize because of the lack of sufficient economic opportunity, lack of infrastructure, and the social character of the district as predominantly rural, and traditional Mayan (except in the city of Punta Gorda and other coastal villages, where there are also concentrations of Mestizos, Garifuna, Creoles, and East Indians). Population density is only about 7 persons per square kilometer, with the Maya population spread out between about 50 villages. With respect to agriculture, the traditional slash-and-burn or milpa system is still common.⁴³ The comparative measure, however, is income poverty, which, as noted in Section IV (Socioeconomic Opportunity) may not capture the full nature of poverty in the district because it does not account for informal economic activity and resource access via traditional family and village relationships as well as land usage and transfer patterns. Even though Toledo is the only district that has not experienced an increase in poverty since 2002, this may simply be a case of “regression to the mean” since the general level of poverty is so high. Or it may simply reflect the fact that Toledo has been less connected to the overall Belizean economy than any other district.⁴⁴ Moreover, within that poverty rate, the rural indigence rate (the most extreme forms of poverty) in Toledo is 60%, more than twice as high as in any other district. Thus, women and children in Toledo face the kinds of poverty impacts listed above, and to a degree higher than any district in the country.

FOCUS AREAS: Southside Belize City

Both urban indigence and overall poverty are significantly higher in Belize City (42% and 46%) than in other urban areas, followed by San Ignacio Town and Dangriga.⁴⁵ In one area of Southside, more than half the people heading the household did not have a job. “The area [of the Southside] is particularly prone to family breakdown, poverty and drug

⁴³CPA, 2010.

⁴⁴Ibid.

⁴⁵Ibid.

trafficking that lead to a vicious cycle of anti-social behaviour, crime, stigmatization and social exclusion. Violent crime in the area is a major feature: it is estimated that around 40 per cent of the country's murders occur in Southside which has less than 10 percent of the nation's population."⁴⁶ Thus, the report notes that non-economic factors, such as family breakdown, pressures on the career parent to generate income as well as to provide childcare, domestic violence, unplanned pregnancies, school non-attendance and drop out, and drug and alcohol use can exacerbate the cycle of inter-generational poverty that can trap parents and their children.

A UNICEF/NCFC study⁴⁷ collected a range of data from several Southside Belize City communities, finding that in some, such as Collett, there were supportive institutions and attitudes, while others, such as Port Loyola, were "chronically shackled to their own destitution" because of a prevailing attitude among residents that "they as individuals are inferior, but also that their community as a whole is inferior,"⁴⁸ despite the fact that there were potential assets available. The report noted a high prevalence of water-borne diseases and infections in that community as well. Lake Independence, considered one of the most dangerous communities on the south side with high rates of drug trafficking, violence, poverty, STIs and HIV, is densely populated, where, in some locations, "families of 5-7 people are crammed into small houses that closely adjoin one another, having very little yard spaces, and poor infrastructure all around (lighting, drainage, roads)... There are no schools in Lake Independence, no health clinics, there is one police station which is actually on the street that borders Pickstock and Lake Independence, no community centre, no recreational facility, no civil society organisation, or institutions that cater to individual development needs, few small businesses, and very little informal leaders."⁴⁹ Most of these communities faced a lack of legal means for generating income, together with high poverty/unemployment. In some, access to health facilities was limited.

It is not surprising that the most housing damage from Hurricane Richard occurred in Southside Belize City, where there are serious problems with drainage and housing quality. The CPA report⁵⁰ describes Southside as a less developed area "adjacent to wetlands with poor drainage, inferior infrastructure, and inadequate public services." "Land is not clearly demarcated, there are no zoning plans and absence of defined land ownership for what are essentially swamps, and lack

of alternative locations for those seeking to establish their own houses. Residential structures tend to be randomly located and poorly constructed and many lack basic sanitary services."

⁴⁶Ibid, p. 215.

⁴⁷National Committee for Families and Children (NCFC). December 2009. Uncovering Local Assets: Building Stronger Families and Communities – Community Asset Mapping: Collett, Pickstock, Lake Independence and Port Loyola. Report prepared by SPEAR.

⁴⁸Ibid, p. 20.

⁴⁹Ibid.

⁵⁰CPA 2010, p.215.

CHAPTER 4

Socio-economic Opportunity



Rights are founded on a web of social well-being that affects the entire life-cycle. Because the domains of social well-being are interconnected, change in any domain can be supported by change in others. Linking progress across multiple domains is key to achieving children and women's rights, promoting their development and facilitating their ability to contribute positively to Belizean society.

SOCIOECONOMIC OPPORTUNITY

This domain follows a discussion of poverty and inequity because it touches on at least one of the key arenas of action that affects poverty/inequity, and is also affected by it at a proximal level. Socioeconomic opportunity is very important with respect to the achievement of rights. It represents a complex of potential barriers and supports that undergird, for example, access to education, health care, and nutrition. Moreover, a child or a woman's perception of the social and economic opportunities potentially available to him or her influences a wide range of behavioural choices, concerning the utility of staying in school, early sexual involvement and pregnancy, and others.

In general, the Belizean economy is focused on several activities and commodities: agriculture (bananas, cacao, citrus, sugar cane, papaya and other crops, as well as lumber), fishing (fish, shrimp production), some industry (food processing, garment production, oil), and very importantly, tourism. The service sector is the largest of the economy. Belize benefits from preferential tariff arrangements for exports to the U.S. as part of the Caribbean Basin Initiative (CBI) and within CARICOM. At the same time, Belize runs a sizeable trade deficit and maintains an unsustainable national debt of nearly 70% of GDP, although in 2007 the GOB restructured the debt in order to lower payments and increase liquidity.

After several years of recession until 2009, in line with global economic patterns, Belize's economy rebounded and experienced a GDP growth of 2.4% in 2010,⁵¹ better than the comparable rate in most of the Caribbean, though not as high as the economic growth leaders in Latin America (Brazil and Argentina). According to the Statistical Institute of Belize, the growth was spurred by expansions in services, utilities, sugarcane, non-traditional crops and livestock. Domestic electric power generation was boosted by capacity increases for hydroelectric power from Vaca Dam, and because the bagasse (biofuels) cogeneration plant (BELCOGEN) was brought on line. In 2010, there was also an increase in tourism.

These are positive trends. Yet, socioeconomic opportunity is still not equitably distributed (by gender, ethnic group, or region), and it is hampered by structural factors – a circumstance

reflected in commensurate inequities in health, education, and income. The Belizean economy also faces a number of inherent barriers: it is a small country with little economic power; and its population density is low, limiting the internal market and resulting in a high per capita ratio of infrastructure costs. Lack of investment, the high debt, and issues of corruption are not inherent; they are socio-political barriers. At the same time, Belize has been classified by the World Bank as a middle-income status country for a number of years, and a high-income country as of 2010. Yet, in recent years prior to 2008, Belize experienced growth but not commensurate development. The substantial growth in GDP per capita between 1999 and 2008⁵² masks an actual stagnation in the last 5 years in which real GDP/per capita “barely increased,” in part due to population growth and rising cost of key consumer goods in 2008. Moreover, the global recession contracted Belize's economy in 2009, leading to a decline in per capita income⁵³ and general increase in poverty countrywide since 2002. Growth in Belize's economy has generally been slower than its neighbouring Central American/SICA and CARICOM neighbours. Of note, Hurricane Dean in 2007 caused significant economic damage to tourism, agriculture, and other activities,⁵⁴ as did extensive flooding in 2008.

As described in the Introduction to this SitAn, socioeconomic opportunity is treated herein as it related to the social well-being necessary for the achievement of rights. This definition means that components of socioeconomic opportunity, including poverty, the labour and job market, improvement of the transportation infrastructure and access to job-related training and support, are not understood as isolated, discrete economic phenomena, but as inter-related. Such a view mirrors the current approach promoted by the World Bank,⁵⁵ in the recent Country Poverty Assessment,⁵⁶ and in the philosophy behind the Human Development Index.⁵⁷

Equity of Opportunity in Belize

The ability of families to provide basic sustenance, housing and support to the health of children, as well as provide support for their educational success and participation, is of course dependent on income/resources. In that sense, the prospects for employment or gainful activity are important. Although females are staying in school at a higher percentage than males (see Chapter 6), gender equity remains a problem in the labour force. A World Economic Forum report in 2010⁵⁸ shows that in

⁵¹ “Celebrating Growth, Sustaining Recovery,” Budget Presentation for Fiscal Year 2011/2012. Hon. Dean Barrow, Prime Minister and Minister of Finance, March 11, 2011.

⁵² CPA 2010.

⁵³ Ibid.

⁵⁴ CPA 2010; ECLA/UNDP 2007, Belize: Macro Socio-Economic Assessment Report of the Impact of Hurricane Dean. Presentation.

⁵⁵ As outlined in Narayan D, Patel R, Schafft K, Rademacher A, and Koch-Schulte S. 2000. *Crying Out for Change: Voices of the Poor*. Oxford: Oxford University Press/World Bank.

⁵⁶ CPA 2010.

⁵⁷ Sen A. 2009. *The Idea of Justice*. Cambridge, MA: Belknap Press.

⁵⁸ World Economic Forum. *Global Gender Gap 2010 Report*. Geneva: WEF.

2008, Belize ranked 86 of 130 countries in the overall gender gap index, and 93 out of 134 countries in 2010 – a return to its ranking of 94 in 2007. More specifically, Belize ranked 72 of 134 in the category of economic participation and opportunity; yet, as noted, fared much better in gender participation in education (32 of 134).

The employment opportunities perceived by adolescent boys and girls and young people (15-24) affect their sense of participation in Belizean society. According to a recent analysis of the 2009 LSMS data,⁵⁹ participation in this age category is significantly different by gender. In the 15-19 year old category, 44.5% of young men are employed, compared to only 30% of females. The gap grows in the 20-24 year old category, with 85.5% of young men employed compared to 56.6% of females, very likely due to the proportion of young adult females who have children and whose labor is in-home. Not surprisingly, employment in the 15-24 year old category is determined in part by SES (income quintile), gender, and region (urban or rural). There is an interesting gradient – youth unemployment is much higher for females than males for those who had completed just primary or just secondary education. For those completing a university education, male unemployment is actually slightly higher than that for females. For rural versus urban youth, a higher percentage of males are working (possibly because more urban males are students), but the difference is far more evident for females, who are more likely than their urban counterparts to be working between age 15-19, and substantially less likely between age 20-24. This is probably because in the rural context, young women are more involved in household tasks. Unemployment rate in the 15-19 category is 44.2% for females compared to about 22% for males; and 27.6% for females compared to 14.9% for males in the 20-24 year old category. According to recently released 2010 Census data, women recorded twice the unemployment rate of men; in Toledo and the northern districts, it was as much as three times.

These data reflect the overall gender inequity in the workforce that is a historical pattern and in part an issue of cultural tradition (gender roles). There is evidence of a small change in opportunities for women in the workforce, with an increase in female participation from 41% in 1998 to 47% in 2009,⁶⁰ and an increase in female participation in the labor force from 35% to 40% over the same period. Yet even with a slight decline in labor force participation among men, it is substantially higher than that for women: the male participation rate was

79% in 1998 and 76% in 2009; men comprised 65% of the labor force in 1998 and 60% in 2009.⁶¹ The decline in male labor force participation over that time period is likely due to the industries/productive activities affected by the economic slowdown.

About two-thirds of the jobs in Belize are in the service (tertiary) sector, with retail providing one fifth of all jobs.⁶² Almost 80% of women's employment is in this sector, compared to about half of men's. Twenty six percent of working men are employed in the agricultural sector, and 12% work in construction. Agriculture only accounts for one-fifth of all jobs, a decline from previous years. Table 6 shows the distribution of available work by sector varies by district, a fact that is related to job inequities.

Table 6. Percentage distribution of employment by industry and district, 2009 (from CPA, Table 2.24.)

Industry	Belize district	Cayo	Corozal	Orange Walk	Stann Creek	Toledo
Agriculture	1.8	17.8	32.2	24.9	25.6	46.1
Construction	8.5	7.2	6.9	11.8	5.4	8.6
Retail	22.4	15.8	22.7	22.2	14.5	6.5
Tourism – Hotels, Restaurants etc.	13.4	10.6	6.3	6.4	14.0	8.6
Government	10.3	14.8	4.5	4.9	10.3	9.8
Personal Services	19.3	18.4	12.5	11.3	17.4	10.2
All other sectors	24.3	15.4	14.9	18.5	12.8	10.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

The industries/activities most affected by the economic slowdown have been textiles (-74%), oil (mining, quarrying) industry (-48%), citrus (-45%), fishing (-34%), and tourism (-26%). Banana cultivation, construction and most service industries gained some jobs, and government, personal services and trade remained about the same.⁶³

While unemployment declined from 1998 to 2007, it rose to 13% in 2009. The pattern of unemployment has affected females more than males, with the female unemployment rate doubling in 2008-2009. In 2009, 33% of 14-19 year olds were unemployed (43%F, 26%M); 20% of 20-24 year olds were unemployed (28%F, 16%M); 10% of 25-49 year olds were unemployed (16%F, 5%M), 11% of 50-64 year olds were unemployed (21%F, 6%M), and 6% of 65+ were unemployed (9%F, 5%M).⁶⁴ Again, there was variation by district, as shown in Table 7.

⁵⁹Weller J. February 2011. "Young People and the Labour Market in Belize: Processes of Exclusion and Inclusion." Presentation.

⁶⁰Caribbean Community Secretariat 2008; SIB 2005, 2007; LSMS 2009.

⁶¹Ibid.

⁶²CPA 2010.

⁶³CPA 2010, pp. 36-37.

⁶⁴CPA 2010, Table 2.21.

Table 7. Unemployment Rates by District, 2007 and 2009 (from CPA Table 2.22)

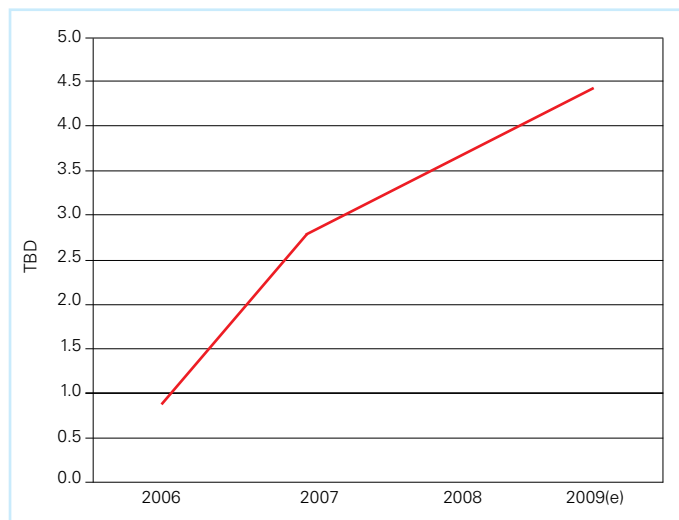
District	2007 % of labour force	2009	Change points	%
Belize	9	14	5	
Cayo	7	15	8	
Corozal	4	12	8	
Orange Walk	9	11	2	
Stann Creek	12	18	7	
Toledo	15	14	-1	

Source: 2007: SIB, LFS; 2009: LSMS.

These data, however, do not account for any resources generated through the informal economy, which may be more of an issue for Maya women, particularly in Toledo. Maya women are often held out of school and are not participating in the formal workforce at a rate comparable to women in Belize as a whole. However, they may often be involved in informal economic activities (e.g., making/selling food, hand-crafts) that generate some household income or resources.

The discovery of oil by Belize Natural Energy, Ltd. (BNE) in 2006 has provided another potential source of growth. According to BNE, in May 2011, production from eleven (11) producing wells in the Spanish Lookout Field was on the average of 4,000 barrels of high quality light crude oil per day.⁶⁵ This is approximately in line with other estimates, as indicated in

Figure 7. Belize oil production⁶⁶



Sources: EIA (2008) and IMF (2008).

the following figure.

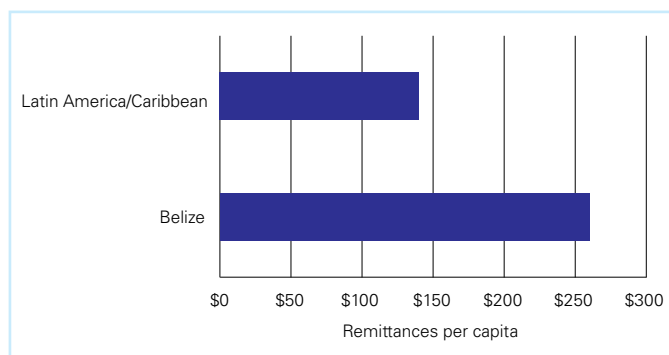
The Illegal Economy as Opportunity

When mainstream economic possibilities are limited, people often turn to other potential sources of income. This is one primary reason for the increase in illegal drug trafficking, and one contributing factor to the HIV/AIDS rate. The community meetings/interviews conducted by the 2010 Country Poverty Assessment Team show that, among poor households/individuals, "some individuals were involved in illegal activities as a means of supporting the meager income."⁶⁷ The illegal activities included the selling of drugs and guns. Stealing, begging and hustling were more common among young men in urban areas, while transactional sex was more common among young women. In rural areas, young men were more likely to engage in illegal cross-border trade hunting and tree-felling in protected areas.⁶⁸

Emigration and Remittances

Another byproduct of limited domestic economic possibility is emigration and the return of income via remittances. This is indeed a global phenomenon and is a significant issue for Belize, which has an emigration rate of 16.5% with more than 83% living in the U.S.⁶⁹ In 2000, there were approximately 160,000 Belizeans living in the U.S., close to half the entire Belizean population.⁷⁰ According to the 2009 Human Development Report for Belize,⁷¹ these emigrants' remittances are a significant source of external income, totaling about \$75 million in 2007. Remittances per capita amounted to \$260, which is higher than the average of \$114 per capita for Latin

Figure 8. Comparison of remittances.



Based on data from Human Development Report 2009.

⁶⁵Company website, at www.belizenaturalenergy.bz.

⁶⁶Inter-American Development Bank. 2010. Towards a Sustainable and Efficient State: The Development Agenda of Belize. IDB: Washington, DC.

⁶⁷CPA 2010, p. 99.

⁶⁸CPA 2010.

⁶⁹UNDP 2009. Human Development Report 2009 – Belize. Accessed at http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_BLZ.html

⁷⁰CPA 2010.

⁷¹UNDP 2009. Human Development Report 2009 – Belize.

America/Caribbean as a whole. In 2008, remittances totaled USD 78 million.

Immigration for Work

Immigration to Belize from neighboring Central American countries has been a significant factor in the country's evolving population demographics. Immigration of these populations grew following the civil wars in El Salvador and Guatemala, and then in general because the relatively sparse population in Belize created opportunities for work. According to the International Office of Migration (IOM)⁷² for Belize, the Net Migration Rate between 2005-2010 was -0.7 migrants /1,000 population. Immigrants in 2010 constituted 15% of the population and women made up 52.1% of the percentage of immigrants. The largest percentage of immigrants is from Guatemala.⁷³ IOM indicates that "this migrant population has heavily impacted services, access to land and job opportunities, particularly in major urban centers like Belize City. This is an important challenge to the government, particularly in terms of social integration and cohesion." Some studies, including an ECLAC Expert Group report,⁷⁴ have concluded that migration into Belize has not had an overall positive effect, in terms of environmental degradation, unsustainable agricultural practices, and pressure on agricultural employment for native Belizeans, compelling them to accept work under less favorable conditions.

Perceived Barriers and Limits

One of the key impacts of economic inequity is on beliefs about opportunities, and in turn perceived stake in the future. For the recent Country Poverty Assessment, team members conducted interviews/community meetings at various locations throughout Belize, concerning a range of issues concerning poverty. There was a significant consensus on barriers, particularly with respect to limited job opportunities, low wages/high process, and political interference in potential opportunity. Political issues were mentioned by 65% of the sample; these included political favoritism, programmes curtailed when government changed, progress hampered by party politics, and a general lack of assistance and attention from politicians once elected.⁷⁵ These attitudes were mirrored in a focus group conducted with adolescents/youth (approximately age 14-22) at UNICEF Belize offices in October 2010. Some youth felt that it was difficult to find jobs that it depended upon "who you know" and that corruption

was a barrier. Youth in this group also felt "betrayed" after working so hard to get through school only to find that there is no work. This often leads to emigration, and "people want to go to the U.S." These youth also felt that there was little in the way of entrepreneurial support. If they had a good idea for a business or a product, they did not feel that there would be much support, for example, from banks. In fact, youth in this group said that banks would lend to "foreigners," such as the Chinese, before they would lend to Belizeans.

In a recent qualitative study of Caribbean adolescents (age 10-14),⁷⁶ Belizean focus group participants expressed job and future aspirations that were moderate, attainable and tradition-bound in comparison to other Caribbean youth interviewed for the study. Attending higher education, college or university were often not mentioned in lists of "must-dos," and the transition to work was anticipated at a young age. The issue of crime and violence also appeared to influence general perceptions of future opportunity: one youth, for example, said that the constant news about crime discouraged young people's sense of possibility and accomplishment.

FOCUS AREAS: Toledo

Toledo remains the poorest district in Belize, though as noted in Section III, it is the only district where the poverty rate did not increase in recent years. It is the most remote region of Belize, and isolated from much of the social and economic activity elsewhere in Belize. Punta Gorda, on the coast, is the only sizeable community where there is reasonable access to roads, transportation and services. The general isolation of Toledo reinforces the lack of integration between Maya children and women and the rest of Belize – which has cascading effects in multiple domains, including equity in education, employment, income, health, participation, and the availability of crisis/emergency assistance.

The soil quality in much of Toledo is shallow, which has contributed to the preponderance of small landholdings and family farming.⁷⁷ The Maya have traditionally used slash-and-burn (milpa) farming methods in the region. While population density in Toledo is sparse, it has been growing, primarily as a result of Maya immigration from Guatemala in search of land and security, and some Mestizos looking for work on banana plantations and citrus and fish production in the north near Stann Creek district.⁷⁸ There have been a number of efforts over the years to implement larger agricultural development

⁷²<http://www.iom.int/jahia/Jahia/belize>

⁷³Belize Census 2010.

⁷⁴ECLAC. January 13, 2006. Migration in the Caribbean – What Do We Know? Port of Spain, Trinidad and Tobago: Economic Commission on Latin America and the Caribbean.

⁷⁵CPA 2010.

⁷⁶Chambers, CM. October 25, 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10-14 Years. UNICEF/CARICOM.

⁷⁷Harrison J, Castaneda A, Castillo P, Lovell J, and Teul P. May 2004. Toledo: A Study in Elusive Development. Government of Belize and the UK Department for International Development.

⁷⁸Ibid.

projects in Toledo, but largely without sustained success.⁷⁹ Lumber and a small dolomite mining industry provide some additional sources of income, and there has been an increase in cultural and eco-tourism – but still relatively small. There is not much of an internal market in Toledo.

Agriculture in Toledo is primarily corn and beans for family use, with rice and increasingly cacao as cash crops. Many smaller crops are grown for sale at the local markets, especially in Punta Gorda. Cacao is grown organically for export and supported by the Toledo Cacao Growers Association (TCGA). Profitable citrus agriculture requires large landholdings, and thus has not taken hold. Younger generation Maya, however, are beginning to diverge from the traditional agricultural lifestyle, seeking opportunities in the modern sector (e.g., police, teaching). This is even the case for some Maya girls/women, who have traditionally married early and taken roles in the family or informal economy.⁸⁰

There is also some cross-border trade with Guatemala from Toledo, but this is informal. This trade and production has grown because it is easier to grow and transport products to Guatemala than it is to bring them to Punta Gorda due to the lack of good roads. Moreover, Toledo Maya farmers have not been able to obtain credit easily from Belize's own Development Finance Corporation.⁸¹ This sub-economy may be affected significantly by the construction of a road from southern Belize to the Guatemalan provinces of Petén and Alta Vera Paz. At the moment, much of the economic activity in the border area is not reported or captured in national economic data.

Large development efforts in Toledo have faced a deep-seated barrier related to traditional Mayan land tenure issues. However, on June 28, 2010, the Supreme Court of Belize confirmed its previous decision that the Maya people of Toledo hold customary collective and individual rights over the land and resources they use and occupy. The judgment came two years after over 30 Maya communities sued the GOB to enforce recognition of the rights to life, property and equality of the Maya people under the Constitution of Belize. The rights allow the Maya communities to decide what form of tenure should exist over their lands in accordance with their own values. The Court recognized the current and past existence of customary land ownership in all Maya villages in Toledo, and ordered the GOB to title the land and cease from

granting leases and resource extraction concessions in these villages, recommending the same approach for Stann Creek.

It has also been argued that development projects have been ineffective because they have been instituted with little participation by indigenous Maya people in the design or decision making process, and thus have been a mismatch for social and cultural realities and disconnected to social consequences. The development efforts have been based on external models. This is largely a function of the peripheral role that Maya in Toledo play in national governance. However, public consultations in 2005 led to a more comprehensive approach to development in the district and a Toledo Strategy and Action Plan (TSAP) in 2006. The January 2007 GOB plan designates the Toledo Development Corporation (TDC) as the coordinating agency for an integrated economic, social and governance initiative. Yet as of 2007, funding had not been authorized for this effort. The TDC has indicated that⁸² there is a regional initiative to implement rural development called the ECADERT Programme, spearheaded by the Ministry of Rural Development. A Strategy and Action Plan has been submitted to them for incorporation into the programme, since there is no designation for programme funding by the GOB at present, only operational expenses. TDC is hopeful that the ECADERT programme will be implemented by next year and that they will be able to access funds through that source.

An important initiative across Belize is the Belize Rural Development Project (BRRP, accessible at www.brdp.org), initiated in 2006 as a follow-up to the previous Community Initiated Agriculture and Rural Development Project (CARD).⁸³ The BDRP is primarily funded by the European Union/European Development Fund, and thus far has focused on micro-credit and grants to communities.

FOCUS AREAS: Southside Belize City

Socioeconomic opportunity in Southside Belize has been limited because of poor infrastructure, lack of economic organization or zoning frameworks, high unemployment, high poverty rates (as noted in Section III), and minimal investment – in part because of the high rate of violent crime which is connected to gang activity and drug trafficking. In 2009, there were 97 homicides nationwide, only a slight decrease from 2008 and approximately on par with the rate

⁷⁹Government of Belize. January 2007. National Poverty Elimination Strategy 2007-2011. National Human Development Advisory Committee, Ministry of National Development, Investment and Culture; See also Government of Belize. April 2007. National Poverty Elimination Plan 2007-2011. National Human Development Advisory Committee, Ministry of National Development, Investment and Culture.

⁸⁰Ibid.

⁸¹Harrison J, Castaneda A, Castillo P, Lovell J, and Teul P. May 2004. Toledo: A Study in Elusive Development. Government of Belize and the UK Department for International Development.

⁸²Telephone conference with TDC in November 2010.

⁸³Described in the CPA 2010.

since 2006,⁸⁴ the bulk of which were in Belize district. According to a July 2010 news report,⁸⁵ over 100 shootings had already occurred in Belize City since the year began, according to police sources, and 90% were on the Southside of the Haulover Creek, which segregates the City into Northside-Southside partitions. Most of the gun violence occurred in the area just west of downtown Belize City, where there are reported to be at least four major gang bases. This kind of environment has profound effects on children and women, in terms of exposure to violence and risk, school attendance and performance, attitudes and beliefs about economic and social participation, and protection.

According to the 2010 CPA, there are three initiatives currently targeting Southside Belize City that came from the 2007-2011 National Poverty Elimination Action Plan and in the 2009 revised version of the National Poverty Elimination Strategy and Action Plan for 2009-2013:⁸⁶

- The Southside Poverty Alleviation Action Project – initiated in 2006-2007, with about \$12 million BZ from the OPEC Fund for International Development. Funds targeted drainage, roads, sewage, landfilling/landscaping, and some to education/training and social development. Road and drainage work has been completed, and current work is focusing on housing improvement and septic tank installation. Local labor is being used to carry out the work. Funding is currently being sought to conduct similar efforts in other sections of Southside.
- The Yabra Police Station and Community Centre – established in 2005, with the intention of carrying out a community policing strategy for which it is a base. In addition, the Yabra station provides a computer centre, a drop-in facility and library, a lunchtime feeding programme for over 100 at-risk and needy children, summer lectures in health, drugs and crime, and the Cadet Corporation programme run by the Belize Defense Force, focusing on self-esteem and discipline. There are other activities (parents training) and linkages to additional organizations as well.
- The National Health Insurance (NHI) Scheme – intended to provide health services for those enrolled in social security. Southside was an initial target area for the NHI scheme with service initiation and enrollment

largely completed by 2006.

In addition, Prime Minister Barrow announced the RESTORE Belize Programme in June of 2010. RESTORE Belize is an attempt to address the interconnected causes of skyrocketing crime and violence in Southside Belize City, including poor infrastructure, lack of community organization, few economic and social opportunities, poor educational support, corruption, poor police practice, the drug trade and gangs, and related factors. The programme will begin with educational and literacy interventions, alternative education, school nutrition, urban agriculture, youth mentorship, and the renovation of some community resources.

⁸⁴Annual Crime – 2009, Belize, CA. GOB public data, accessed at www.belize.gov.bz/public/Data.

⁸⁵The Amandala, July 2010.

⁸⁶Government of Belize. National Poverty Elimination Plan 2007-2011, and National Poverty Elimination Strategy and Plan 2009-2013. National Human Development Advisory Committee, Ministry of National Development, Investment and Culture.

⁸⁷Catzim-Sanchez A. May 4, 2011. RESTORE Belize Draft Strategic Plan. UNICEF Belize.

CHAPTER 5

Health Status and Equity



Increasing and diversifying the economic opportunity in all districts in an equitable manner supports a positive change in education, health, protection and other assets.

HEALTH STATUS AND EQUITY

This section reviews data on health status and behavior, with an additional emphasis on selected health issues, followed by a discussion of the capacity of the health serving system in Belize to support health equity. This will illustrate at least one level of causality underlying health status and health risk behavior patterns.

Health is a basic pre-requisite for child development, for performance in school, and for the ability to negotiate a number of life-domains successfully – which, in turn, is tied to the attainment of rights and equity. In this domain, Belize has made significant progress with respect to a number of issues, including vaccination, the continuing control of malaria and tuberculosis, and a regionally recognized Prevention of Mother to Child Transmission (PMTCT) effort. In other areas, progress has slowed or not been made, including adolescent HIV/AIDS prevention, youth violence, morbidity and mortality from transport accidents, infant mortality resulting from malnutrition, and difficulty in maintaining an adequate cadre of nursing and medical staff at the primary care level. In general, health status in Belize is good. Just over 40% of the population visited a health facility in the last 12 months, and not necessarily because of access barriers. Among Latin American countries, Belize has a relatively high proportion of respondents stating that they were generally satisfied with their level of health, though this response did not hold true across all income levels.⁸⁸

Using a life-cycle perspective, this section reviews general issues regarding morbidity and mortality among children and women; special issues of global focus – HIV/AIDS, malaria, TB; inequities by region, gender, other demographic categories; and information on causes/contributing factors. Note that the data included in this section are from a number of sources, which may result in some variation based on where the primary data were obtained, assumptions, and calculations, as well as the years/time period covered.

A. Health Status

General Health Status Overview

Key health issues in Belize reflect both positive outcomes

from concentrated efforts to reduce, for example, infectious and communicable diseases, as well as outcomes that result from capacity and infrastructure difficulties, inequities, and socioeconomic transition.

Morbidity. Morbidity data is obtained from hospitalization cases, which does not include data from clinics and other facilities. Females account for more than half of total hospitalizations in the years 2005 and 2009, 68.7% and 69.5% respectively. Thus the data are skewed towards health problems affecting women, and particularly younger women, since the percentage of hospitalizations of females decreased with age – above 80% in age groups 20-34 and below 80% in 39 and older women. Given those limitations, a comparison of leading hospitalization causes for both sexes between 2005 and 2009,⁸⁹ in descending order, is complications from pregnancy, childbirth and puerperium (38.9% and 39.7%), injury, poisoning, and other external causes (5.1% and 6.2%), acute respiratory infections (5.3% and 5.9%), diseases of digestive system (3.7%, both years, not counting intestinal infections), and diabetes (2.7% and 2.9%). For males the number one cause of hospitalization is injuries with 11.3% in 2005 and 15.1% in 2009, followed by respiratory infections and appendicitis. The male: female ratio of injuries and other consequences of external causes is 2.2:1 for the year 2005 and 3.0:1 in 2009. Thus most of these indicators show increases from 2005, with a significant rise in injury-related hospitalizations for men.

Mortality. Mortality data is based on death certificates issued by health authorities at regional and district level. The crude death rate has decreased from 4.7 in 2005 to 4.4/1000 population in 2009. Data from PAHO (2007) indicates that life expectancy at birth is 71.8 (69.5 male; 74.2 female).⁹⁰ Non-communicable diseases are the major cause of death in both years with an increase in mortality rate in 2009 when compared with the year 2005. Overall, diabetes, heart disease, injuries, HIV/AIDS and cerebrovascular disease were the leading causes.

Among females, the mortality rate from five leading causes of death increased between 2005 and 2009 (as a percentage). The leading causes were acute respiratory infections, cerebrovascular disease, diabetes, heart disease, and ischemic heart disease.

Males are more affected by non-communicable diseases than women except for diabetes, where women in the year 2009

⁸⁸IDB, 2008, Beyond Facts: Understanding Quality of Life, Inter-American Development Bank. Cambridge, MA: Harvard University Press.

⁸⁹Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Table 15.1. Belmopan: MOH Epidemiology Unit.

Figure 9. Five leading causes of death in both sexes in Belize, 2005-2009 (as percentage)⁹¹

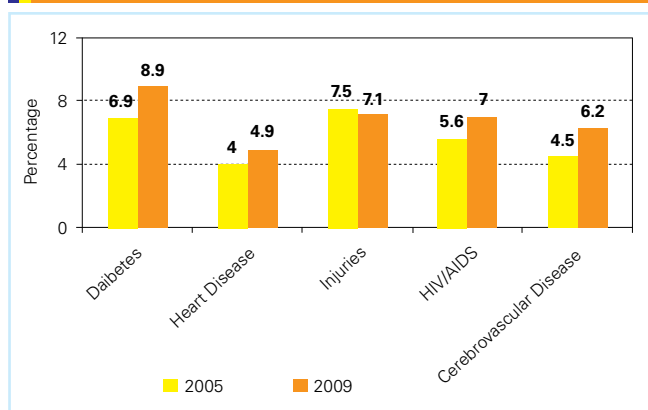
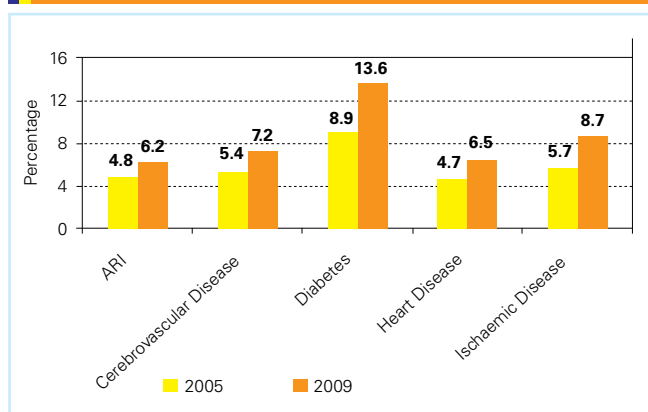


Figure 10. Five leading causes of mortality in females in Belize, 2005 and 2009 (as percentage)⁹²



are more affected than men. Men are significantly more affected by injuries.

For both comparison years, the percentage of deaths in all ages due to non-communicable diseases is the leading category of causes affecting the Belizean population. The absence of communicable diseases and infectious diseases such as malaria and tuberculosis as leading causes of death suggests a common development-related transition to a lifestyle-oriented illness pattern.

With respect to HIV/AIDS, the first AIDS case in Belize was diagnosed in 1986. The total number of reported HIV infections from 1986 to the end of December of 2009 was 5,045,

while the number of reported AIDS cases in that period of time 1,093.⁹³ The number of new infections has decreased from 434 in 2005 to 365 in 2009. Still, in 2009 every day a person was diagnosed as infected with HIV. The distribution by district is Corozal 4.1%, Orange Walk 3.0%; Belize 67.1%; Cayo 12.3%, Stann Creek 11.5% and Toledo 1.6%. By age group the total of cases in children and adolescents 0-19 years is 34 (9.3%); the next affected age group is among economically active citizens 20-54 years with a total of 305 cases (83.6%).⁹⁴ The total number of new AIDS cases for 2008 was 76, rising to 92 in 2009, a 21% increase. Similarly, there were 82 deaths from AIDS in 2008 and 101 in 2009, a 23% increase. However, it is likely that these increases are due to the newly introduced use of the ICD-10 classification in an effort to standardize AIDS cases and deaths, which provided more accurate figures than in previous years.⁹⁵

The HIV/AIDS infection rate remains high, though increased access to ARVs can be expected to decrease AIDS-related mortality and perinatal transmission. It is very likely that the poor transportation infrastructure and safety enforcement are implicated in the role of injuries, since earlier data show a proportion of those injuries resulting from vehicle and transport accidents. As described further below, morbidity and mortality issues for infants and children are related to insufficient capacity. For adolescents, data on risk behavior, attitudes, and infection rate variation by district suggest multiple contributing factors, including local behavior norms as well as differences in opportunities for risky sex that may be related to tourism, to migration/population flux (as in Cayo), and to relationships influenced by concentrations of poverty (as in urban Belize City).

A recent planning document by the Council of Ministers of Health of the System for Central American Integration, and arm of SICA,⁹⁶ suggests that much of the data in the Central American region on chronic non-communicable diseases (CNCDs) are under-reported, even as these diseases have become the leading causes of mortality in the region.

Maternal Health

In Belize the birth cohort is approximately 7,500 per year. According to data from the MoH Epidemiology Unit the impact indicator of maternal mortality rate (MMR) has steadily declined – data from 1990 to 2010 shows a decrease from a high

⁹¹PAHO 2007. Health in the Americas, Volume II: Countries. Washington, DC: Pan American Health Organization.

⁹²Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Table 16.1. Belmopan: MOH Epidemiology Unit.

⁹³Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Table 16.3. Belmopan: MOH Epidemiology Unit.

⁹⁴UNAIDS. 2010. UNGASS Country Progress Report: Belize: January 2008-December 2009.

⁹⁵Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit.

⁹⁶COMISCA. 2009. Health Plan for Central America and the Dominican Republic 2010-2015. Approved at XXXI Meeting of COMISCA, San Jose, Costa Rica, December 2009.

of 154.8 in 1993 to 55.3/100,000 live births in 2010, though the latter rate is higher than the 1990 rate of 41.7/100,000 – which may be an anomaly due to under-reporting.⁹⁷ [Note that the MMR, in any case, involves a very small absolute number.] Comparatively, the MMR in Belize is lower than that for Guatemala, Jamaica, and Guyana, but significantly higher than that in Barbados, for example, or Mexico (in 2005). Maternal health process indicators have shown improvement throughout the years. For example, over the same time period the proportion of births attended by skilled personnel increased from 79% in 1995 to 94.2% in 2010 – indicating a likelihood of meeting the MDG goals.⁹⁸ Toledo district continues with the highest number of deliveries attended by non-skilled birth attendants (almost 50%), and the percentage of all births within hospitals increased from 76.8 in 2005 to 90.6% in 2009.⁹⁹

There is an increased risk of pregnancy complications at younger ages. The leading cause of hospitalization (2009) for children age 15-19 was in fact, complications of pregnancy, childbirth, and puerperium.¹⁰⁰ Even more telling, this was the third leading cause (2009) for children age 10-14.¹⁰¹

Prenatal care is offered at health facilities within public sector (79.4%) and private sector facilities (13.5%) and during mobile clinics (7.1%). Late prenatal care continues to be a concern. The increase in number of women receiving prenatal care before the 12th week of pregnancy has a slight increase to 28.5%, while 60% are reaching during the second trimester and 11.5% during the third trimester. Prenatal care is provided at mobile clinics. Urinary tract infections during pregnancy are the number one cause of illness among pregnant women. In addition, anemia (Hb level below 11mg/dl) was present in 18.5% of pregnant women.

Infant Health

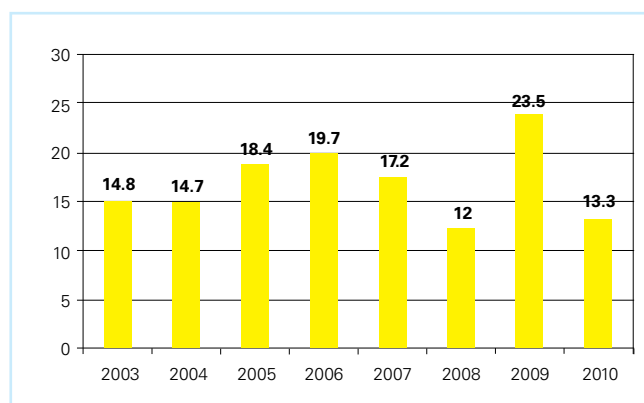
Between 2005 and 2009, indicators related to child mortality were among those seen as progressing slowly. These include the under-five mortality rate, infant mortality rate, neonatal mortality rate, low birth weight and still birth rate.¹⁰² The skilled birth attendant rate is above 90%, which includes culturally specific preferences for delivery attended by traditional birth attendants. Fertility and birth rates declined between 2005 and 2009, including a significant decline in the teen birth rate.

There is a memorandum of understanding between the Ministry of Health and Vital Statistics Unit allowing the population immediate access to registrar of births and deaths services even before hospital discharge. Despite the existence of this mechanism, some children continue not to have access to birth certificates due to inadequate use and information on the services available and lack of a computerized system. In some cases, women are not utilizing the services because they did not agree on the name of the child before birth. They would leave the hospital without registering the newborn on the promise to return when they agreed on the name for their child (see Chapter 7, Protective Assets).

Morbidity data is obtained from causes of hospitalization. The causes of hospitalization among children under one year of age when comparing the year 2005 and 2009 indicated increases in conditions originating in the perinatal period (up 40.5%), acute respiratory infections (up 1.1%), hypoxia at birth (up 10.3%), and reductions in slow fetal growth or prematurity (down 3.2%) and intestinal infectious diseases (down by 34.9%).¹⁰³ Perinatal causes accounted for 60% of the five leading causes of hospitalizations and 33% of total hospitalizations among children under one year of age.

The infant mortality rate during the period 2003 to 2010 ranged from 12 to 13.3 / 1000 live births over the period 2003 to 2010. The percentage of deaths during the neonatal period decreased from 59% in 2005 to 41% in 2010 out of total infant deaths. This is an area that calls for improvement: In 2010, Belize was among the Latin America-Caribbean

Figure 11. Belize infant mortality rate, 2003-2010.



⁹⁷UNDP, September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

⁹⁸MOH Belize. Administrative Report 2010.

⁹⁹Ministry of Health 2009 data – provided through personal communication.

¹⁰⁰Grouping of conditions is from the ICD-10.

¹⁰¹Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit.

¹⁰²Belize Social Indicators 2005-2009. Unpublished. MOH. 2010.

¹⁰³Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit. and Personal Communication with MOH.

(LAC) countries with neonatal mortality rates (NMR) of 20 or more /1000 live births, ranking it with Haiti (34/1000), Bolivia (27/1000) and Suriname (25/1000),¹⁰⁴ and well short of the MDG goal of 8/1000. The average NMR for the LAC region is 13/1000 live births.¹⁰⁵ For Belize, the five leading causes of infant mortality in 2009 (per thousand live births) were those originating in the perinatal period (4.9), respiratory conditions (3.77), congenital anomalies (3.23), intestinal infectious diseases (1.08) and septicemia (0.81).

These IMR and NMR rates existed even though 90% of mothers breast-fed babies, and 24% breast-fed exclusively for the first three months.¹⁰⁶ The highest rates of exclusive breastfeeding were among the Q'eqchi' Maya and women who gave birth at home; the least likely were from urban areas, and among those better educated and/or Creole. Despite these figures, data from children's clinic cards and MICS 2006 indicates that inadequate complementary feeding practices for children 6 to 23 months has been the main cause of malnutrition (acute and chronic) in children. MICS data show that just 20% of children 0-11 months are adequately fed in Belize. It is worth reiterating here the general lack of capacity in terms of trained medical and health professionals (with no neonatologist in the entire country),¹⁰⁷ especially those that are accessible to poor families and communities.

At the same time, there was a very significant drop in the IMR from 2009 (23.5/1000) to 2010 (13.3/1000). This may be due to MOH initiation, in August 2009, of a collaborative improvement of maternal and neonatal care. A policy was issued in November 2009, and the first two hospitals to implement this strategy were Southern Regional Hospital and Punta Gorda Community Hospital. At Southern Regional Hospital the reduction of neonatal deaths between 2009 and 2010 was 70%. Punta Gorda hospital recorded a reduction of 65% in birth asphyxia. All other hospitals began full implementation in September 2010, after the evaluation of the southern experience.¹⁰⁸

Low birth weight. The percentage of low birth weights has increased/decreased with no steady pattern. The percentage of live births with less than 2.5 Kg per year was 6.9% in 2005 and 2007, 14.2 and 14.4% in 2006 and 2008 respectively and in 2010 this percentage decreased to 9.3%. Weight at birth is a good indicator not only of the mother's health and nutritional status but also of the newborn's chances for sur-

vival, growth, long-term health and psychosocial well-being. The complex nature of the cause of low birth weight and the socioeconomic deprivation implicit in its cause and effect requires a multidisciplinary approach to understanding and intervention.

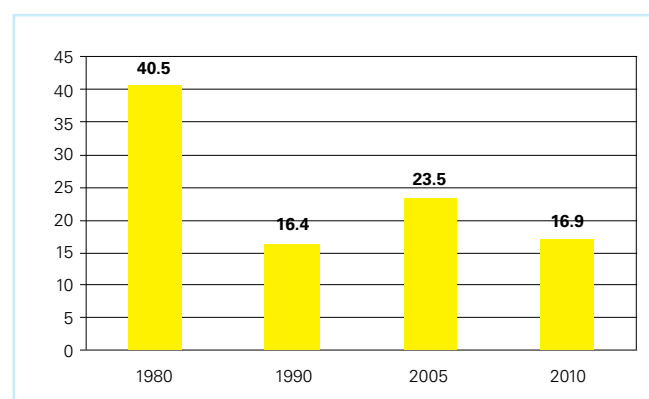
Child Mortality

According to the MOH data, a comparison of the five leading causes of hospitalization among children 1 to 4 years old between 2005 and 2009 showed an increase of 60% in injuries (and other) as a result of external causes, but decreases in acute respiratory infections (down 30%), intestinal infectious diseases (down by 62%), chronic and unspecified respiratory conditions (down by 51%), and diseases of other parts of the digestive system (down by 8.2%). In general, the under-five mortality rate decreased from 23.5 in 2005 to 16.9 in 2010.¹⁰⁹

A comparison of the five leading causes of hospitalization among children 5 to 9 between 2005 and 2009 showed increases in acute respiratory infections (up 44%), and injuries (and other) as a consequence of external causes (up 23%), and decreases in chronic and unspecified respiratory conditions (down 51%), and diseases of other parts of the digestive system (down 8.2%).¹¹⁰ The number of children in the entire 1-9 age range affected by injuries and others as a consequence of external causes has increased significantly, more than double the figure reported in 2005.

Malnutrition and diet are clearly important issues for children under 5, and equity is a factor. According to 2006 MICS data,

Figure 12. Under five mortality rate in Belize (1980, 1990, 2005, 2010)



¹⁰⁴Neonatal health in the context of maternal, newborn and child health for the attainment of the Millennium Development Goals of the United Nations Millennium declaration. 47th Directing Council of the Pan American Health Organization 58th Session of the Regional Committee. Washington, D.C., USA, 25-29 September 2006.

¹⁰⁵State of the World's Children, 2009.

¹⁰⁶MICS 2006.

¹⁰⁷UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁰⁸Personal communication from the Belize MOH, June 15, 2011.

¹⁰⁹Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit.

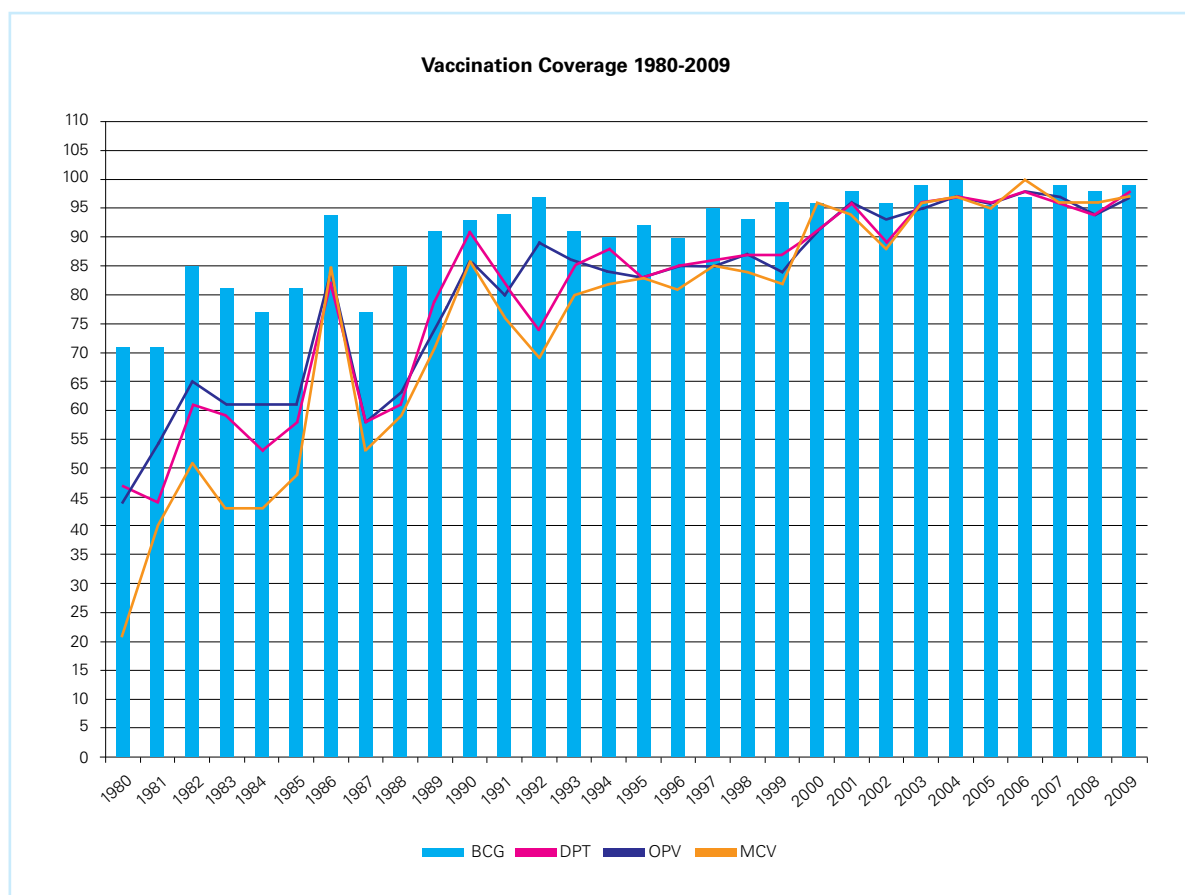
¹¹⁰Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit. And Personal Communication with MOH.

approximately 18 percent of children in this age category are stunted or too short for their age, with wide differences between rural and urban areas.¹¹¹ For example, 23% of children are stunted in rural areas vs. approximately 11% in urban areas.¹¹² Children whose mothers have only primary or no education are much more likely to be stunted (21.6%) compared to mothers with secondary or higher education (9.4%). Moreover, growth retardation is more evident among Maya children (about 50% – though this must be considered against generally shorter stature). By contrast – following a global pattern – the percentage of overweight children is higher in urban areas than rural.

The expanded immunization programme was established in Belize in the late 1970s. Currently the Government of Belize provides vaccines against 11 different antigens and the total expenditure is with fiscal funds. Vaccines are provided at health facilities within the public and private sector and

also through mobile clinics. The last case of vaccine preventable diseases in Belize was polio in 1981, measles in 1991, congenital rubella syndrome and neonatal tetanus in 1996 and rubella in the year 2001. Vaccination coverage has been maintained at greater than 95% country-wide. Immunization is provided mainly through routine health services. Mop-up campaigns in communities with the lowest coverage are encouraged on a monthly basis. Each year, approximately 60 samples of suspected diseases prevented by vaccines are sent to CAREC with all resulting negatives for measles, rubella and polio. For the year 2010, the vaccination coverage by vaccine type was described by the country average and range; BCG 91% (84 – 100%), Polio 95% (88-100%), DPT/HepB/HIB 94% (88-99%) and MMR 95% (87-100%). Children living in indigenous communities had the second highest (Toledo) and lowest (Stann Creek) vaccination coverage. The main cause of poor vaccination levels is due to misinformation and religious beliefs among some ethnic groups.

Figure 13. Vaccination coverage, 1980-2009



¹¹¹UNICEF and the Government of Belize. 2006. Belize Multiple Indicator Cluster Survey: Key Findings. UNICEF, with Government of Belize and Statistical Institute of Belize.

¹¹²Ibid.

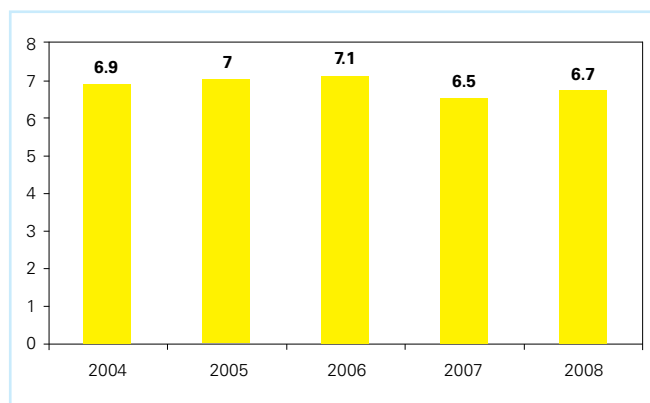
Dental services provided to children when comparing 2005 and 2009 increased in Corozal, Belize and Toledo district; however, it decreased in Cayo and Stann Creek. In 2009 no services were available in Orange Walk district due to shortage of staff.

Adolescent Health

In the 10-19 year old age category, intentional and unintentional (accidental) injuries assume more prominence as leading causes of mortality. In 2008, the leading causes of death for children age 10-14 were accidental drowning and submersion, and congenital abnormalities.¹¹³ In 2009, noticeable differences were observed in accidental drowning (a decrease of 33%) and homicide (a two-fold increase).¹¹⁴ For children age 15-19 in 2008, leading causes were: injury undetermined (accidental or purposefully inflicted), traffic accidents, accidental drowning and submersion. This pattern, while somewhat different than for 2005, is similar with respect to the role of accidents and injury.¹¹⁵ Generally, adolescent males have been more affected by transport/traffic accidents than females.¹¹⁶

As a public health issue (due to the mortality, morbidity, and psychosocial consequences), violence and exposure to crime and violence have increased significantly for adolescents in Belize, particularly in urban areas such as Belize City. Data

Figure 14. Mortality rate for 10-19 year olds (per 10,000) from 2004-2008



from the UN Office on Drugs and Crime¹¹⁷ show a significant rise in the homicide rate for Belize from 16/100,000 in 2000, about 25/100,000 in 2003, to 34/100,000 in 2008 and 33/100,000 in 2009,¹¹⁸ placing it as one of the most violent countries in the world, straddling two of the most violent regions of the world – Central America and the Caribbean. In a 2004 study (n=1850 children and adolescents), 61.9% of the students surveyed in Belize district reported a fear of crime, and 43.7% in Cayo reported the same concern. The study also showed a significant association for boys and girls between being left alone at home and wanting to join a gang as well as carrying drugs.¹¹⁹

Women's and Reproductive Health

Of importance, contraceptive use has declined in Belize since 1999 from a 56% prevalence rate to 34.3% in 2006,¹²⁰ for reasons that are not clear. This rate is lower than the median 53% in the Latin America-Caribbean sub region.¹²¹ There is a clear urban-rural difference – the rate is 47.5 in Belize district, and lowest in Toledo at 23.4%. Use among Maya women is very low at 15.4%.

Important as a determinant of many other conditions that will impede achievement of rights, there is a high rate of births to adolescents – 20% of all live births in 2004-2008.^{122, 123} However, young people under age 18 are not allowed either medical or reproductive health counseling without parent/guardian consent.¹²⁴ The unmet need for family planning has been estimated at 31.2%.¹²⁵ This figure is generated as a calculation of fecund women who are not using any contraception, but who want to postpone their next birth or stop childbearing.

Belize has a high burden of cervical cancer, also experienced by other countries in the region,¹²⁶ with a rate of about 34.6 cases per 100,000 women. Cervical cancer has been clearly linked to human papilloma virus (HPV), a sexually transmitted infection. Cervical cancer is known to have higher rate and earlier development among women with early initiation of sexual activity.

¹¹³Ministry of Health. June 2009. Health Statistics of Belize, 2004-2008. Belmopan: Ministry of Health, Epidemiology Unit.

¹¹⁴Belize MOH, October 2010. Health Statistics of Belize, 2005-2009, Belmopan: MOH Epidemiology Unit. And Personal Communication with MOH.

¹¹⁵PAHO. 2007. Health in the Americas, Volume II: Countries. Washington, DC: Pan American Health Organization.

¹¹⁶Ibid.

¹¹⁷See www.unodc.org.

¹¹⁸Gayle H, Mortis N, et al. 2010. Male Social Participation and Violence in Urban Belize. Report presented to Belize Chamber of Commerce.

¹¹⁹Ministry of Human Development. 2005. Study on the Impact of Crime and Violence on Children and Adolescents – 2005. Belmopan: Ministry of Human Development, Government of Belize.

¹²⁰Data from World Health Organization, UN Statistics Division.

¹²¹UNICEF and the Government of Belize. 2006. Belize Multiple Indicator Cluster Survey: Key Findings. UNICEF, with Government of Belize and Statistical Institute of Belize.

¹²²Belize Ministry of Health Administrative Report 2004-2008

¹²³UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹²⁴Ibid.

¹²⁵Deverajan S, Miller MJ, and Swanson EV. 2002. Goals for Development: History, Prospects and Costs. Human Development Network and Development Data Group. Washington, DC: World Bank.

¹²⁶Cathro HP, Loya T, Dominguez F, et al. 2009. "Human Papillomavirus Profile of Women in Belize City, Belize: Correlation with Cervical Cytopathological Findings." Human Pathology 40: 942-949.

Selected Global Focus Conditions

HIV/AIDS

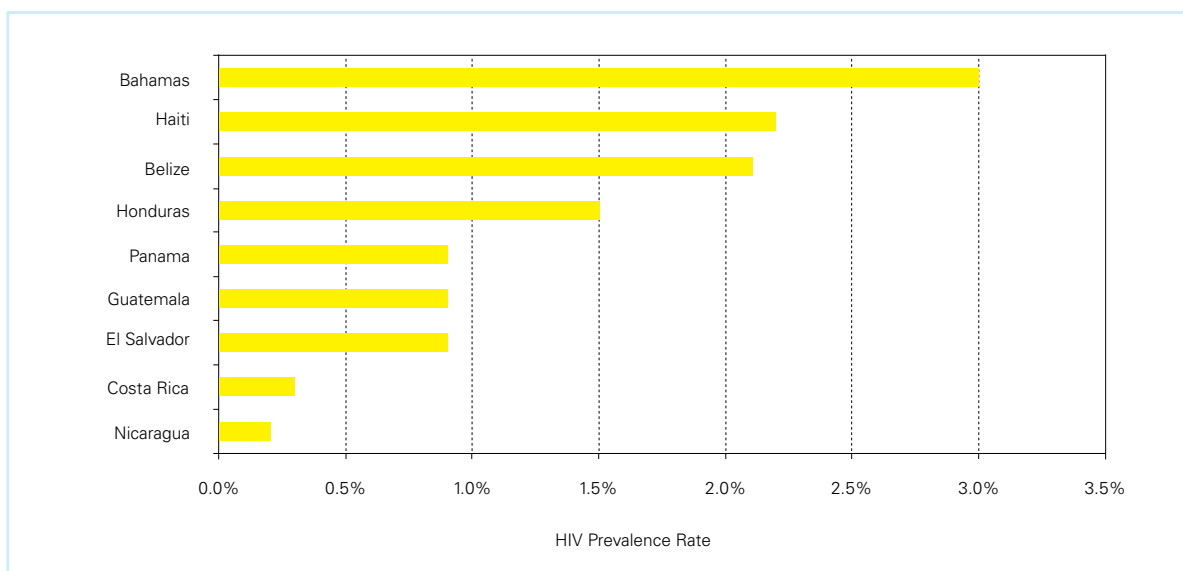
Overall, recent estimates of the adult HIV prevalence rate in Belize have ranged from 2.4%¹²⁷ to 2.1%,¹²⁸ the highest in Central America, though slightly less than Haiti (2.2%) and the Bahamas (3.0%) in the Caribbean.¹²⁹

At the end of 2009, there were an estimated 5,175 persons either HIV infected or with AIDS.¹³⁰ Among young people 15-24 years old, the HIV infection rate in 2009 was .77%;¹³¹ however, this of course is not an adequate indicator, since the number and diversity of those tested is unclear, and AIDS itself does not manifest until years following HIV infection. The HIV prevalence rate showed an overall increase in both the Cayo and Toledo districts but the greatest increase seems to be in the Cayo district although no specific reason for this has yet been determined. The male-to-female ratio was virtually 1:1, indicating that the feminization of the disease observed in other countries does not seem to be the case in Belize and no specific at risk population can be documented through routine data collected at the Epidemiology Unit. However, this ratio is different when specific age groups are compared. The rate for females age 20-24 is twice that for males the same age, and this relation is inverted in the age group 45-49

where twice as many males are becoming infected. Even though the age group mostly affected is still between 20-39 years, these numbers have been gradually spreading to virtually encompass all age groups. According to the MOH, in 2009 more women were reported with new HIV infection than men; 51% of new HIV infections being female. Females predominated in the age groups of 15-19, 20-24, and 35-39 years, but more men than women were reported with new infections in the age groups 40-54 years and older.¹³² This could be seen as documenting an older male-younger female risk pattern.

A 2004 UNICEF study estimated that at least 14,000 children were made vulnerable as a result of HIV/AIDS as AIDS orphans (loss of one or both parents to AIDS).¹³³ Between 2002-2007, according to data from the MOH Epidemiology Unit¹³⁴ there were 2,263 new HIV cases in Belize district and 192 in Stann Creek – in both locations the highest proportion of infections was in the urban areas of Belize City and Dangriga Town (Stann Creek). While the Stann Creek total is much smaller, the incidence rate rose significantly from 2006 and 2007, though the larger Belize City number was relatively stable. For 2007, the highest HIV prevalence was in Stann Creek (11.3); the lowest was in Toledo (1.8). In 2009, there was an overall increase in Cayo and Toledo districts. The

Figure 15. Estimated adult HIV prevalence rate in Belize and surrounding countries



¹²⁷UNAIDS. 2006. Epidemiological Fact Sheet on HIV and AIDS Belize 2006 Update.

¹²⁸UNAIDS. 2008. Epidemiological Fact Sheet on HIV and AIDS Belize 2008 Update (http://apps.who.int/globalatlas/predefinedReports/EFS2008/ful/EFS2008_BZ.pdf)

¹²⁹UNAIDS 2010. UNAIDS Country Profiles main page <http://www.unaids.org/en/CountryResponses/Countries/default.asp>

¹³⁰National Health Information Service/NHIS. 2009. HIV/AIDS Surveillance in Belize. Belmopan: GOB Ministry of Health.

¹³¹UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹³²Belize MOH, October 2010. Health Statistics of Belize, 2005-2009. Belmopan: MOH Epidemiology Unit.

¹³³Loudon M. 2004. The Impact of HIV/AIDS on Belize. UNICEF.

¹³⁴Catzim-Sanchez A, Lovell J. June 2008. Situation Analysis of Children with HIV: Belize and Stann Creek Districts. Belize City: Hand-in-Hand Ministries/UNICEF.

greatest increase was in Cayo, though there is no identified reason for this. In 2006, Belize and Stann Creek districts had highest percentages of new infections; while the highest percentage of new cases was in Cayo and Stann Creek.¹³⁵ Still, the only empirically proven at risk population in Belize is the prison population (prevalence 4.9% in 2007); GOB is undertaking an exercise to estimate population sizes of other potentially at risk populations such as MSM, CSW, and mobile populations.¹³⁶

Attitudes and Practices. HIV/AIDS knowledge and risk prevention still lags behind where it should be in 2010. HIV is still perceived by many as a homosexual disease, even though over 70% of infections are attributed to heterosexual contact; only 7% to MSM.¹³⁷ HIV infection via MSM may be a concentrated problem in prison populations.¹³⁸ Early initiation of sexual activity (by age 12) and of adolescents with multiple partners is a major concern.¹³⁹ Transactional sex is also major issue.¹⁴⁰ Knowledge level is less than desirable among adolescents – only about 50% of 15-24 year olds could correctly identify ways to prevent HIV transmission (boys/young men scored lower at 47%).¹⁴¹ In 2009, 47% of population 15-24 had comprehensive correct knowledge of HIV/AIDS,¹⁴² and there were surprising misconceptions about the role of condoms in preventing transmission. There is no previous benchmark for this percentage to enable assessment of progress. A series of focus groups conducted for the Belize Family Life Association,¹⁴³ while limited, offer some data on patterns that may be indicative. First, these data point to the role of gender and socioeconomic inequity in risk. Adult women in the focus groups, for example, mentioned a fear of using condoms with their partners for several reasons: Fear of appearing suspicious of partner's fidelity; fear that the male partner will withhold economic or welfare payments, and a fear of violence following a request to use condoms or refusal to have sex without a condom. Women also voiced concern about condom use due to reliance on male partners for economic security. This is related to gender inequities in socioeconomic opportunity. Young men demonstrated positive attitudes about multiple sex partners (as evidence of power, virility), and in some regions (e.g., Cayo), there was a cultural pattern of introducing young men to sex through commercial sex workers. There was limited discussion or

knowledge about MSM.

High levels of stigma and discrimination exist. Social and economic isolation and exclusion persist among families, service providers, and the general population.¹⁴⁴ A recent study confirms stigmatization by doctors, nurses and other health care workers, including the many that come from Cuba.¹⁴⁵

HIV Prevention and Services. Belize is faring well with respect to some aspects of its efforts to address HIV/AIDS; specifically, the provision of free HIV testing and ARVs, and the Prevention of Mother to Child Transmission (PMTCT) programme. The MOH, in 2007 estimated that 48.7% of people with advanced HIV infection have access to ARV drugs.¹⁴⁶ At end of 2009, 855 persons on ARVs; this is 35.7% increase in total coverage from 2008. Coverage is slightly higher for males, again suggesting males come to programme at late stage. In 2008, the National AIDS Programme (NAP) updated its national HIV testing and counseling guidelines to conform to WHO/UNAIDS guidelines. According to a survey done by the National AIDS Commission of its own members (2008): 78% of responding organizations conduct education, promotion, and distribution of condoms, making these the most frequent prevention activities.¹⁴⁷ The second most common prevention activity is addressing knowledge, attitudes and practices (KAP) among young people (70%), followed by KAP-oriented activities among high risk and vulnerable groups (52%). There does not, however, appear to be a coordinated strategy for prevention programming, and the Commission recommended that a specific strategy to encourage organizations to address high risk and vulnerable groups be designed and put into practice. It is also the case that a high percentage of the national HIV/AIDS budget is derived from foreign donors, and as such responds to global priorities. Though the National AIDS Commission stated that it is working with NGOs such as BFLA and PASMO to reach out to vulnerable groups with prevention messages and interventions, in practice this appears to be highly problematic.¹⁴⁸ Interviews and discussions with such NGOs suggest that the political environment surrounding HIV/AIDS prevention messaging is challenging, hindering the clear and consistent implementation of any such efforts.

¹³⁵NHISU

¹³⁶UNGASS report 2008-2009. UNGASS Country Progress Report, Belize. March 31, 2010. National AIDS Commission and UNAIDS.

¹³⁷(from Belize National Policy on HIV/AIDS/National AIDS Commission)

¹³⁸UNAIDS 2006

¹³⁹UNAIDS 2006

¹⁴⁰UNAIDS 2006

¹⁴¹SIB survey, also reported in UNGASS 2010.

¹⁴²UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁴³Isaacs-Haylock I. 2006. Report on Focus Groups Identifying Behaviors that Increase Risk for HIV/AIDS and STI Infections. Belize City: BFLA.

¹⁴⁴Ibid

¹⁴⁵Andrewin A, and Chien LY. 2008. "Stigmatization of Patients with HIV/AIDS among Doctors and Nurses in Belize." AIDS Patient Care and STDs 22(11): 897-906.

¹⁴⁶HIV/AIDS Epidemiological Profile.

¹⁴⁷National AIDS Commission 2008.

¹⁴⁸National AIDS Commission. 2009. Proposal to the Global Fund, Round 9.

In primary and secondary schools, HIV/AIDS and sexuality education is part of the Health and Family Life Education (HFLE) developed by the Ministry of Education. In secular, state-run schools there has been some progress in the ability to discuss condoms and other HIV/AIDS prevention information. This has been more difficult in the denominational schools (the majority of which are Catholic), less willing – for religious and moral reasons – to present the full spectrum of information.

A National Plan for HIV/STD/TB for 2008-2015 has not yet been approved or implemented.

Children Living With HIV/AIDS. As noted above, improvements have been made in ARV coverage. In 2008, the percentage of adults and children with advanced HIV infection receiving antiretroviral therapy was 49.0% (630/1285); in 2009 it was 61.3% (855/1394) [The numerator in both cases is taken from the National Programme's data and refers to the actual number of persons on ARV therapy. The denominator in both cases utilizes Spectrum data estimated in 2009]. The percentage of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother to child transmission 2008 was 84.3% (59/70); and 87.0% (60/69) in 2009 [The women who received prophylaxis and are included in the numerator all received triple therapy prophylaxis as per national protocol. For the denominator the total number of women who gave birth in the last 12 months was multiplied by the national estimate of HIV prevalence in Spectrum data estimated in 2009]. Also, as noted, Belize provides PMTCT coverage of 93.0% and 89.9% for 2008 and 2009 respectively, with 90.8% and 96.8% of HIV-positive women receiving ART during pregnancy.

Elementary School-Age Children with HIV/AIDS: In 2009, 12 of those who tested positive for HIV were under the age of 15 while 353 were 15 years and older. Of these 12 positive cases, 6 were females (1.6%) while 4 (1.1%) were male and 2 (0.5%) whose sex wasn't documented. In 2008, a total of 630 persons were on ART at the end of that year with 64 (10.2%) being less than 15 years of age while 566 were 15 years and/or older. Of the 64 who were below 15 years, 22 were male and 42 were female.

Adolescents Living with AIDS: The percentage of young women and men aged 15 -24 who are HIV infected in 2009 was 1.01% (34/3375). The Ministry of Health calculated this data for the first time in 2009, and we note that this percentage is slightly higher than the 0.77% figure currently accepted in the Draft MDG Review. Of the 3,375 15-24 year old antenatal clinic attendees tested for HIV in 2009, 34 of them had test results that were positive. By the end of 2009, there were 11 treatment sites in Belize – two in each of the Southern, Northern and Western Health regions and five sites in the Central Health region out of which one is managed by a faith based organization (Hand in Hand Ministries) and another is managed by the health facility with the Belize Central Prison (Kolbe Foundation).

There has been, unfortunately, no significant behavior change in the adolescent group being infected with HIV/AIDS despite the education curriculum in schools. This may very well be the outcome of a difficult environment with respect to HIV/AIDS education that stems from political and moral issues raised and the salience of those issues in a school system in which most schools are denominational, resulting in substantial differences in the implementation of HIV/AIDS education

Table 8. NPA monitoring report indicators 2010 - HIV/AIDS

Target	Indicator	Baseline		2004	2005	2006	2007	2008	2009	Status	Adjusted Target Value 2015
		Value	Year & Data Source								
Target 1: Prevention of Mother to Child Transmission	Vertical Transmission Rate	12.2	2003MOH	13.0	11.6	11.4	19.6	4.4	5.5	+	0.5%
	Pregnancy Rate for HIV Mothers	22.6	2003MOH	NA	NA	36.1	37.1	32.3	NA	-	11.3%
Target 2: Care and Treatment	Services (HIV)-Adolescents	NA	MOH	NA	NA	NA	NA	NA	NA	NT	95%
	Services (HIV) -Pregnant Women	87.0	2006 MOH	NA	NA	87.0	85.9	94.4	NA	+	95%
	Services (HIV) – Fathers	NA	MOH	NA	NA	NA	NA	NA	NA	NT	50%
Target 3: Prevention for Children and Adolescents	(0-12) HIV Prevalence Rate	1.7	2005MOH	NA	NA	NA	NA	NA	NA	NT	0.3
	(13-17) HIV Prevalence Rate	3.2	2005MOH	NA	NA	NA	NA	NA	NA	NT	0.6

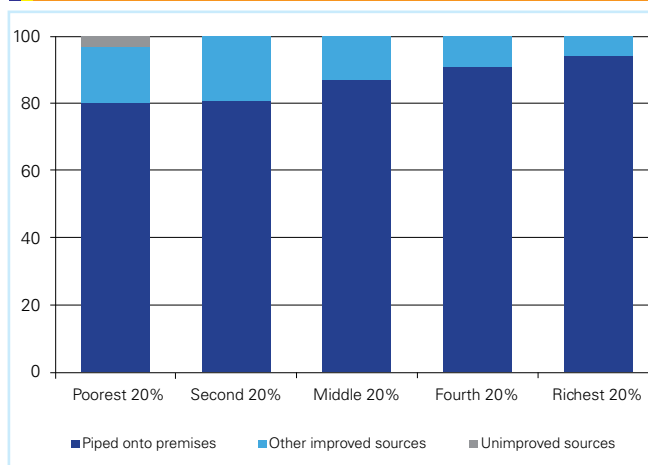
Malaria and TB

This is a success story for Belize. Malaria incidence (per 1000 persons) has dramatically improved, from 49.3 in 1994 to 1.7 in 2008.¹⁴⁹ This is most likely due to the implementation of an “intense malaria prevention and control programme”¹⁵⁰ consisting of indoor spraying in high-risk areas, early detection and rapid laboratory confirmation of malaria cases, followed by semi-supervised treatment. TB incidence and prevalence rates have also dropped significantly. There is a National TB Coordinator for the TB effort, and the TB infection rate fell from 49 per 100,000 in 1990 to 24.7 cases in 2008,¹⁵¹ and the prevalence dropped from 78 per 100,000 in 1990 to 26.7 in 2009. Malaria prevalence is highest in the Stann Creek area, due to the predominance of agriculture and migrant workers. Dengue is also endemic in that area.¹⁵²

Water and Sanitation

Water and sanitation are important linkages to many other aspects of well-being, from basic health, economic activity, and to children’s ability to attend school. In July 2010, the United Nations General Assembly adopted a resolution recognizing access to clean water and sanitation as a human right. Following that resolution, the GOB established a Water and Sanitation Policy that calls for enhanced, sustainable access to clean water and sanitation, and provides guidance on institutional, economic, social, and legal reforms that will lead to improved governance in the water and sanitation sector. A series of focus group discussions that accompanied the development of the new policy showed the following:

Figure 16. Belize urban drinking water coverage by wealth quintiles, MICS 2006



Villages in several districts have a mix of water sources, from wells, rainwater collection, piped water to hand pumps, hand pumps from wells, and other systems – many of which provide water in the wet but not dry season. In addition, even villages that have a pump or piped water face regular infrastructure and equipment problems, with broken equipment and non-functioning systems. Sanitation and hygiene awareness is not generally high in these villages, and there are not always improved latrines or toilets. A July 2010 survey of water and sanitation systems in Toledo showed, for example, that in the east village survey 2 of 6 villages had no improved sanitary facilities, and the others had combinations of pit latrines and pit latrines with a slab. Water sources varied from

Figure 17. Belize rural drinking water coverage by wealth quintiles, MICS 2006

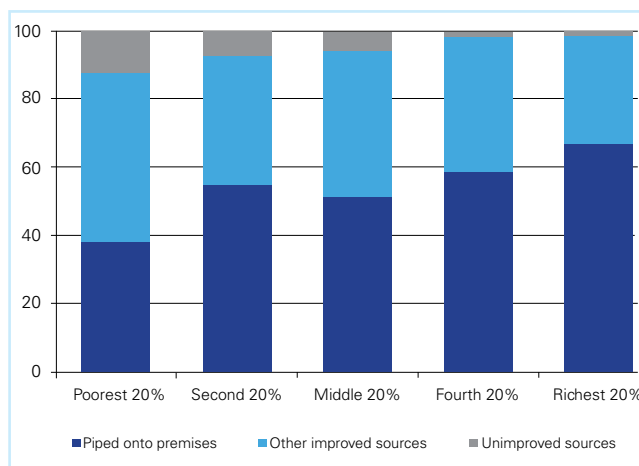
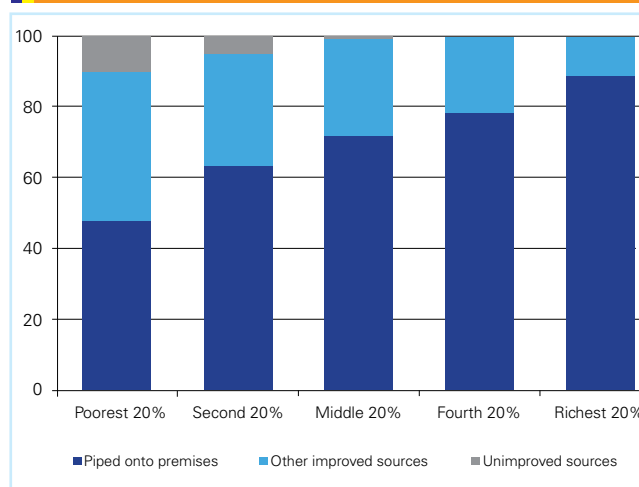


Figure 18. Belize national drinking water coverage by wealth quintiles, MICS 2006



¹⁴⁹UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁵⁰Ibid

¹⁵¹Ibid

¹⁵²PAHO. 2007. Health in the Americas, Volume II: Countries. Washington, DC: Pan American Health Organization.

rainwater and creek water to hand pumps. Villages in the west all had pit latrines, but most were in poor condition. Water was derived from hand pumps, wells, and streams. One significant problem is that even when there are hand pumps, they tend to be contaminated with rust and bacteria – this, however, is both an infrastructure issue and a consequence of mixed community perceptions and acceptance of common water treatment methods such as chlorination.

These studies lend some perspective on data such as that reported by the Statistical Institute of Belize/SIB,¹⁵³ concluding that the proportion of the population with an improved water source rose from 43.6% in 1995 to 76.4% in 2006, and to MICS 2006 data that indicate 96.5% of the overall population uses an improved source of drinking water.¹⁵⁴ Even in those data sources, inequities exist along urban-rural dimensions, with less access to potable water in rural areas, and where subsistence farming households have the least access.¹⁵⁵ An Improved water source is defined by the MDG Joint Monitoring Programme¹⁵⁶ as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular contamination with fecal matter. In the 2006 MICS data, improved water sources include: household connections, public standpipes, boreholes, protected dug wells, protected springs, rainwater collection, and bottled water.¹⁵⁷ In general, this is an area where Belize has had some success, but very likely not to the degree that major data sources would suggest.

Data on sanitation varies by source. The share of the population with access to improved sanitation facilities improved from 41% in 1995 to 64% in 2007, and about 70% in 2008.¹⁵⁸ Improved Sanitation is defined by the MDG Joint Monitoring Programme as a practice that hygienically separates human excreta from human contact. This can include connection to a public sewers, connection to septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines. Not considered as improved sanitation are service or bucket latrines (where excreta is manually removed), public latrines and open latrines. With respect to the data cited above, the definition was septic tanks or sewers.

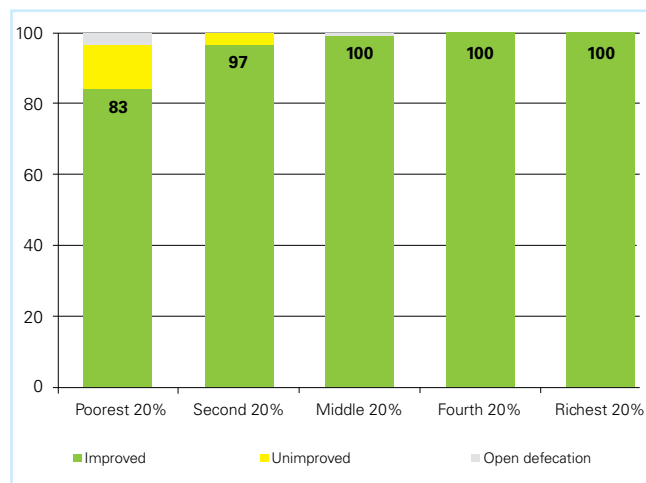
Again, according to the 2008 Labor Force Survey,¹⁵⁹ there is

an urban-rural divide – the improved sanitation is primarily in urban areas, with most of the 30% or so without improved sanitation in rural areas. As for improved water, MICS 2006 data are different: 93.7% of Belize has access to improved sanitation coverage. There is an urban-rural disparity – 80.9% of urban households have a flush toilet (sewer or septic tank), but only 33.1 percent of rural households have access to this kind of facility. In rural areas, most use pit latrines or less sanitary facilities. Access to improved sanitation is lowest in Toledo (almost 82% less likely to use improved sanitation), with 16.5 having no access and using the bush or field for disposal.

PAHO data for 2004¹⁶⁰ is closer to results from the MICS 2006: Access to safe drinking water 98.8% in urban areas; 95.4% in rural areas. 54.8% of all households had access to improved sanitation (sewer or septic tank); 65% rural households used pit latrines. In 2004, the country had no proper facilities for solid waste disposal; rural areas had no collection or disposal services; thus disposal of solid waste continues to present a problem, even as the level of waste increases.¹⁶¹ Tourism exacerbates sanitation problems.¹⁶²

Water and Sanitation in Schools. For children, water and sanitation problems have a detrimental affect on equity of access

Figure 19. Belize urban sanitation coverage by wealth quintiles, DHS 2006¹⁶³



¹⁵³UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁵⁴UNICEF and the Government of Belize. 2006. Belize Multiple Indicator Cluster Survey: Key Findings. UNICEF, with Government of Belize and Statistical Institute of Belize. Note that adjustments by the MDG Joint Monitoring Programme (see reference 136 below) report this as 99%.

¹⁵⁵UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁵⁶WHO and UNICEF. 2010. Progress on Sanitation and Drinking Water, 2010 Update. Geneva: World Health Organization.

¹⁵⁷UNICEF and the Government of Belize. 2006. Belize Multiple Indicator Cluster Survey: Key Findings. UNICEF, with Government of Belize and Statistical Institute of Belize.

¹⁵⁸UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP. Again, as for water, when adjusted by the MDG Joint Monitoring Programme, this figure rises to 90%.

¹⁵⁹UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

¹⁶⁰PAHO. 2007. Health in the Americas, Volume II: Countries. Washington, DC: Pan American Health Organization.

¹⁶¹Ministry of Health. November 2006. Health Agenda 2007-2011. Belmopan: Ministry of Health, Government of Belize.

¹⁶²Ibid.

¹⁶³MEASURE DHS Survey, 2006 Belize. GOB and US Agency for International Development.

Figure 20. Belize rural sanitation coverage by wealth quintiles, DHS 2006

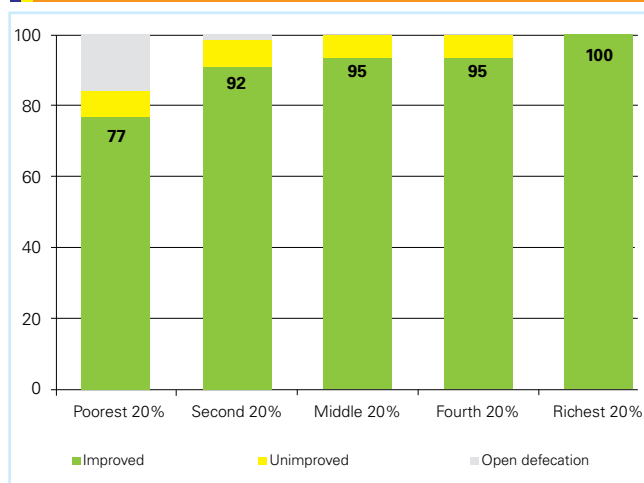
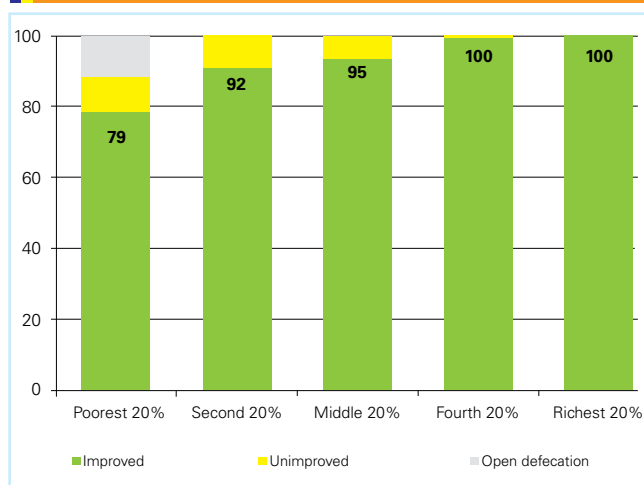


Figure 21. Belize national sanitation coverage by wealth quintiles, DHS 2006



to school and school performance. In addition to general household data on water and sanitation, there is the further issue of water and sanitation in schools, which directly affects equity of access and performance. A recent survey of 20 schools in Toledo and Stann Creek¹⁶⁴ showed the discrepancy between reporting access to improved water source and the reality of that access. Even though all schools in the survey had such access, 90% of the schools' water was untreated, and there was evidence that 27% was unfit for human consumption. 37% of the schools did not have sufficient water to meet hygiene needs, and 42% of the water sources were not reliable throughout the year. Water short-

ages occurred due to equipment challenges, cultural and even political reasons. Interestingly, the report found a substantial gap between schools reporting chlorinated water and actual evidence of chlorination. Information provided by the Rotary Club of Punta Gorda and Plenty Belize regarding the Graham Creek water project in Toledo indicates that many schools operate with hand pumps, rain collection, streams and rivers as sources because there is either no village system, the village system is not working, or is insufficient to supply the school. According to the most recent analyses of data from the 2009 assessment of water, sanitation and hygiene (WASH) in Belize schools,¹⁶⁵ conditions are still poor, particularly in rural and higher-poverty areas. Specifically:

- At 2.3% of schools (all in the rural areas), there is no access to water on school grounds. Moreover, 22.1% of school water sources are unreliable and in 17.8% of schools, the water is not fit for drinking. 43% of schools treat water for drinking on school grounds. Drinking water access is particularly challenging in the rural areas of the Stann Creek, Toledo and Belize districts.
- Most (88%) schools have clean water storage facilities. The remaining 12% of schools that have dirty and unacceptable water storage are all in the rural areas, spread throughout the six districts.
- At the national level, up to 70% of schools do not meet international recommended standards for quantity of facilities. It is particularly challenging for the urban schools. Toilet structure and fixtures are in need of major repair in many schools.
- Only 13% of schools nationwide have toilets that are constructed to accommodate children with physical disabilities. Many physically disabled students have to rely on their peers to assist them when they need to use the toilet. This can lead to embarrassment, students not using the facilities when they really need to and compromises to their independence.
- Approximately half of the schools in Belize meet standards typically used in Latin America for the number of students per handwashing point.
- According to the 2009 assessment data, soap is provided in 71.6% of schools nationally. Provision of

¹⁶⁴Chatterley C. 29 March 2011. WASH in Belize Schools: Returning to Learn from Successes, Challenges and Students. Prepared for the Ministry of Education and UNICEF.

¹⁶⁵Chatterley C. January 26, 2011. National Assessment of WASH in Schools – Belize. Prepared for the Ministry of Education, Belize.

soap and toilet paper is a challenge in both urban and rural areas, with urban schools being less likely to provide these items. However, based on the results of an in depth evaluation conducted in Toledo and Stan Creek, real provision of soap is less than reported and effective use is even less.

In general, water services are most in need of improvement in the rural areas of Stann Creek, Toledo, and Belize districts. The 2009 data, however, are a significant improvement from a WASH survey of rural primary schools in 2006, where only six schools (less than 9%) that complied with international standards for facilities. The improvement is the result of several efforts, including the Programme for Toledo Children and Adolescents (TOLCA).

Mental Health

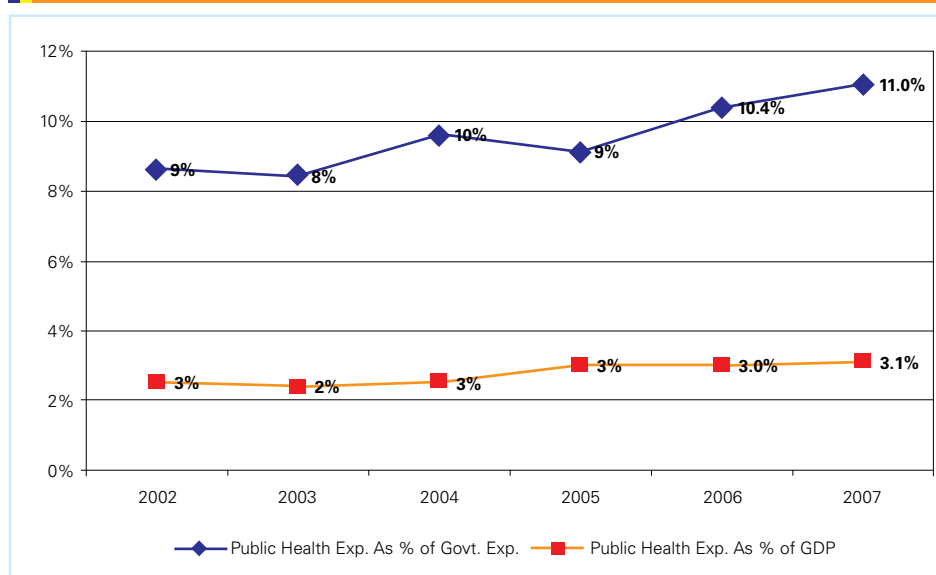
According to a recent WHO report,¹⁶⁶ Belize faces a number of challenges with respect to mental health. Although there are an estimated 25,000 adults affected by mental disorders (including substance abuse), only 49% of these individuals receive any form of treatment. Comparable data for children are difficult to find. In the past, mental health services in Belize have focused on institutional psychiatric care and care for the severely mentally disabled. The report acknowledges steady progress in changing this approach over a number of years, including several recent achievements: 1) Introduction of an outreach programme, the Psychiatric Nurse Practitioner

Community Mental Health Programme; 2) closing of Rockview Psychiatric Hospital and discharging some patients to family care (2008); 3) drafting and integration of a national mental health policy, and the conduct of a substance use survey (2005-2006), with the policy approved by the MOH in 2008; 4) establishment of new community services, at Western Regional Hospital, Karl Heusner Memorial Hospital, and at Port Loyola Mental Health Acute Day Hospital (2007-2008); 5) establishing a Mental Health Officer within the MOH (2007); 5) establishing mental health consumer groups in all districts; 6) development of mental health procedure manuals and treatment manuals (2007); and 7) integration of mental health data into the Belize Health Information System (2007).

B. Capacity of the Health Serving System

There have been gradual advances in the capacity of the Belize health care system, though it remains in need of increased capacity to provide services and prevention with equity. Health Services are currently provided by both public and private sectors. In 2003, a National Health Insurance (NHI) programme was established, and its implementation began in 2006 with a fund to support rollout in the southern part of the country. NHI procures services from both public and private sector health facilities, in the form of a package of primary health care services.¹⁶⁷ In 2009, there were in total 7 hospitals within public sector and 5 hospitals/large clinics within private sector, about the same distribution as in 2005 (one additional private hospital). In 2009, there were also 47

Figure 22. Health expenditure as % of GDP and government expenditure



¹⁶⁶WHO. 2009. Belize: Prioritizing Mental Health Services in the Community. Country Summary Series. Geneva: World health Organization, Department of Mental Health and Substance Abuse.

¹⁶⁷Belize MOH, October 2010. Health Statistics of Belize, 2005-2009. Table 4.3. Belmopan: MOH Epidemiology Unit.

health centers and 49 health posts, with the highest number in Belize district.¹⁶⁸ At the same time, the human resource capacity has actually decreased as a percentage of the population (per 10,000) from 2005-2009: for physicians the ratio dropped from 8.5/10,000 to 7.2; for nurses 15.1 to 14.1; dentists 0.5 to 0.4; community nursing aides 7.5 to 6.2; and social workers 1.6 to less than 0.2.¹⁶⁹

Health Budget

The health budget for the year 2009 appears as an increase of 45% compared to 2005. However, this does not represent an actual increase of that magnitude, but a re-allocation to the MOH of some funds previously under the Social Security Board.¹⁷⁰ Planned health expenditure in 2008/09 was Bz\$72.8 million (recurrent) and Bz\$13.4 million (capital). Figure 6.3 shows that health expenditures now account for around 11% of total government spending and just over 3% of GDP. Both proportions have increased significantly since 2003/04. The per capita equivalent is Bz\$275, around 3 times the value for 2003. It also represents a higher proportion of GDP expenditure than for Guatemala and Mexico but, somewhat counter-intuitively, is lower than the 3.9% spent in Honduras. The great majority of English-speaking Caribbean countries, however, spend proportionally more on health.¹⁷¹

One issue of concern: Around 60% of recurrent health care expenditure is spent on salaries and 20% on drugs. Consequently, capital expenditure is limited with a heavy dependence on foreign loans and grants.

In the public systems, health care is essentially provided free at point of service. It is funded almost entirely from government revenues with small user charges for consultations, treatment or drugs. The proportion of recurrent health expenditure generated by these charges is well under 5% - which does not mean that such charges do not cause problems for patients from poorer households, a point often made in the recent CPA Participatory Poverty Assessments (PPAs). Furthermore, in 2007, 45% of Belizean households reported that they would need to contribute to the cost of hospital treatment.¹⁷² In 2004, private health care expenditure was estimated to be around 1.5% of GDP, or two thirds the level of public expenditure; much of which came from spending by higher income groups on private health care services.

Utilization of Services

The table above displays expected differences in utilization and private insurance coverage by income quintile. The poorest quintile is less likely to seek medical assistance due to cost and access issues. In contrast, those in the higher quintiles are more likely to have health insurance and live in urban areas where health facilities are more accessible, and are more likely to seek assistance or be able to access services. Some credence is given to this view in that reasons for not visiting a health facility (other than because of lack of need) are almost twice as frequent for the lowest quintile than for the highest; the numbers, however, are small and it is difficult to draw a firm conclusion.

Table 9. Health and Poverty

Variable	Indicator	Population Quintiles					Rural	Urban	ALL
		1	2	3	4	5			
Visit to health facility in last year	% of pop.	32	37	42	43	52	36	45	41
Visited public facility		80	70	69	64	39	51	47	48
Visited private facility	% of those visiting	16	24	25	29	57	40	54	48
Were sick but did not visit*		10	6	5	7	6	7	6	6
Visited health facility in last month	% of pop.	11	13	14	13	15	11	15	13
Coverage of Health Insurance***	% having	3	4	7	8	19	4	12	8

* In the vast majority of cases, the reason given for not visiting a health facility was that they were not sick. Other reasons given, none of them by more than a few respondents, were: cost, absence /distance of services, poor quality, not enough time.

** These results almost certainly exclude membership of the National Health Insurance system and relate only to private health insurance.

¹⁶⁸Ibid, Table 4.2.

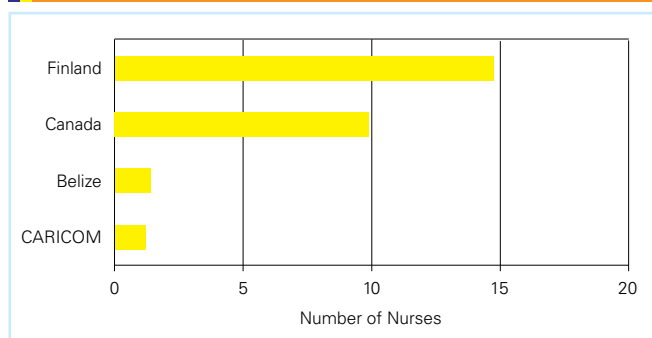
¹⁶⁹Ibid, Table 4.1.

¹⁷⁰Personal Communication, MOH Director, June 2, 2011.

¹⁷¹PAHO. 2008. Health Situation in the Americas: Basic Health Indicators. Accessed at http://www.paho.org/english/dd/ais/BI_2007_ENG.pdf. Worldwide data is available at <http://www.nationmaster.com/cat/hea-health&all=1> while expenditure relative to total government expenditure can be found at <http://hdrstats.undp.org/en/indicators/>

¹⁷²Belize ranks 8th best of 19 LAC countries for which data was available. See IDB, 2008, Beyond Facts: Understanding Quality of Life, IDB/ Harvard.

Figure 23. Number of primary care nurses per 1000 people in Belize compared to other countries



Health Care Capacity, Infrastructure, and Treatment

The situation is mixed in Belize with respect to health care capacity, infrastructure and treatment. The vaccine structure is good, with 30% provided by the private sector in Belize district¹⁷³ as part of insured coverage. The national vaccine programme has been monitoring vaccine-preventable diseases, and these types of diseases have not been the cause of death in children under 5 for 9 years.¹⁷⁴ Also notable on the positive side is the high prenatal care coverage (87%) and high skilled birth attendant rate (97%).

However, there is an acute shortage of primary care nurses, with a very low 1.4/1,000 population ratio, and only 0.2/1,000 in primary care. This is inadequate compared to industrialized countries (e.g., Canada at 9.9 per 1,000, Finland at 14.7/1,000), but at the same time on par with the CARICOM average of 1.2/1,000.¹⁷⁵

According to PAHO,¹⁷⁶ Belize has slowly gained health workforce density, but it is still an area that calls for increased capacity. In the 1990s, Belize was in 40th place in the Americas Region with respect to human resources for health (HRH), but had moved up to 29th place by the year 2000. In 2005, Belize had the 3rd lowest density of physicians in the region, but fared better concerning nurses. Clearly, the health workforce is drawing from outside sources – 30 nationalities and ethnic groups were represented in 2005, though Mestizo and Creoles comprised 61 percent of the total. As in many other areas, there are rural-urban disparities: 52% of Belizeans but only 13.6% of health providers live in rural areas. And as an indication of a training gap, only about half of the health

graduates from the University of Belize (UB) between 2003 and 2007 are working in the Belize health system. Only 34% of those entering UB health degree programmes between 2001-2005 completed the programme. The UB programme is not producing enough graduates to fill the need. The MOH, however, is participating in a PAHO/WHO Observatory of Human Resources Initiative to better plan for health-related human resources.

In terms of facilities, Belize currently has:¹⁷⁷ 8 public hospitals (including one mental health facility); 3 main private hospitals (with a few smaller facilities); 43 health centers with posts in most villages; 259 doctors; 499 nurses, 26 dentists; 41 pharmacists; 49 lab technicians; 204 certified nursing assistants (CNAs); and 39 public health inspectors (PHIs).

With respect to addressing HIV/AIDS,¹⁷⁸ a National AIDS Programme has been established in the MOH Epidemiology Unit, and this has included free access to ARVs, and condoms in public places. There is a National AIDS Commission created in 2000 from the previous National AIDS Task Force established in 1997. The GOB, with NGO and international partners, has begun to implement a National Strategic Plan on HIV/AIDS.¹⁷⁹ However, children with HIV are not the focus of this plan, so Hand in Hand Ministries together with UNICEF are trying to implement interventions addressing this population group. The National Committee on Families and Children (NCFC) also developed a 12-year National Plan of Action with six thematic areas – one of them focusing on children and adolescents vulnerable due to HIV/AIDS. By the end of 2009, there were 11 ARV treatment sites in Belize – two each in the southern, northern and western health regions and five sites in the central region. In the central region, one site is managed by Hand in hand Ministries and another is at the Belize Central prison, managed by the Kolbe Foundation.¹⁸⁰

One general capacity problem has been reliable data, including demographic as well as programme evaluation data, and the technical capability to analyze data. There is very little if any information available that would allow for a determination of programmes that are effective or “best practices.” While this remains a problem regarding social, health and juvenile justice programmes, the Ministry of Health has taken a forward-thinking approach to actual health data. A considerable amount of work has been done to improve health data via an on-line Belize Health Information System (BHIS) within the

¹⁷³UNDP Draft MDG Review 2010

¹⁷⁴Ibid.

¹⁷⁵Ibid.

¹⁷⁶PAHO. 2009. Human Resources for Health in Belize: A Status Report on the HRH Core Data Set and Regional Baseline Indicators Project. Washington, DC: Pan American Health Organization.

¹⁷⁷Ministry of Health, August 17, 2009. Belize Health Information System. Presentation.

¹⁷⁸Draft MDG Review 2010

¹⁷⁹National AIDS Commission. 2006. Responding to HIV/AIDS in Belize: Strategic Plan for a Multi-Sectoral Response to HIV/AIDS in Belize 2006-2011.

¹⁸⁰UNGASS Country Progress Report, Belize. March 31, 2010. National AIDS Commission and UNAIDS.

MOH. This was developed with assistance from Accesstec Inc., a Canadian consulting company. BHIS development used the strengths of the already existing National Health Information System along with ACSiS (Accesstec Capacity Strengthening Information System) to build an even more effective, confidential and secure system by utilizing newer technologies available to software developers and process improvement companies. The BHIS collects data from the various sectors of the Ministry of Health and acts as a central repository for the critical information that flows in and out of the Ministry of Health. The BHIS is unique in integrating the entire health sector of Belize effectively destroying the gaps that are existing between many “stand alone health applications” that are not comprehensive enough to incorporate all the various components of a health care system. To date, modules of the Belize Health Information System have been installed and are functioning in fifteen facilities throughout Belize. The modules and facilities that are currently active are:

- Modules: Admission and Discharge and Transfer module; Clinician Order Entry module; Laboratory module.
- Facilities: Corozal Community Hospital; Northern Regional Hospital; KMHM; Cleopatra White Poly Clinic II; Matron Roberts Poly Clinic II; San Pedro Poly Clinic II; Port Loyola Health Centre; Central Laboratory; Central Medical Supplies; Western Regional Hospital; San Ignacio Community Hospital; Southern Regional Hospital; Punta Gorda Community Hospital; Central Region Headquarters (administration); Ministry of Health Headquarters (administration).

Presently, the following two modules of the BHIS are being implemented: Supply Chain Management and Pharmacy. Two additional modules remain in the pipeline for implementation in the near future: Public Health, and Human Resources.¹⁸¹

As of 2009, the BHIS was implemented at all voluntary counselling and testing (VCT) sites in Belize, public hospitals, the national prison, and at NGO-managed care providers.¹⁸² In 2009, the MOH initiated a process of utilizing the BHIS to identify the highest risk populations for HIV/AIDS.

Summary of Contributing Factors for Health Risk

While Belize has scored some successes in the domain of health, these appear to be concentrated largely in MDG-spe-

cific areas for which global funding and partnerships are available and undertaken. With respect to other health concerns, the record is mixed, and these areas are also vital for early child development as well as continued well-being through adolescence. Several underlying factors emerge as key:

- *Factor One – Poverty and Regional/Ethnic Disparities:* Access to many health services and health infrastructure is far more limited in Toledo and other more rural, high-poverty regions. It is also the case that knowledge levels in some of these areas with respect to HIV/AIDS and related risks are lower. Involvement in programme development does not appear to be equitable, and the national capability to address health issues in a way that incorporates cultural/regional differences is not strong.
- *Factor Two – Multiple Infrastructure and Capacity Problems:* The national capacity to train health care professionals is limited, and this is one factor affecting the availability of such personnel in rural areas, and it is also a factor that leads to dependence upon foreign (Cuban and other) health care workers to come to Belize, which in itself may be hampered by funds, cultural differences, high rotation of staff and greater demand for monitoring and evaluation of the quality of health services. A notable infrastructure lack relates to transportation. Road accidents are a major cause of mortality, yet the quality of the roads in Belize is low, and the enforcement of safety regulations or vehicle operator training is minimal. At the same time, there are numerous policies and plans regarding a range of issues, but a poor implementation rate, in part due to the gap in capacity. With respect to water and sanitation, both infrastructure and knowledge about sanitation/hygiene are problematic. On the positive side, there is certainly evidence (e.g., the vaccine programme) that when resources and attention are devoted to specific health-related issues, they can be overcome.
- *Factor Three – HIV/AIDS Risk and Key Contributing Factors:* The record strongly suggests that the high HIV prevalence in Belize is a result of at least five major issues: 1) Commercial sex or sex-for-resources that are concentrated in tourist areas and areas where there is a flow of migrant labor; 2) a complex and political configuration of schools, limiting the broad availability of prevention programming and in-

¹⁸¹For information: See the Belize Health Information System Documentary: <http://www.paho.org/Video/belize.aspx>, and a link to the Belize Health Information System Brochure: Belize Health Information System Brochure.

¹⁸²UNGASS 2010.

formation throughout Belize; 3) concentrations of poverty and multiple risk in urban areas, such that family and community social capital is fragmented, and the need for money or resources motivates exchange of sex for such resources; 4) gender inequity which takes different forms depending upon the region, cultural group and socioeconomic circumstances; and 5) stigma and discrimination against HIV/AIDS victims, even by health care professionals, which is a barrier to testing and treatment.

- *Factor Four – A Lack of Programmes/Initiatives Related to Emerging Lifestyle Diseases:* Across several age categories, diabetes and cardiovascular disease are leading causes of mortality – taking over from many of the traditional infectious diseases such as malaria, TB, and even dengue. These emerging diseases are all related to a cluster of risk factors connected to diet, exercise and living environment, yet there are few efforts at this point to address them.
- *Factor Five – Lack of Data and Planning:* There is a general lack of data or evidence-driven planning in some areas, including with respect to HIV/AIDS education and prevention, and youth violence/gang prevention. There is simply not enough available capacity within the GOB or at the University of Belize to provide a reserve of trained personnel.

CHAPTER 6

Education Status and Equity



Improved health status and health-serving capacity supports positive change in protection, participation, education, economic opportunity, and poverty.

EDUCATION STATUS AND EQUITY

In this section, current status of education for children and women is outlined, together with the capacity of the system to ensure access to and equity of educational opportunity. Access to and support for children's educational success is a clear precursor to the attainment of multiple rights and MDGs. Article 25 of the Education Act states: "the education system shall ensure equitable access for both genders to education at all levels, shall be sensitive to the particular needs of the female gender, and shall cater to the special needs of challenged pupils. Schools shall be free of gender, racial and other biases, and shall be managed in such a way that all students shall, as far as may be applicable, co-exist as peacefully and harmoniously as possible"¹⁸³. In keeping with a key theme throughout this Situation Analysis, increased investment in education supports positive changes in other domains, including participation, gender equity at multiple levels, and health. While Belize's HDI life expectancy ranking of 44 is better than many of its neighboring countries, the HDI education index ranking of 126 makes it lowest of several regional countries except for Guatemala. The recent poverty assessment also identified its adult literacy rate as "one of the lowest in the Americas," despite the fact that combined primary, secondary, and tertiary enrollment was among the region's highest.¹⁸⁴

A. Status of Education

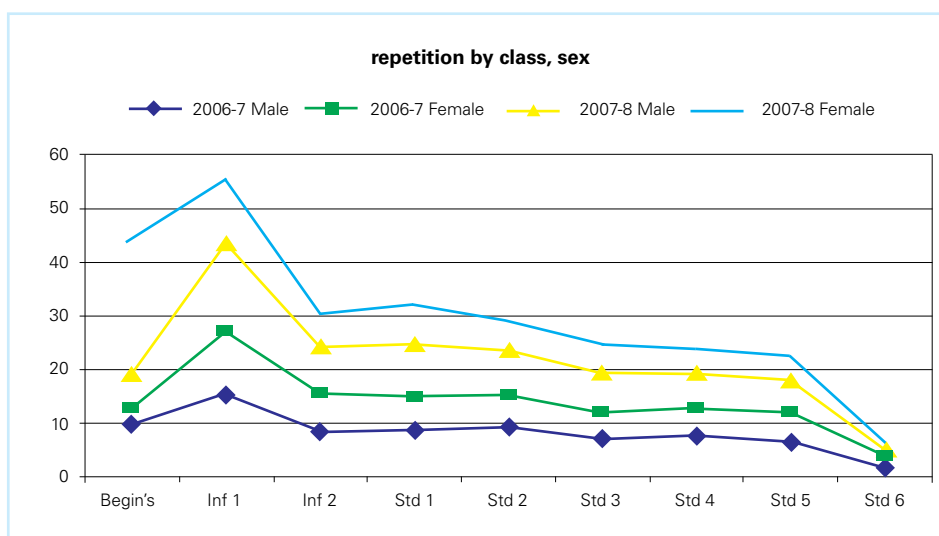
Before proceeding with this section, it is important to note that the data reviewed presents some issues that affect interpretation. Some data sets refer to school enrollment, while others – including MICS data – refer to reported attendance. In addition, data from the Ministry of Education are not collected at the level of child or student, but by school or district, which may result in inconsistencies.

Gender Equity in School Enrollment

Cumulatively, the data do not show gender differences amongst Belize's total student population. However, there were substantial differences based on level of school and/or district, as well as among the teaching population.

- **Preschool:** There are more girls than boys except in Cayo and Toledo; this suggests girls are sent to school at an earlier age.
- **Primary:** There are more boys than girls attending primary school in every district.
- **Secondary/post-Secondary:** There are more girls, except for Toledo at the secondary level, which points out to an important gender issue in transition – currently, girls are more successful than boys in transitioning to secondary and higher education.

Figure 24. Grade repetition by class and sex



¹⁸³UNESCO World Data on Education 2010-11; Belize Profile. Paris: UNESCO.

¹⁸⁴CPA 2010

- **Teachers:** There were more women than men throughout the entire education system. This was especially evident at- and below- secondary level, with Stann Creek and Toledo being the only districts having more male than female teachers.

There are several possible explanations for the mixed gender disparities in education. One set of factors is cultural and social: Girls are sent to school early when preschool programmes are available because they are culturally viewed as more school-ready, while boys at that age are more engaged in physical play and outside activities. Most pre-school teachers are also female. At the primary school level, attendance is compulsory, so the ratio of boys to girls bounces back, and underlying issues of access and culture may factor in to the higher ratio of boys. In secondary school, the dropout rate for boys (see below) is much higher – for multiple reasons that may include inappropriate classroom environments, a curriculum that is not appealing, cost, being drawn off for work (especially in agricultural areas), lack of home support, and competing opportunities “on the street.” At the tertiary level, one factor may simply be that the available course and degree offerings skew towards occupations that remain traditionally female (teachers, nursing, etc.).

Enrollment by Level and Grade Repetition

Grade repetition from “beginners” through “Standard 6” is not high (Figure 24). Although there were increases between the periods 2006-7 and 2007-8, the profile remained similar, i.e. there was a peak at Infant 1, followed by consistent decline across class-level. The scenario at Infant 1 appeared not to be confined to any specific district.

The early patterns of repetition seemed more related to decisions of attendance, than measures of performance; however, high Standard 6 repetitions in the Stann Creek and Toledo districts could reflect, among other issues, variations in school performance, limited performance, access, and/or resources.

School enrollment and attainment were analyzed relative to poverty measures within Belize’s recently conducted poverty assessment.¹⁸⁵ That study highlighted the fact that virtually all 5-12 year old children (primary level) were enrolled regardless of quintile or location. However, the situation was different for both pre-school and secondary age groups. In each, the poorer enrollment levels were more evident amongst the two (2) lower quintiles i.e. the poor population, and in rural areas (Table 10).

Among factors for consideration, however, is the relative value placed on early education and/or perceived readiness, appropriateness, and need; which may differ according to e.g. age of child, ethnicity/cultural group, parents’ education, and area of residence (this latter likely correlated to other variables).

The CPA also expressed concern with the estimated 28% of 13-16 year olds identified as attending school, but who were actually receiving primary rather than secondary level education; a proportion that is even higher in Stann Creek (43%) and Toledo (38%). When those not attending school at all are taken into account, such figures suggest less than one-half the age group is currently attending secondary school, though some could attend when older.

Ministry of Education data show that although overall transition rates declined marginally from the 2007-8 to 2008-9 school years (Table 11), the main districts evidencing such decreases were Stann Creek, Orange Walk and Corozal; in contrast, those for Toledo and Belize actually increased across the same period.

The CPA also identified high school and university enrollment as heavily biased against the two poorest quintiles, with this group accounting for no more than 16% of high school students and 11% of university students. The situation was reported to be much more even for vocational education (43% from the bottom quintiles). Overall, only 23% of 17-18 year olds attend high school/vocational schools compared with

Table 10. School enrollment by age, quintile and urban/rural

Age Group	Indicator	Population Quintiles					Rural	Urban	ALL
		1	2	3	4	5			
3-4 years (pre-school)	% age group attending school	25	36	37	60	51	30	50	40
5-12 years (primary)		95	97	98	99	98	96	98	97
13-16 years (secondary)		63	70	81	82	93	65	88	75

Source: CPA, 2010

¹⁸⁵CPA 2010.

about 80% in the upper 2 quintiles.

At primary and secondary levels, 20-25% of students had missed school during the previous month; this was due to illness in two-thirds of the cases. Although there was no consistent relationship between such proportions and quintile, the CPA again identified poverty-related reasons (e.g. truancy, lack of money/uniform, home duties and work) to be somewhat important, accounting for 14% of stated reasons for missing school amongst indigent households, i.e. the lowest quintile. Average number of days missed per month was approximately three (3), or less than one per week. Importantly, the CPA's qualitative component, the Participatory Poverty Assessments (PPAs) revealed that need for children to work or undertake home duties is often manifested more by late arrival, and sleeping and/or inattentiveness during classes, than in an absence from school.

Literacy and Gender Equity

The MICS (2006) reported that 90% of women aged 15 to 24 years were literate, with no major variations by area of residence or language. There were differences by age sub-category. However, literacy levels were higher among the younger cohort (15-19 years) than the older 20-24 year range (92.7%, 85.3 respectively), which may reflect recent trends towards increased female educational participation together with the (traditional) movement of young adult women into household roles. There were also socio-economic status differences, with lower literacy levels amongst the three poorer quintiles than the two wealthier ones.

Table 11. School enrollment and transition, by district and gender

District and Sex	Standard 6								New Entrants Form 1 & Prep		Transition Rate	
	Enrolment 2006-07	Enrolment 2007-08	Repeaters 2006-07	Repeaters 2007-08	Dropouts 2006-07	Dropouts 2007-08	Graduates 2006-07	Graduates 2007-08	2007-08	2008-09	2007-08	2008-09
Belize	1,842	1,843	8	5	20	26	1,814	1,812	1,671	1,724	92.1%	95.1%
Male	874	927	2	3	14	12	858	912	799	841	93.1%	92.2%
Female	968	916	6	2	6	14	956	900	872	883	91.2%	98.1%
Cayo	1,413	1,608	12	10	25	36	1,376	1,562	1,239	1,325	90.0%	84.8%
Male	736	798	4	7	15	16	717	775	652	645	90.9%	83.2%
Female	677	810	8	3	10	20	659	787	587	680	89.1%	86.4%
Corozal	817	823	24	14	19	28	774	781	603	582	77.9%	74.5%
Male	411	401	14	7	14	18	383	376	306	293	79.9%	77.9%
Female	406	422	10	7	5	10	391	405	297	289	76.0%	71.4%
Orange Walk	801	851	21	13	29	28	751	810	592	576	78.8%	71.1%
Male	408	425	10	7	12	16	386	402	297	294	76.9%	73.1%
Female	393	426	11	6	17	12	365	408	295	282	80.8%	69.1%
Stann Creek	790	825	27	25	11	14	752	786	670	628	81.9%	79.9%
Male	384	413	11	11	7	5	366	397	333	298	91.0%	75.1%
Female	406	412	16	14	4	9	386	389	337	330	87.3%	84.8%
Toledo	635	571	27	16	14	30	594	525	452	481	76.1%	91.6%
Male	295	307	10	9	8	14	277	284	224	258	80.9%	90.8%
Female	340	264	17	7	6	16	317	241	228	223	71.9%	92.5%
Total	6,298	6,521	119	83	118	162	6,061	6,276	5,227	5,316	86.2%	84.7%
Male	3,108	3,271	51	44	70	81	2,987	3,146	2,611	2,629	87.4%	83.6%
Female	3,190	3,250	68	39	48	81	3,074	3,130	2,616	2,687	85.1%	85.8%

Source: MOE Abstracts, 2008-9

Education through the Life Cycle

Early Childhood Education

Preschool years feature substantial and rapid brain development, providing the cognitive capacity that enables children to receive formal education. Preschool combines features of the home environment with that of formal educational instruction. Thereafter, there are transitional years comprising linkages between pre-school and primary education. The MoE officially considers early childhood to comprise the period from birth to eight years of age, and recognizes the foundational importance of early childhood education to future development, school performance, economic/job prospects, and other domains.

Home environment related to education. Among factors indicating adequacy of the home environment for school preparation are the presence of books in general, presence of children's books, presence of toys, adults engaging in activities with the child, and general conditions of child care. The MICS (2006) found that an estimated 71.4% of children lived in homes containing 3 or more non-children's books, but only 56.7% lived in homes with 3 or more children's books. Presence of books at home was found to be generally low, the respective medians being 10, 4 books. Toys were also limited in number, with only 1 of 4 of these under-fives having 3 or more toys at home; 5.7% had none. For 85.3% of the under-fives assessed in 2006, an adult household member reportedly engaged in at least 4 activities promoting learning and school readiness during the 3 days preceding the survey, for an average number of 5.1 such activities. The largest proportion of such adult-child activities was in Stann Creek (94.8%), and the smallest proportion in Toledo (69.3%). The survey found that relatively few children were left unsupervised and/or in the care of an older child during the reference week.

Attendance at early Childhood Programmes and Facilities. The MICS 2006 reported less than one-third (30.7%) children aged 36-59 months in Belize to be attending an organized, early childhood education programme,¹⁸⁶ e.g. kindergarten or community childcare. It also reported urban-rural and regional differentials as significant: 43.7% urban and 20.7% rural, respectively. Among children of this age, pre-school attendance was most prevalent in Corozal (50.0%) and Belize (46.7%), and least in Toledo where only 17.1% attended pre-school.

Yet, the comparative distribution of pre-school facilities has changed towards more equitable representation in Toledo in 2008 than in 2003, and with proportionately fewer pre-schools in Belize district (Table 12), somewhat adjusting an earlier, much-referenced inequity. This responds at least in part, to the MoE's increased attention to early childhood education under the 2005-2010 Action Plan. It also corresponds with the CPA's finding of a poverty decrease in Toledo.

Table 12. Comparative population and pre-school facilities' distributions by districts (2003 and 2008)

	2003				2008			
	Population		Pre-schools		Population		Pre-schools	
	N	%	N	%	N	%	N	%
Belize	81.4	29.74	44	43.14	96.6	29.99	54	29.67
Cayo	61.0	22.29	19	18.63	77.0	23.91	32	17.58
Corozal	34.6	12.64	15	14.71	36.8	11.43	29	15.93
Orange Walk	42.8	15.64	9	8.82	48.3	15.00	20	10.99
Stann Creek	27.9	10.19	11	10.78	33.3	10.34	27	14.84
Toledo	26.0	9.50	4	3.92	30.1	9.34	20	10.99
TOTAL	273.7	100.00	102	100.00	322.1	100.00	182	100.00

Primary Education

Primary education is compulsory; the eight-year programme is divided into infant grades (I-II) and junior grades (III to VIII or Standards I to VI). Completion is marked by a nationally administered examination determining access to secondary school.¹⁸⁷ Almost complete enrollment has been reported, i.e. a gross enrollment rate of 95.1% (number of children enrolled in primary schools institutions as a proportion of the total 5-12 year old population) and a net enrollment rate of 83.7% (proportion of primary school aged children 5-12 years old who are actually enrolled in the primary school system). However, the average 2007-8 repetition rate¹⁸⁸ (the proportion of primary school students enrolled in a given year who repeat the same grade in which they were enrolled in the previous school year) has been estimated at 7.2%; higher for males (8.4%) than females (6.0%). The average dropout rate over the same period is much lower, at 0.9%.

Key examination results (Table 13) highlight: (a) overall improved pass-grades from 2007 to 2008; (b) the relative excellence of Orange Walk and Corozal; (c) marked improvements in Toledo; and (d) better recent performance in urban than

¹⁸⁶MOE Abstracts report preschool (3-4 yrs) net and gross enrollment rates at 33.7 and 35.3 percents respectively

¹⁸⁷UNESCO World Data on Education 2010-11; Belize Profile. Paris: UNESCO.

¹⁸⁸MOE Statistics Abstracts

rural schools, except in the south.

Transition rates from primary Standard 6 to secondary school vary by district. The 2008-9 figures indicated highest rates to be for Belize City (95.1%) and Toledo (91.6%), and lowest for Orange Walk (71.1%) and Corozal (74.5%) – a different pattern from the 2007-8 school year where Toledo recorded the lowest transition rate. Importantly, Toledo was also the only district recording a decrease in primary level enrollment figures from the 2006-7 to 2007-8 school years. These figures speak to the wide range of factors that appear to influence transition from primary to secondary education levels, only one of which is performance. Others include cost, transportation (particularly in rural areas), gender roles, classroom dynamics, school materials and quality, and motivation – the perceived relevance of what is learned in school to potential economic and social opportunities.

Table 13. Student performance in PSE by district and location (2008)

District and Location	Average of English, Math, Science and Social Studies Scores					
	51-75		76-100		Total (51-100)	
	2007	2008	2007	2008	2007	2008
Belize	51.7	57.6	13.1	19.7	64.8	77.3
Urban	52.1	56.6	13.1	19.7	65.2	76.3
Rural	50.0	61.6	6.6	8.8	56.6	70.4
Cayo	58.4	57.1	58.4	7.8	66.2	73.6
Urban	66.3	58.9	66.3	11.2	77.5	80.0
Rural	50.4	55.1	50.4	4.1	54.5	66.4
Corozal	59.8	65.9	59.8	8.4	68.2	81.3
Urban	59.2	61.9	59.2	17.9	77.1	84.9
Rural	60.0	67.8	60.0	4.7	64.7	79.7
Orange Walk	63.9	64.3	63.9	9.5	73.4	86.2
Urban	64.6	59.6	64.6	16.5	81.1	92.6
Rural	63.4	67.6	63.4	4.9	68.3	81.6
Stann Creek	54.9	67.6	54.9	4.0	58.9	74.9
Urban	60.2	62.5	60.2	5.3	65.5	71.7
Rural	52.7	70.0	52.7	3.4	56.1	76.4
Toledo	55.7	67.0	55.7	3.5	59.2	78.5
Urban	59.7	56.5	59.7	7.0	66.7	76.5
Rural	54.6	69.7	54.6	2.5	57.1	79.0
Total	56.7	61.5	56.7	8.3	65.0	77.2
Urban	58.3	58.4	58.3	12.5	70.8	79.3
Rural	55.1	64.7	55.1	4.3	59.4	75.1

Compiled from MOE Abstracts: 2008-9

Secondary Education

There is a substantial decline in levels of enrollment and sustained attendance through secondary school in Belize, when compared to primary school. Of importance, this is even more salient for boys. With a net enrollment rate of 40.7%¹⁸⁹ (percentage of secondary school aged children 13-16 years old) who are enrolled in the secondary education system), and gross enrollment rate of 53.0%, (total number of students enrolled in secondary schools as a proportion of the total 13-16 year old population), there is a clear indication of an important decline in adolescents' representation within the formal educational system. Further, girls are more likely to be among those remaining within the system (net enrollment: males = 37.4%, and females = 44.1%; gross enrolment: males = 49.8% and females = 56.4%).

These data are further supported by repetition and dropout rates for 2007/8, which show 7.7% repeating and 10.5% dropping out of the system; these again being more likely to be males than females (8.9% vs. 6.7%; and 12.5% vs. 8.6% respectively). In a 2008 workshop sponsored by the Ministry of Education and UNICEF¹⁹⁰ there was a consensus that grade repetition, low transition to secondary school and dropping out were serious issues for youth from low socioeconomic backgrounds, dysfunctional family backgrounds, and single or no-parent households, with unique issues for migrant youth (lack of familiarity with education system, language). Again, for boys it is likely that there are issues of cost, low bonding or attachment to school because of low support from home environments (few resources at home, parents with low education and knowledge about school, parents not available), a disciplinary atmosphere in classrooms that is not flexible or conducive to learning, and more immediate possibilities for income (legal and illegal) for which school may not seem relevant.¹⁹¹ In urban areas such as Southside Belize City, some of these external opportunities are in the drug trade – which is linked to other illegal activities, violence, substance use, and other risks.

Tertiary Education (Colleges, Universities)

Higher education refers to all post-secondary education within the formal education structure, culminating in the award of certificates, diplomas and degrees. That includes sixth-form establishments (junior colleges) that offer 2 years schooling leading to award of an associate degree, and institutions for professional training in, for example, agriculture, nursing, and

¹⁸⁹MOE Statistics Abstracts

¹⁹⁰"Making Education Work for Our Boys." May 14-15, Radisson Fort George Hotel. Workshop sponsored by the Belize Ministry of Education and UNICEF.

¹⁹¹See Gayle, Herbert and Nelma Mortis (2010). Male Social Participation and Violence in Urban Belize.

teaching, as well as at the University of Belize (UB).¹⁹² The UB is the only (quasi-public) education institution offering Bachelor's degrees (also certificates, diplomas, associate degrees); nevertheless, articulation of programmes between junior colleges offering Associate's degrees and UB first degrees remains an unresolved issue.

The Ministry of Education reports on nine (9) Junior Colleges: Corozal, Centro Escolar Mexico, Belize Adventist, Muffles, St. John's, San Pedro, Wesley, Sacred Heart, and Ecumenical, within which there was total enrolment of 3,391 in 2008-9, and 2,738 in 2007-8. Female enrollment surpassed that for males in all except one (Centro Escolar Mexico), sometimes being as high as twice the rate. Total enrollment figures for Junior Colleges climbed steadily since school year 2000-1.

The presence of junior colleges in almost all districts has increased access to post-secondary education, yet there is significant duplication of programmes due to a "provider's mentality" at the tertiary level.¹⁹³ Such duplication is said to fail in adequately reflecting responsiveness to needs and economic demands, as well as result in waste, given higher unit costs vis-à-vis primary and secondary level education. There

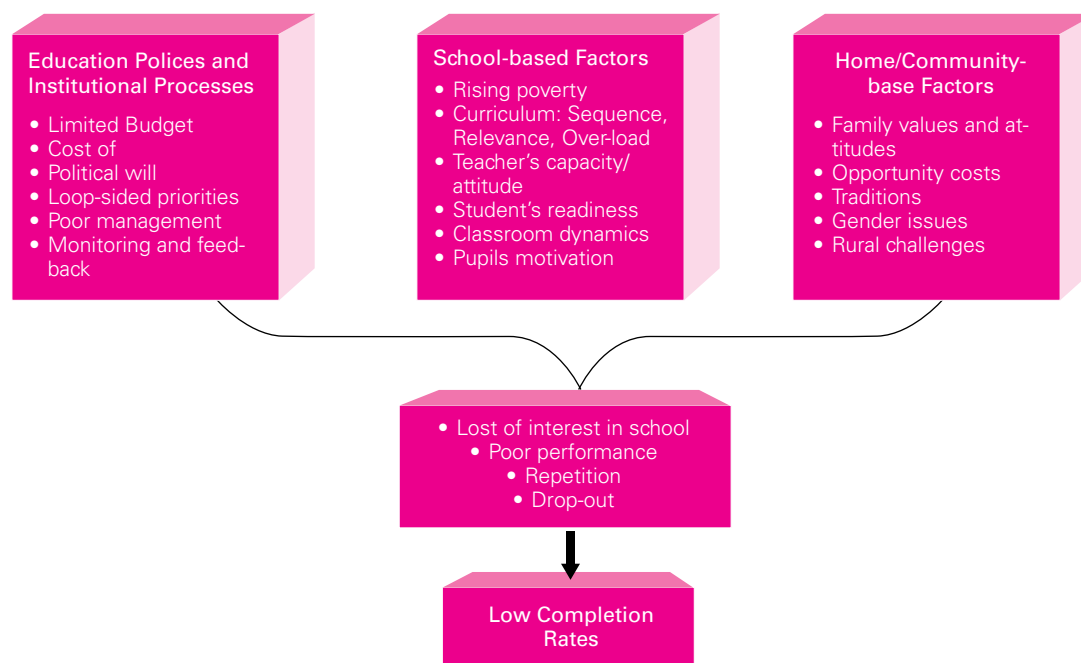
are also under-subscribed and under-resourced programmes in some schools. The less relevant tertiary programmes are with respect to economic need, the less attractive enrollment and completion will be.

General Issues: Dropping Out and Completion

In 2005, the Ministry of Education's Quality Assurance and Development Services (QADS) posited several factors as affecting completion in the Belize educational system, with intervening loss of interest in school, poor performance, repetition, and dropout. These factors can be grouped under three (3) broader categories: (a) education policies and institutional processes; (b) school-based; and (c) home/community-based. The evidence supports these elements as influencing completion, all taken into account in developing an Action Plan for 2005 to 2010¹⁹⁴ which included recognition of a strengthened Early Childhood Development programme as the locus of readiness for future educational success (Figure 25).

Nonetheless, few qualitative investigations have further probed functioning, decision-making and/or interrelationships of these diverse elements, especially as they pertain to the

Figure 25. MOE summary review of factors affecting completion in the education system¹⁹⁵



¹⁹² UNESCO World Data on Education, 2010-11, Belize Profile. Paris: UNESCO.

¹⁹³ Belize Medium-Term Strategy, 2010.

¹⁹⁴ MOEYSC_ QADS: Hemispheric Project for the Preparation of Policies and Strategies for the Prevention of School Failure, Belize Report, June 2005

¹⁹⁵ Source: MOEYSC - June 2005. QADS: Hemispheric Project for the Preparation of Policies and Strategies for the Prevention of School Failure, Belize Report.

more deep-seated and complex school, home, and community-based factors.

One study examining dreams, hopes and aspirations of regional children 10-14 years of age, including Belizeans, highlighted other factors that could be examined further for their respective or collective impacts on school completion, such as suspension/expulsion for fighting or pregnancy, peer pressure, drugs, and home problems.¹⁹⁶ These were among the factors resulting in children being out of school at an early age, or identified by them as making realization of goals impossible.

The QADS report also identified “classroom dynamics” as being an important element. Findings from the above-mentioned study suggest such impact could be substantial, key factors including e.g. less than favorable teacher: pupil relationships within which adolescents sometimes claimed a loss of rights, including their voice. Interestingly, out-of-school children in that study highlighted some of the harsh, negative outcomes they experienced from standing up for such rights. At the same time, the school environment was also found to be important and mostly satisfying for those who were in school, in part for the learning and cultural immersions afforded them. Those no longer in school longed to return.

Disciplinary practices appear to be a problematic classroom dynamic issue. There is no law against corporal punishment for children under 16 years, including in the primary education system, and there have been reports of significant abuses in school and at home, including lashings, being hit and/or stoned over the body, and of rape.¹⁹⁷ There are also gaps in school safety as well as discipline. In a news release of February 23, 2010, the GOB announced formation of a Task Force for identifying alternative student discipline approaches, with specific responsibilities to: identify, recommend and devise a plan for the introduction of alternatives to corporal punishment for achieving discipline in our schools, and to develop self-disciplined citizens. Comprised of a wide representation of stakeholders in education including parents, the Ministry of Education, general managers, principals, the Belize National Teachers’ Union (BNTU), the National Committee for Families and Children (NCFC), and the National Organization for the Prevention of Child Abuse and Neglect (NOPCAN), the Task

Force was mandated to provide (a) recommendations on best policies, practices, approaches and strategies for alternative forms of student discipline that are aligned with the Quality Schools Framework and Initiative; and (b) a Plan of Action outlining the implementation of such practices, approaches and policies. As a result, the Ministry of Education recently announced that corporal punishment will be phased out of schools by September 2011.

Among home and community factors identified by the QADS report as impacting children’s completion were “rural challenges.” Here, distance from school and limited availability of affordable transportation would undoubtedly be included, and likely of greater importance in some districts than others. Examination of virtually all enrollment and success figures highlights urban/rural disparities. Other potentially important confounding factors include agrarian economies, financial burdens to families from children staying in school, and cultural norms. A previous study found that 75% of children engaged in economic activities resided in rural districts, with a disparate 30% being in Toledo.¹⁹⁸ Countrywide, boys were increasingly more likely than girls to be so engaged, a pattern that increased with age. More than one-half (53%) attended school. Mestizo children were however, less likely than their Creole or Maya counterparts to attend school (39, 61, 70 percents respectively), possibly due to peak-season agricultural activities such as with sugarcane vis-à-vis subsistence farming engaged in by Maya families. However, children in the latter households were also likely to be exposed to seasonal variations in intensity of work.¹⁹⁹

Home and community environs of some adolescents exposed them to tension, hostilities, and occasional elements of crime and violence that impacted normative functioning. These factors were more often mentioned in low-income urban areas such as Belize City,²⁰⁰ and exacerbated for children working on the streets.²⁰¹ For these and other reasons including families’ financial constraints, many adolescents regarded it normative to go out on their own at what appeared to be an early age.

One recent study²⁰² recounted teachers’ suggestions for improving school performance, including the following: *Government taking increased responsibility for children’s education*

¹⁹⁶Chambers, C.M. October 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10 to 14 years: Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Final report submitted to United Nations Children’s Fund, Belize office, October 2009.

¹⁹⁷Channel 5 News; Corporal punishment of children: still an issue. June 2005; (b) Connolley, Anne. The education gap in Belize. Within Reach magazine, December 2006, Vol. 5, issue 1. www.within-reach.net

¹⁹⁸Arnold-Talbert, Elizabeth and Leticia Constanza-Vega. 2003. National Report on the Results of the Child Activity Survey in Belize. Prepared for the Statistical Information and Monitoring Programme on Child Labor (SIMPOC) and the central Statistical Office, Government of Belize, 2003, International Labour Organization.

¹⁹⁹Young, Roy. 2003. Qualitative Analysis of Child Work in Belize. Prepared for the Statistical Information and Monitoring Programme on Child Labour (SIMPOC) and the Central Statistical Office, Government of Belize, International Labour Organization

²⁰⁰Chambers, C.M. October 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10 to 14 years: Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Final report submitted to United Nations Children’s Fund, Belize Office.

²⁰¹Young, Roy. 2003. Qualitative Analysis of Child Work in Belize. Prepared for the Statistical Information and Monitoring Programme on Child Labour (SIMPOC) and the Central Statistical Office, Government of Belize, International Labour Organization

²⁰²Gayle, Herbert and Nelma Mortis. 2010. Male Social Participation and Violence in Urban Belize.

Figure 26. Boys who are not successful in the education system

Ethnicity	Region
• Garifuna • Mestizo • Creole • Mennonites in agricultural areas • Immigrant children • All ethnic groups	• Belize district • Southside Belize City • Belize City pockets • Stann Creek district • Dangriga • Dangriga Bakatown area
Socioeconomic background	• Toledo district • Punta Gorda • Orange Walk district • Orange Walk Town
Domicile/Household/Parents	• Cayo district • Belmopan • Benque • Corozal district • Urban centres • Areas in agricultural sectors • Cayes • Countrywide

Adapted from: Lindo, Dianne. Making Education Work for our boys. Report on Workshop "Making Education Work for Our Boys" organized by the Ministry of Education with support from UNICEF, May 2008.

across their school years, rather than only at primary level; ensuring more equitable salary grants and subventions; maintaining a single standard for students; institutionalizing school feeding at secondary level; broadening institutional relationships with parents; better sharing power of relationships between state and church; reviewing selection criteria applied to administrators; providing disciplinary options; seeking to reduce incidence of crowded classrooms; increased use of technology; increased proportion of trained teachers; encourage parent education; expand guidance counseling facilities to include primary schools; engaging increased social support from parents so able to provide; and expanding extra curricular activities.

As continuously suggested, boys may be more susceptible than girls. This was reiterated in a UNICEF-supported workshop for which key issues are summarized in the figure below:

Unfortunately, even with such insights, it appears that far too little is known about the full range of reasons and decision-making factors pertaining to why children and/or adolescents

do or do not remain in school, and the resulting impacts of such actions. With the relatively high non-continuation of educational pursuits, increasing levels of societal crime and violence, and limited opportunities for gainful employment, much more needs to be understood regarding the challenges to retention and success within the education system.

Poor test performance and dropping out. Figures show (Figures 27 and 28) that the "higher the share of entrant students with poor PSE results, the higher the dropout rate of the high school. This situation suggests that the centers are not bringing solutions to the needs of those specific students and their lagged academic condition finally forces them to leave the system."²⁰³

Education and Poverty

Insight into possible futures is seen from the relationship between education and poverty for heads of households.²⁰⁴ Table 14 shows level of education of household head to be closely associated with likelihood of a household being poor – poverty is substantially reduced as the head of household's education level increases. This means that an estimated one-half of households where the head did not complete primary school are poor, compared with less than 15% of those with some secondary or tertiary education. The risk of poverty is more than halved through education.

The contextual analyses of linkages between education and poverty can be further positioned by looking at poverty rates by age from the CPA (Figure 29), that show one-half of all Belize's under-15 year olds being poor (29%) and/or indigent (21%). The comparison with an earlier assessment shows the decline over time, albeit measured via different age ranges (Table 15).

Other Barriers to Education

The education system in Belize is multicultural; but this appears to be only partially understood or accounted for. A key issue involves language. Languages are linked to country of origin and/or ethnicity; and in Belize, ethnicity is also linked to residential location and hence, transportation and ease of access. The education system uses English as the language of instruction, even while there are some 10 different languages spoken in Belize²⁰⁵ – as a first language, 43% speak Spanish, 37% speak Creole (Kriol), a total of about 7.5% speak either Mopan or Q'eqchi' Maya, 2% speak Garifuna (Garinagu), and only 6% speak English as a first language (the remaining per-

²⁰³Source: Proposal for Secondary Financing Reform Stakeholder Discussion, August 2010.

²⁰⁴2010 CPA.

²⁰⁵From Belize Census data 2000.

centages include Plautdietsch/Mennonite, Chinese, Hindi, and Yucateca Maya).

A recent review of an intercultural bilingual education pilot programme²⁰⁶ (October 2009) indicated much to be gained towards children's increased motivation, pride in language

and identity, and basic understanding, by inter alia, (i) investing in teachers, (ii) developing a related school culture, and (iii) incorporating parents and communities.

Figure 27. PSE scores and dropout rates

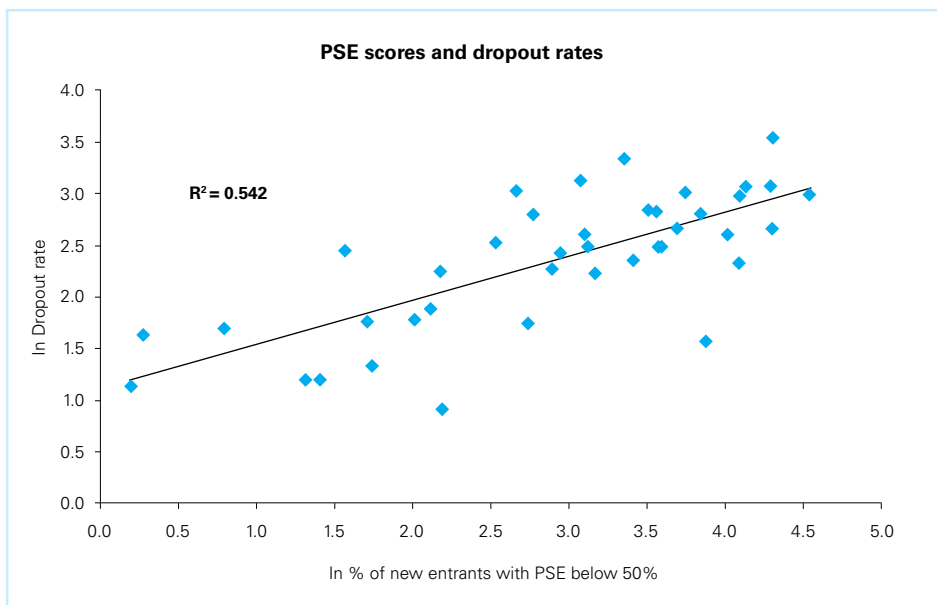
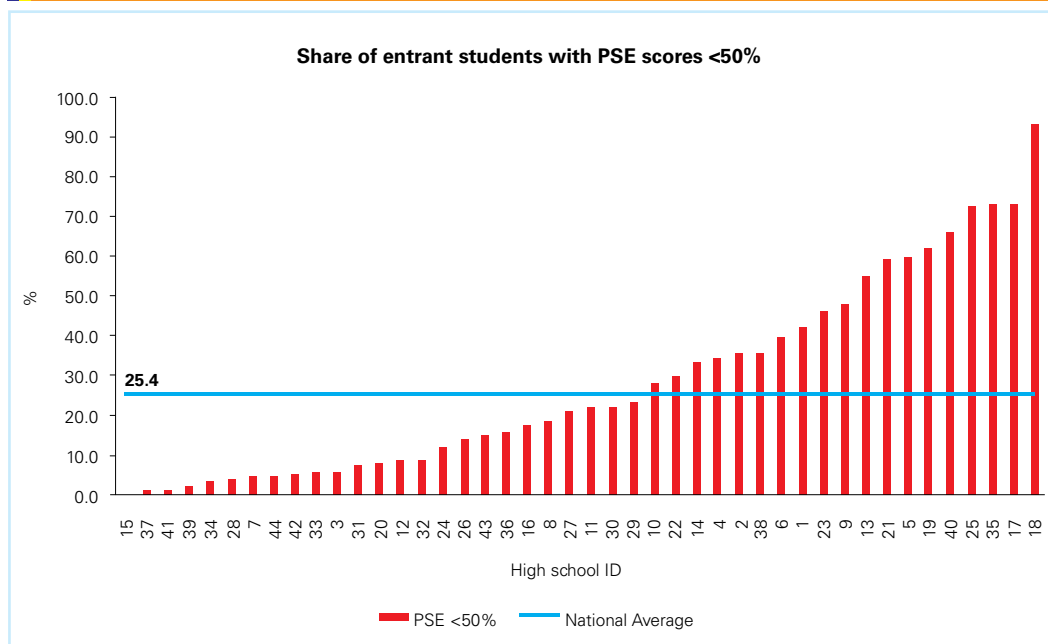


Figure 28. Share of entrant students with PSE scores <50%



²⁰⁶Source: UNICEF October 2009. Safeguarding the Rights of Indigenous Children in the Process of Development: Intercultural Bilingual Education Component, Project Review.

Table 14. Poverty and education of household head

Highest level of education of HoH	Indigent	Poor	All Poor	Not Poor	Total	% of all households
% by educational attainment of HoH						
None	31	24	54	44	100	7
Primary 1 – 4	18	29	47	52	100	12
Primary 5 – 8	11	25	36	64	100	46
Secondary School	5	13	18	82	100	19
College/ Voc/ Univ	1	6	7	93	100	16
All Heads of Household	10	20	31	69	100	100

Source: CPA, 2010

Table 15. Child and young adult poverty rates, 2002 and 2009

Age Group	Percent Poor		Change 2002-09
	2002	2009	
0-4	38	45	+7
5-13	41	52	+11
14-17	37	51	+14
18-24	32	39	+7

Children Out of School

The Education and Training Act (2010) requires children ages 5 to 14 years to regularly attend school, unless due to specific mitigating circumstances that include illness, poor weather, parents' religious celebrations, and excessive dis-

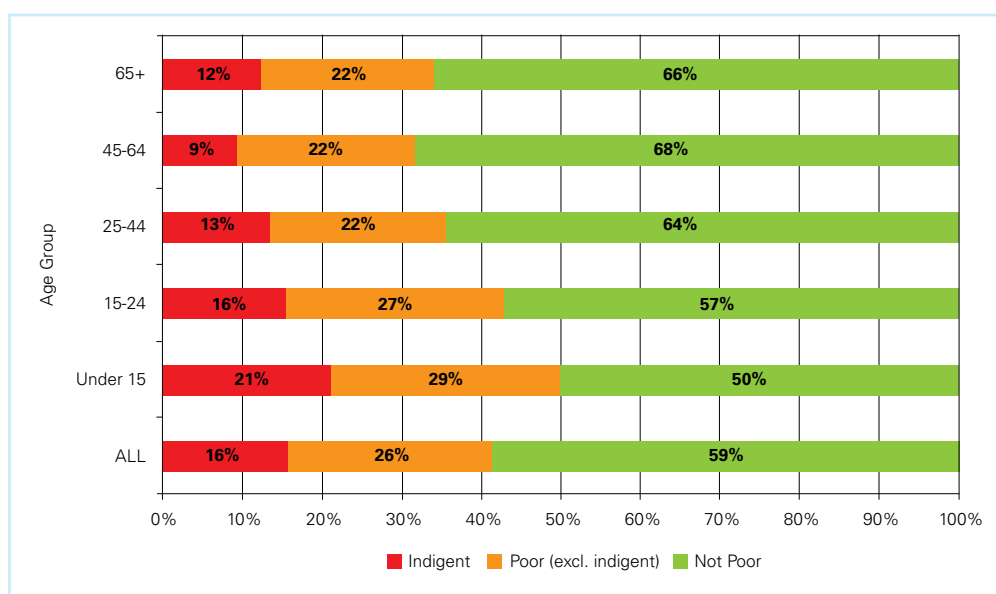
tance between their homes and the facility. In situations of inadequate transportation for the latter reason, walking would be precluded as a reasonable option. The Act also makes allowance for satisfactory alternate instruction.

Although there is almost universal enrollment and high attendance in primary school, there are huge differences at the secondary level – for which classes cater to those 13 years and older. A recent study²⁰⁷ encountered much difficulty in finding and obtaining participation of children 10 to 14 years who were not attending school. Reasons included: (i) awareness of restrictive covenants governing attendance and related penalties; (ii) seeming frequency of schools' disciplinary actions as one of the main reasons for children not being in school; (iii) strong negative impact on those dismissed from school; and (iv) questioned success of alternate education programmes in containing these children's negative behavioral situation responses. Even so, most students not in school retained a desire to return, to be part of the student body.

The 2010 CPA (p. 62) determined that within the age range of 14-19 years, 43% of women and 26% of men are unemployed; one-third of those not participating in education and under 20 years old were unemployed.

Special Needs Education

The 2000 population census estimated that 6% (13,774 persons) of the Belizean population to have some form of dis-

Figure 29. Poverty rates by age group, 2009

²⁰⁷Chambers, C.M. October 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10 to 14 years: Barbados, Belize, Guyana, Jamaica, Suriname, Trinidad and Tobago. Final report submitted to United Nations Children's Fund, Belize Office.

ability. Impairments by type were reported as: 27.3% sight; 10.3% hearing; 6.7% speech; 16.6% moving; 13.2% body movement; 6.6% grip/hold; 5.8% slow learning; 3.9% behavior; 5.8% personal care; and 3.8% other.²⁰⁸

There are challenges regarding persons with disabilities in Belize,²⁰⁹ as no specific legislation governs their treatment. Also, very few people with disabilities are employed in the private and public sector, public buildings are not designed to allow access to persons with certain physical disabilities, and public transportation is not friendly for persons with disabilities.

CARE-Belize, a non-government organization, provides community-based rehabilitation services to children from birth to 6 years of age. Special services for children with disabilities are available when visiting specialists hold annual clinics and select candidates for treatment abroad. Services for children with disabilities are addressed indirectly in the Maternal and Child Health Programme in the Ministry of Health. Generally however, such services aimed at children with special needs had deteriorated until so reported in 2005; this largely resulted from the closure in early 2001 of the Disability Services Division (DSD) within the Ministry of Human Development. The DSD's relationship with the MOH had allowed for the early detection of disabilities prior to entering the education system.

The Ministry of Education has tasked schools to integrate children with disabilities into regular classrooms wherever possible, itself holding a key role in creating educational opportunities for children with disabilities via what used to be its Special Education Unit. The Unit's role had been to oversee integration and education of all children with special educational needs, partnering with school personnel, families, religious, government and non-governmental organizations to develop inclusive school communities, nurturing and appreciating diverse student learning needs. A curriculum was developed for teacher training in special education at the University of Belize, workshops being given at the request of principals, school managers and district officers.

The Unit has now been renamed The National Resource Centre for Inclusive Education (NaRCIE), with inclusion of the following resources:

- The Association for Inclusion of Persons with Special Needs (AIPSN)
- Belize Council for the Visually Impaired (BCVI)

- Community Agency for Rehabilitation and Education of Persons with Disabilities (CARE)
- Community and Parent Empowerment (COMPAR)
- National Committee for Families and Children (NCFC)
- PROBELIZE
- Caribbean Agency for Mental Retardation and Other Developmental Disabilities and Delays (CAM-RODDD)
- United Nations Educational Scientific and Cultural Organization (UNESCO)

NaRCIE classifies the following service categories under exceptional learning needs:

- Learning Disabilities
- Speech of language Disorders
- Emotional/Behavioral Disorders
- Health Disorders
- Deaf /Hard of Hearing
- Visual Impairments
- Physical Disabilities
- Multiple Disabilities
- Autistic Spectrum
- Intellectual Impairments
- Slow Learner
- Gifted or Talented

Children can be referred via: the school (teacher in charge, support teachers of special aides, NaRCIE staff members), community (medical personnel (physicians, nurses, psychologists, counselors etc.), or home (parents, guardians, the student him/herself, other family members e.g. grandparents, uncles/aunts, siblings, others). Prefaced by a pre-screening checklist, there is, however, a fairly complex Personal Development Form (6 pages) to be completed by the individual making the referral, which along with other forms (e.g., a 2 page medical examination form) and classroom observation (4 pages), are used to complete the recommendations and/or child's assignment.

Vocational and Technical Education and Training

Among findings from an earlier qualitative study was a self-imposed limitation on many Belizean adolescents' aspirations with respect to future work, careers, and profes-

²⁰⁸IDRM. 2004. Americas Report.

²⁰⁹United Nations General Assembly Human Rights Council Working Group on the Universal Periodic Review, Fifth Session: A/HRC/WG.6/5/BLZ/1. 18 February 2009.

sions. Some aspired to be doctors, lawyers, principals, or scientists, for which tertiary education would necessarily be required. However, many other selected occupations would not impose such requirements, e.g. athlete, mayor, bush doctor, carpenter, chairperson, farmer, health worker, musician, nurse, pilot, policeman/woman, prime minister, secretary, soldier, and teacher. Nevertheless, vocational and/or technical training would be ideal, even necessary.

In recent years, the GOB invested heavily in the establishment of institutes for technical and vocational training (ITVET) within each district. The construction and rehabilitation of the ITVET began on October of 2007. The project cost \$16 million and was funded by the Government of Belize with the assistance of a loan from the Caribbean Development Bank. Yet, there has been relatively low enrollment – just 797 for 2008-9, and 760 in 2007-8 – and without any clear trend since the start of decade. Belize district has consistently had the highest student enrollment levels in these institutes; males have also consistently dominated enrollment, outnumbering females in all except one district (Corozal) during the last school year for which figures are available. The institutes were intended to provide demand-driven vocational and technical programmes for high school graduates,²¹⁰ out-of-school youth and others. The current proposal is that technical and vocational education and training options in the secondary curriculum might be delivered through partnerships between high schools and institutes where feasible, making it unnecessary for students to wait until they exit the system through graduation or drop out, to access these options – thereby hopefully enhancing retention and relevance.

Southside Belize City is currently being given special attention with a technical assistance grant of USD280,000 from the Caribbean Development Bank,²¹¹ towards enhancing the Government's capacity to develop a comprehensive youth and community development intervention responding to the challenges facing families, youth and other vulnerable groups in that area. Financing will assist with preparatory activities for a Youth and Community Transformation Project including a review of socio-economic conditions in Belize, but especially in Southside, preparation of a comprehensive proposal to address related issues, options' review, and preparation of relevant architectural and engineering drawings.

Alternative Education, "Second Chance" Programmes

Second-chance programming has been limited in Belize. This

is unfortunate given the negative impact on individuals, their functioning and development that results from being out-of-school at an early age, especially if such status was not their choice. The study by Gayle (2010)²¹² suggests that such programmes should cater to two (2) sets of youth: (i) those not doing well in the formal education system due to social problems other than a learning disability, and (ii) those who have been out of school for too long – e.g. for financial or other reasons, have passed the age of 18 and are functioning too far below age level to survive in a competitive formal school environment. That study reported an estimated 2 to 3 percent of students within secondary schools being aged 19-23 years. Opportunities suggested therein for supporting the National Council on Technical and Vocational Education and Training (NCTVET) Programme's efforts to address the problem included: paid apprenticeship programmes; skills and craft centers; and structured evening classes.

B. Educational System Capacity

The education system itself in Belize faces a number of challenges, including capacity, delivery, access, and quality. An overview of Belize's education system²¹³ shows that eight years of primary and four years of secondary schooling are offered, with examinations required to transition between these stages, as well as to transition to tertiary education. Public education, however, is not free – various school fees are required at all levels. Preschool is not compulsory but the number of preschools has gradually increased over the last two decades. There are nine post-secondary institutions including Belize's only national university that evolved from the merger of four former government-funded tertiary institutions, and the University College of Belize. The cost of a tertiary education is borne primarily by students and/or their parents. Available programmes at Belize's postsecondary institutions are quite limited, and many students find it necessary to go elsewhere in order to attend colleges or universities that offer appropriate programmes (e.g., to the University of West Indies)

Distribution of Schools/School Types

Ministry of Education (2009-10) data identified 566 schools nationwide (Figure 31); 542 were at combined pre-school, primary, and secondary levels, increasing from 527 in 2008-9. Excluding vocational, there were 98,034 students enrolled, and 4907 teachers (also excluding tertiary). With all educational institution types combined, the majority are in

²¹⁰Belize Medium-Term Strategy, 2010

²¹¹Source: www.caribank.org News Release No. 31/10

²¹²Gayle H, Mortis N, et al. 2010. Male Social Participation and Violence in Urban Belize. Report presented to Belize Chamber of Commerce.

²¹³MOEYSC_QADS. June 2005. Hemispheric Project for the Preparation of Policies and Strategies for the Prevention of School Failure, Belize Report.

Figure 30. Overview of Belize education system²¹⁴

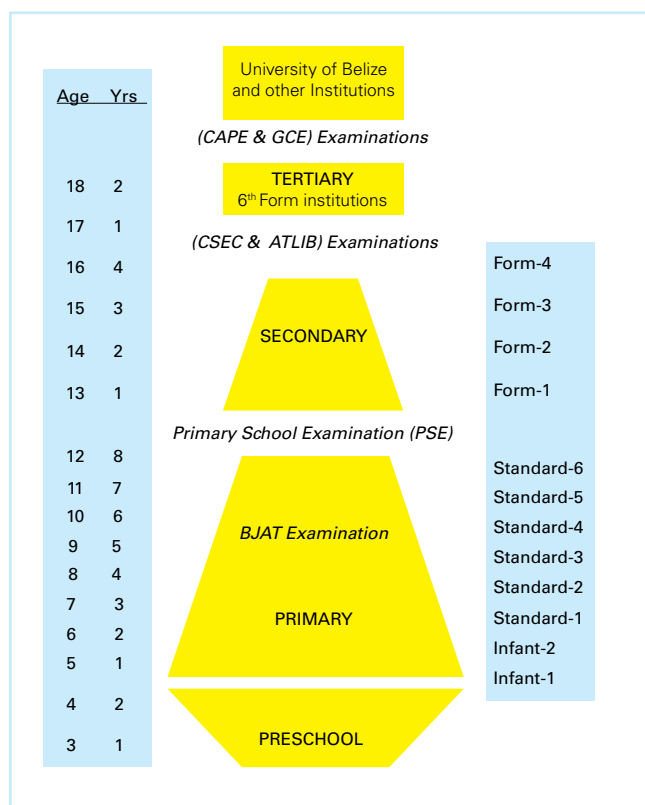
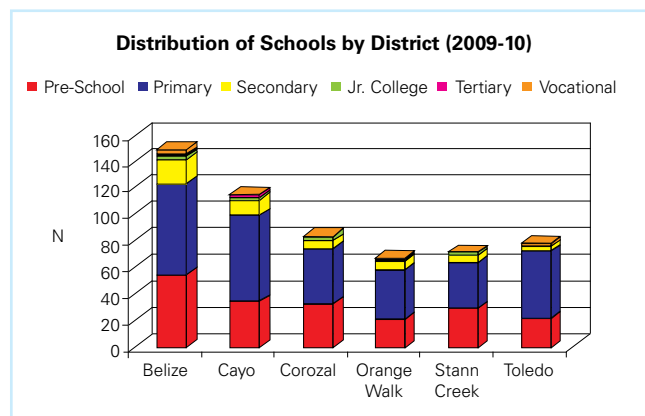
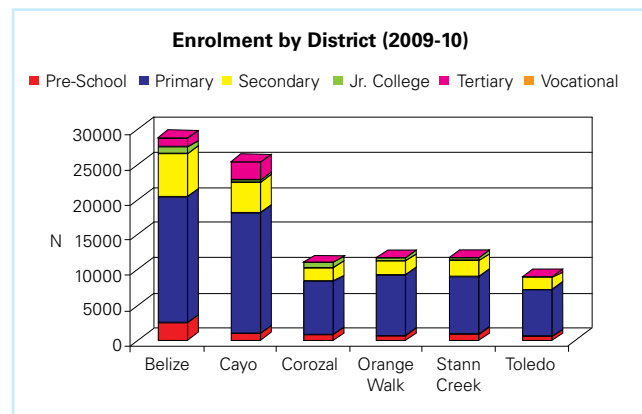


Figure 31. Distribution of schools by district (2009-10)



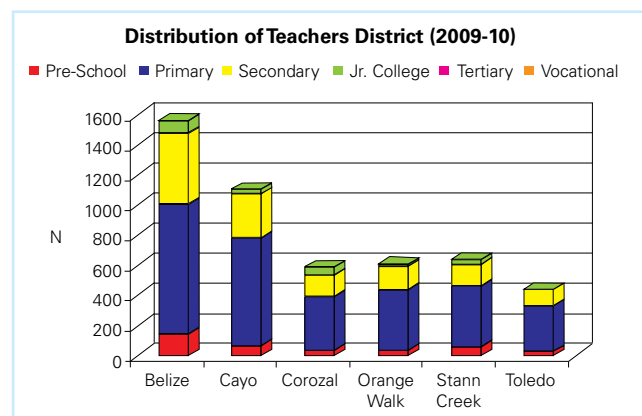
Belize and Cayo districts, with the fewest being in Orange Walk. Further, whereas Belize and Cayo to a lesser extent have somewhat representative spreads across institutions, there are few secondary/post-secondary schools in the other districts.

Figure 32. School enrollment by district (2009-10)



Enrollment figures from all districts highlight the much greater national emphasis on primary than secondary/other levels of schooling.²¹⁵ Although Belize and Cayo remain the most populated school communities, patterns in Corozal and Toledo are not represented proportionately as with "number of schools." The much higher levels for "tertiary" are likely related to the University of Belize's main campus in Belmopan.

Figure 33. Distribution of teachers by district (2009-10)



The teacher population from all institution types is higher in Belize district than others; Toledo has the least number of teachers.

The school profile for urban Belize differs from that existing elsewhere; generally, there are more pre-schools, but definitely more so than in other urban areas. Most educational centers of all types are located in rural areas of most districts; this is most evident in Cayo and Toledo for primary schools.

²¹⁴Ibid.

²¹⁵Vocational figures not available

Figure 34. Geographic distribution of schools (2008-2009)

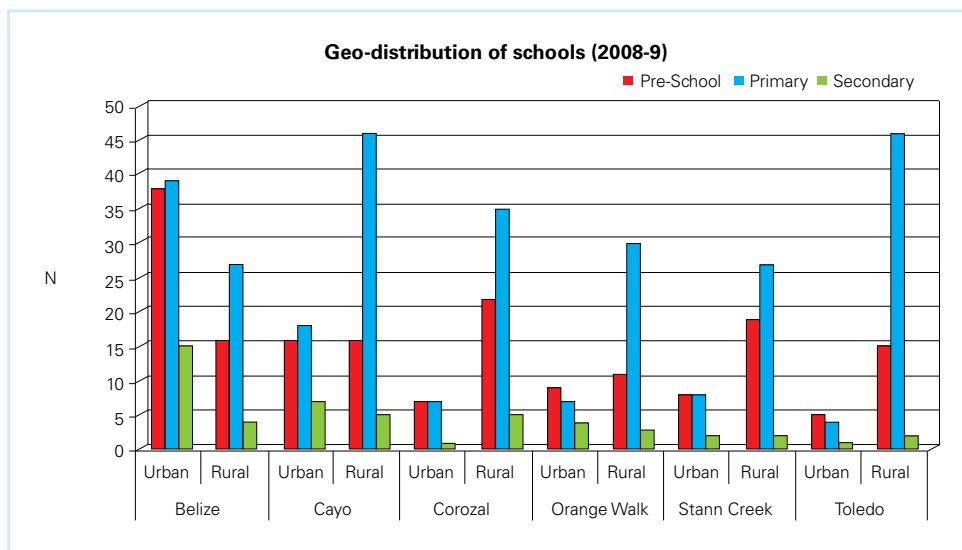
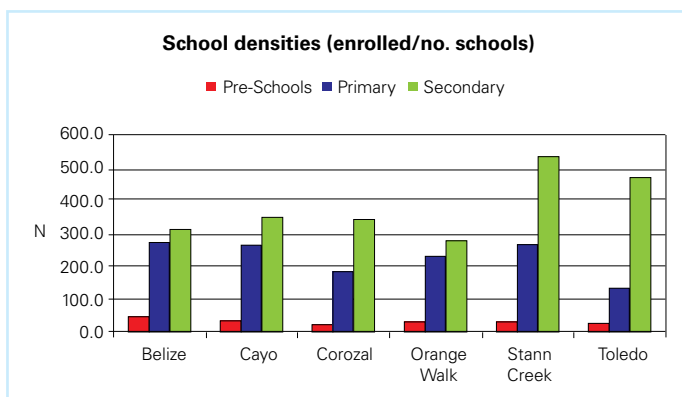


Figure 35. School densities



Those secondary schools in the south, i.e. Stann Creek and Toledo, had the largest numbers of children per unit.

Management and Ownership of Schools

The management and control of schools in Belize is highly fragmented, with most schools church-owned/managed and with varying proportions of church/private and government funding combinations. The patchwork system has many implications in terms of curriculum and quality standards, and for implementation of any country-wide educational effort – for example, related to reproductive health. Table 16 shows Government owned/managed to be in the minority regardless of district. The 2007-8 data (reported 2008-9) data indicated

that of 527 combined “pre-schools, primary and secondary schools”, 299 (56.7%) were owned by the church; the main denominations being Roman Catholic (130; 43.5%), Seventh Day Adventist (24; 8.0%), Anglican (21; 7.0%), and Methodist (17; 5.7%). Also represented were: Nazarene, Assemblies of God, Baptist, and Presbyterian.”²¹⁶ Other owners (or “management types” and/or “funders”) were: the government (96 schools; 18.2%) and “all others” (132 schools; 25.1%), the latter comprising: special/private-assisted (70), communities (20), or organizations (6), and other (36).

Based on ownership, school-types were most evenly distributed in Belize and Cayo districts; with greater imbalance in rural Corozal and Toledo. Those data also show an overall total of 331 (62.6%) schools being in rural areas, with similar patterns reflected for pre-school (54.4% rural) and primary (71.8% rural), but not for secondary (41.2% rural). A majority of pre-schools in urban Belize and urban Cayo were owned by “other” entities i.e. neither Government nor church.

Cost and Equal Access

The Ministry of Education spends significantly more from both capital and recurrent budgets on secondary, post-secondary and “other” items, than on primary or pre-school education (Figures 40 and 41). Average total grants for Belize district also exceeds those for the other districts.

There is a newly implemented “per-student” approach to financing secondary education,²¹⁹ aimed at “...achieving a more equitable distribution of public resources at secondary level”; and increasing access/enrollment/retention. Factors motivating this proposal include:

- The Government identified that high cost of education for households is a key cause for low levels of enrollment in secondary education.
- The tuition grants assigned to schools are based on historic tuition fees of each school, implying that large differences exist among schools in the allocation per student with public tax funds.

²¹⁶These levels of ownership data were unavailable for pre-schools – instead recorded as “denominational”. Special enquiries were made for such disaggregation, but this has not yet been forthcoming

²¹⁷From D. Shaw, August 31, 2010. Sanigest Solutions: Proposal for Secondary Financing Reform Stakeholder Discussion.

- Spending is high and growing, and performance is low. Secondary school expenditure is increasing but enrollment is stagnant and there are high drop-out levels, in part from user fees, which limits human development and growth.
- The current financing systems provide incentives for increasing the number of teachers and expanding curriculum well beyond standard subjects rather than increasing enrolment and maximizing performance.

Secondary enrollment and performance are closely linked to a wide range of social factors, human development indicators, and economic growth.

Teacher Training and Quality

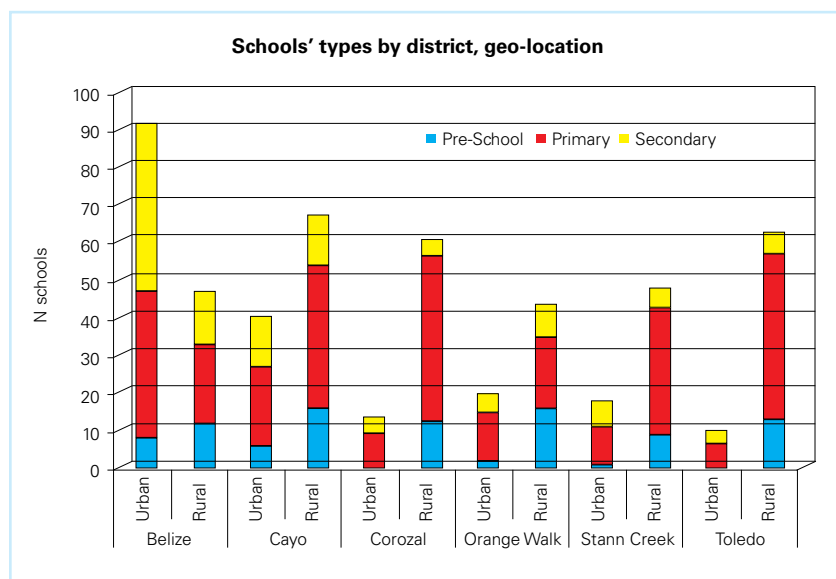
A key system issue is teacher quality and the need for training – particularly within a whole school approach. In a recent report, Belize ranked last of the 8 countries compared in quality of math and science education, and 132 out of 138 coun-

Table 16. School management types, by district

District and Management	LEVEL										TOTAL	
	Pre-school 2007-08 2008-09	Primary 2007-08 2008-09	Secondary 2007-08 2008-09	Junior College 2007-08 2008-09	Tertiary 2007-08 2008-09						2007-08	2008-09
Belize	51	54	65	66	18	19	3	3	3	1	140	143
Government	8	9	7	7	7	7	0	0	0	0	22	23
Government Aided	18	26	44	50	9	9	3	3	0	0	74	88
Private \Sp. Assisted	25	19	14	9	2	3	0	0	3	1	44	32
Cayo	30	32	63	64	11	12	2	2	2	2	108	112
Government	6	7	15	15	2	2	1	1	1	1	25	26
Government Aided	10	15	40	42	6	6	1	1	1	0	58	64
Private \Sp. Assisted	14	10	8	7	3	4	0	0	0	1	25	22
Corozal	29	29	42	42	6	6	3	3	0	0	80	80
Government	3	4	6	5	1	1	1	1	0	0	11	11
Government Aided	20	20	35	35	4	4	2	2	0	0	61	61
Private \Sp. Assisted	6	5	1	2	1	1	0	0	0	0	8	8
Orange Walk	19	20	37	37	7	7	1	1	0	0	64	65
Government	4	4	11	12	2	2	0	0	0	0	17	18
Government Aided	10	10	22	20	3	3	1	1	0	0	36	34
Private \Sp. Assisted	5	6	4	5	2	2	0	0	0	0	11	13
Stann Creek	24	27	35	35	4	4	1	2	0	0	64	68
Government	4	4	5	5	2	2	0	1	0	0	11	12
Government Aided	14	18	27	26	2	2	1	1	0	0	44	47
Private \Sp. Assisted	6	5	3	4	0	0	0	0	0	0	9	9
Toledo	18	20	50	50	3	3	0	0	0	0	71	73
Government	3	2	10	9	1	1	0	0	0	0	14	12
Government Aided	12	15	37	37	1	1	0	0	0	0	50	53
Private \Sp. Assisted	3	3	3	4	1	1	0	0	0	0	7	8
Total	171	182	292	294	49	51	10	11	5	3	527	541
Government	28	30	54	53	15	15	2	3	1	1	100	102
Government Aided	84	104	205	210	25	25	8	8	1	0	323	347
Private \Sp. Assisted	59	48	33	31	9	11	0	0	3	2	104	92

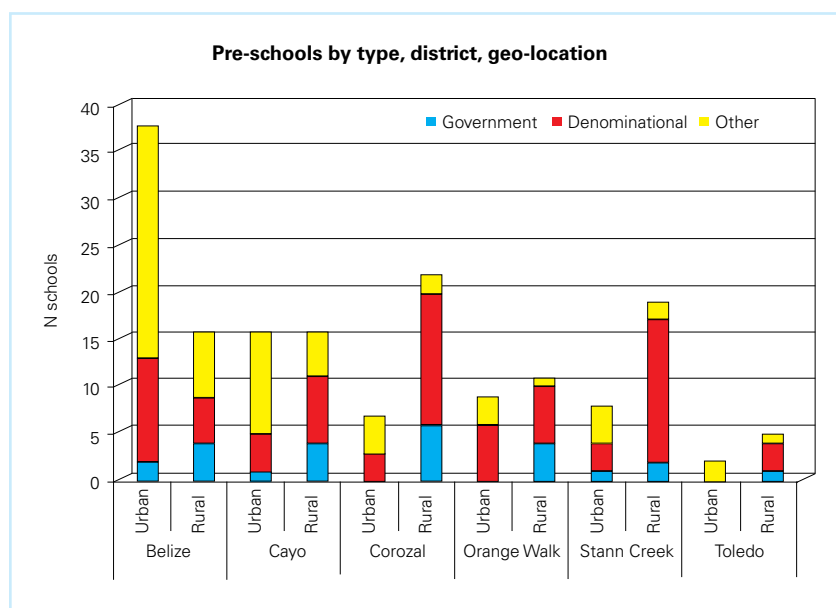
Source: MOE Abstracts, 2008-9

Figure 36. School types by district and geographic location



There is a primary schools induction programme for newly qualified teachers (NQTs), offered by the Ministry's Teacher Education and Development Services. Teachers would have previously completed: (a) An Associate Degree in Primary Education or a Level II Certificate in Teaching from the University of Belize; or (b) An Associate Degree in Primary Education from either Corozal Junior College, Stann Creek Ecumenical Junior College, Sacred Heart Junior College, or St John's College School of Professional Studies. For 2009-10, the year-long series of professional development activities comprised inter alia, orientation seminars, tutorial visits (4), action research seminars, classroom project, and performance review activities – all guided through by tutors and mentors. Worth 45-credit hours, successful completion also qualifies NQTs for increased salaries.

Figure 37. Pre-schools by type, district and geographic location



At the tertiary level, only the University of Belize and Galen University offer 4-year bachelor's degree programmes. *Despite the serious need for an internal capacity to train key technical personnel (e.g., in health, education, juvenile justice, social welfare, communications, research, safety), there is not a sufficient capability to do so within Belize, with the result that Belizean students often have to attend college/university outside of Belize, and that much of the technical capacity – for example in health – is filled by an immigrant workforce, which in turn has implications for equity and quality of care.*

Action Plan for Developing Education

The Ministry of Education is now engaged in review and/or implementation of new actions designed to enhance efficiency in delivery of quality education.²²¹ The strategic objectives are:

- 1. Start strong: ensure every child starting school is ready to learn** – pre-school, preventative health care, school feeding programme at primary level
- 2. Build stamina: attract and retain young people in schools for a greater number of years of learning** – mandatory secondary as well as primary education (e.g. 10 years' compulsory schooling, expanding reach

tries globally.²²⁰ Currently, the cadre of fully and/or adequately trained teachers within primary and secondary educational levels is less than one-half of the total (Tables 17 and 18). It is worth noting that the relatively higher proportion of fully trained primary level teachers in Corozal and Orange Walk correlates with students' higher pass-rates.

²¹⁸Flowers G, Namis JC, and Montserin, A. 2011. Belize National ICT Strategy: 2011 ICT Benchmarking Report.

²¹⁹Belize Medium-Term Strategy, 2010

of first few years' secondary via primary facilities, core high school curriculum, standardized high school texts with minimum usage cycle, provision of basic education opportunities for adults, out-of-school youth)

3. Raise the bar: improve student achievement levels and quality assurance practices – fostering

Figure 38. Primary schools by type, district and geographic location

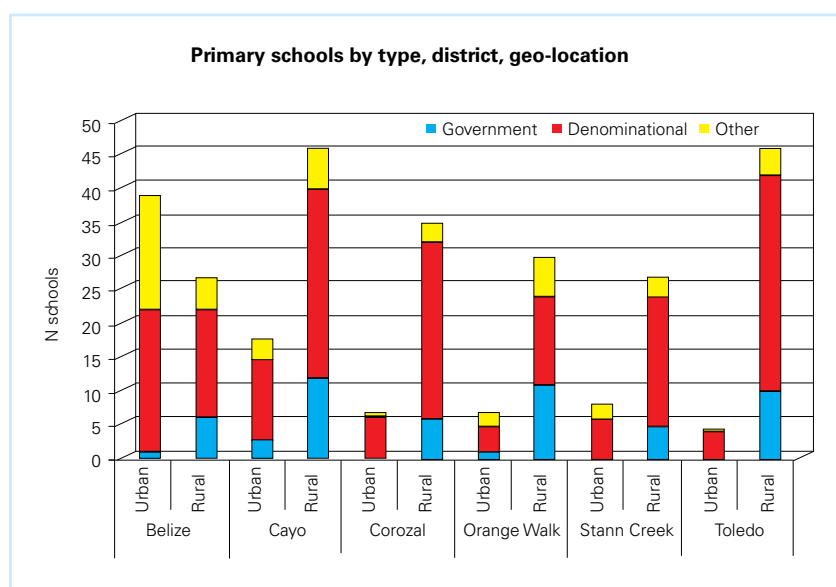
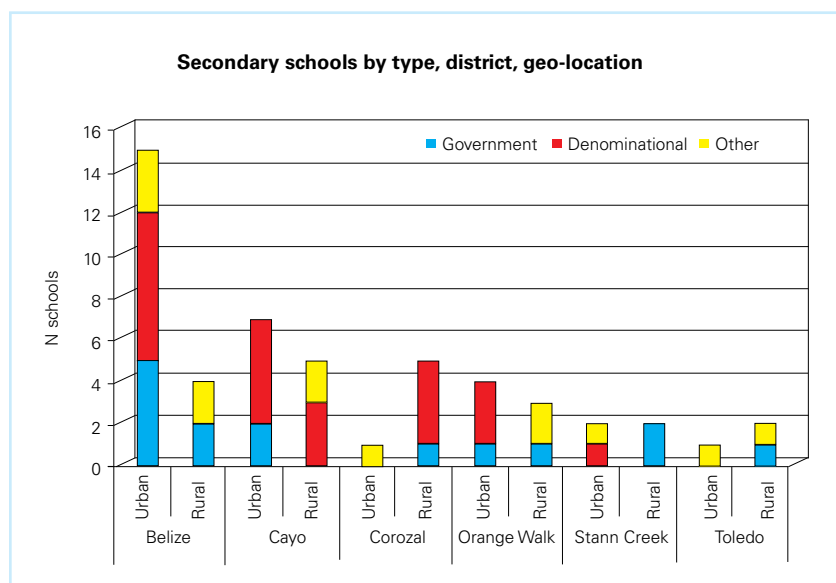


Figure 39. Secondary schools by type, district and geographic location



full competence in English, Mathematics, Spanish, and the Physical and Social Sciences for all students, CXC subsidies, performance standards and requisite resources for under-performing schools, encouraging on-the-job training programmes and grants' provision towards tertiary education, expanding technical and vocational skills training to meet changing demands.

4. Teach the teacher: invest in teacher education and professional development – financial incentives, including for targeted professional development, loans access.

Included among planned changes for action and implementation are:

Support for Quality Education: The pursuit of legislative reform for a Teaching Services Commission to enforce MOE-developed quality and status standards, safeguard teachers' rights, also providing a responsive and efficient mechanism for their appointments. This would further strengthen the system for hiring teachers and provide quality leadership with respect to service conditions, discipline and termination.

Child Friendly/Quality Schools: Now being piloted, this initiative is for increased focus on school self-evaluation, improvement planning and implementation. Objectives include: (1) to develop a common concept of and framework/system for defining a quality school; and (2) to engender ownership for quality at the school level through the framework for school self-evaluation, planning for, and implementing self-improvement.

Re-establishment of a Schools' Inspectorate: A complementary external evaluation of school quality with other initiatives being aimed at enhancing equity and reducing poverty, e.g. targeted school feeding implementation and early childhood programmes for socio-economically disadvantaged communities.

New Client-Centered Organizational Structure/Approach: To be better positioned to implement all the reforms, including use of a more participatory approach that includes local-

Figure 40. Distribution of Ministry of Education capital budget 2008-09²¹⁷

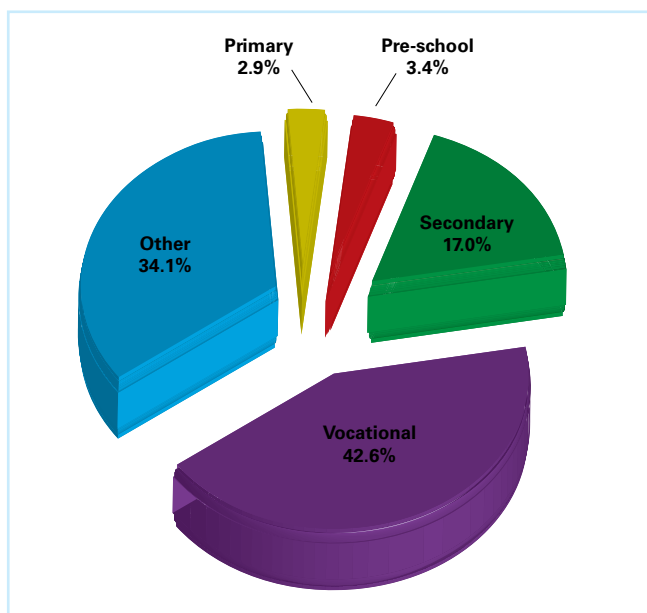
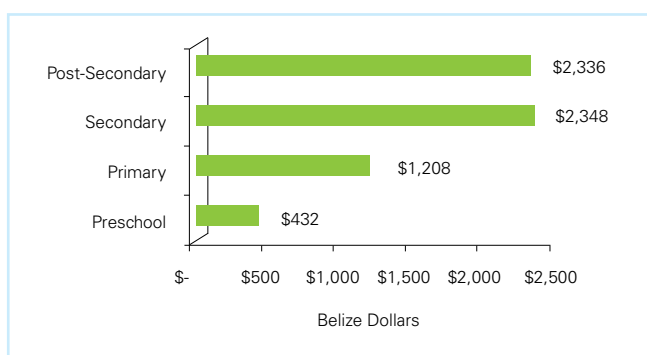


Figure 41. MOE's recurrent spending per student by education level 2008-9²¹⁸



level conduct of needs analyses and planning for education development. This would be accomplished via the following frame of reference: Coherence: greater actions/activities coordination, less functional fragmentation; Efficiency: better use of resources vis-à-vis outputs (human, financial, time); Effectiveness: realizing desired outcomes; Responsiveness: timely, customized adjustments; responsive to identified needs; Accountability: promoting transparency; being answerable to clients and stakeholders.

Among other current proposals to address "Culture and Education", are:

- Focusing schools on nurturing growth and development;
- Developing a database to track children in schools;
- Ending the dichotomy between academic and vocational education;
- Addressing inequities in access, curriculum, quality;
- More efficient, effective targeting of education funds.

The Caribbean Development Bank has recently committed funds towards helping to achieve this overarching plan, more specifically towards enhancement of the policy and strategy framework in the education sector, i.e. to conduct a sector diagnosis, to develop a school location plan, a school mapping model and a school transportation policy, and to formulate an education sector strategy; also to assist the GOB with development of a comprehensive education sector investment programme for consideration. The assignment is expected to last an estimated eight (8) months from initialization.

Table 17. Level of training for primary school teachers by district and location (2008-9)

	Primary					
	Urban		Rural		TOTAL	
	Train	Full Train	Train	Full Train	Train	Full Train
Belize	39.7	37.7	39.1	35.9	39.6	37.3
Cayo	41.4	36.5	34.6	30.5	37.6	33.1
Corozal	66.7	64.3	64.4	60.1	66.0	61.1
Orange Walk	58.0	53.8	53.1	48.2	54.9	50.3
Stann Creek	50.5	40.8	28.6	25.7	34.5	29.8
Toledo	53.4	48.3	26.7	19.5	31.7	24.9
TOTAL	45.1	41.5	40.4	35.9	42.5	38.5

Table 18. Level of training for secondary school teachers by district (2008-9)

	Univ. Grad. + Prof Training	Univ. Grad.	Prof Teacher Training	Other: H/School or 6th form Grad.
Belize	34.7	25.3	4.7	35.4
Cayo	18.9	31.7	5.4	44.1
Corozal	27.0	21.7	2.6	48.7
Orange Walk	20.0	27.3	3.3	49.3
Stann Creek	13.0	29.5	6.5	51.1
Toledo	25.3	28.7	1.2	44.8
TOTAL	25.3	27.3	4.4	43.0

²²⁰Source: MOE Abstracts, 2008-9

²²¹Ibid.

CHAPTER 7

Protected Asset, Status & Equity



Improvement in protective assets supports participation at multiple levels, such as access to health and social services, economic opportunity and equity, improvement in poverty, and access to education.

PROTECTIVE ASSET STATUS AND EQUITY

Protective Asset Equity refers to a broad set of protections and supports that maximize participation, reduce exclusion by ethnic group, gender or socioeconomic status, and keep children and women free from exploitation and violence – thus promoting more equity in the opportunity to develop and benefit from the institutions of society. This section combines a discussion of protective assets that include degree of equity in participation, exclusion and discrimination, treatment of children with disabilities, family environment, and other issues, with a discussion of the system capacity, policy and legal structure that should support protection. In assessing the status of protective equity and the underlying system, it is useful to examine the gap between policies and laws that may be in place and the actual implementation of such policies/laws.

A. Protective Assets

Participation

Participation in Government and Civil Society by Cultural/Ethnic Group. The right of participation in government is guaranteed by the Constitution of Belize.²²² There are no legal restrictions for any ethnic or cultural group regarding the right to participate in government. The CRC (Article 12) further guarantees participation rights to children in matters that will affect their development and attainment of rights, including the right to express views freely and the duty to give due weight to children's views (depending on the age or maturity of the child). Yet at present, there is no formalized mechanism for children and adolescents to offer, and for government to receive, views of children on matters being determined by government that will affect children and adolescents.²²³ A Youth Parliament was established in 2006²²⁴ to allow a formal space for continuous representation by and consultation with children and adolescents, but that structure has not been sustained. In addition, several related initiatives such as the Kid-O-Rama radio programme sponsored by NCFC and run by children and adolescents to discuss views on issues affecting them, have been discontinued. There are no youth focused or youth prepared newspapers or other forms of news media.

The two national parties both have youth arms but these

committees remain inactive until elections and then are used to support campaign initiatives of the candidates running and do not have a formal structure for continuous recognition, participation or consultation with government. In terms of civil society participation, the BFLA has a youth organization, the Youth Advocacy Movement (YAM), organized and run by the youth to raise awareness of and discuss issues affecting the youth, and to operate a radio programme for connection with other youth. However, their activities are localized in Belize City and they are not affiliated with other organizations involved in political advocacy, nor are they being trained to run and operate and raise funds to sustain a civil society organization as adults. With respect to cultural group participation, the Garifuna Council operates a programme to train children and adolescents in the culture, language and aspirations of the Garifuna people and has been very successful in transmitting culture, goals and values across generations. Activities that promote cultural uniqueness among the Garifuna intentionally include participation of children and adolescents. In recent years there has also been a revival of interest in preserving Maya culture and involvement of organizations such as the Maya Leaders Alliance of Southern Belize. The Alliance is made up of the following organizations:

1. The Toledo Maya Cultural Council – whose focus is to preserve and promote national recognition of Maya cultural traditions
2. The Toledo Maya Women's Council – who works with Maya women to empower and equip them to address human rights and socio-economic issues affecting Maya women and their families.
3. The Toledo Alcaldes Association – which has now been formally recognized as a part of the judicial system of Belize and which has been given judicial power to conduct hearings and make judicial decisions on certain issues arising within Maya villages. They have also been given limited powers to enforce decisions through the police.
4. The Q'eqchi' Council of Belize – working to preserve language and advocate for issues specific to the Q'eqchi' Indians, a key Mayan sub-group.

Participation in Government and Civil Society across the Life Cycle. The Constitution of Belize restricts the right to vote in Parliamentary Elections to persons who are age 18 and citizens of Belize. To stand for a seat in the national as-

²²²Constitution of Belize, Chapter 4, Revised Edition of the Laws of Belize, 2000

²²³Focus Group Discussion with children and adolescents on October 24, 2010, Belize City.

²²⁴Established by NCFC.

sembly, the candidate must be at least 21 years old and a citizen of Belize. To run for Prime Minister, the candidate must have been born in Belize. For local government elections,²²⁵ persons who are 18 years and older and can prove that they have been resident in the town or village of the elections and who possess a valid national ID may vote. To run as a candidate for a village or town council, the candidate must be at least 21 years old and have an established residence in the village for at least 2 years before the elections. Thus the ability to establish one's identity and residence or citizenship is an important determinant at the beginning of the life cycle for future participation in government and civil society later on. The CRC encapsulates this in the right to an identity and a nationality in Article 7 and Article 8.

The right to an identity is legally guaranteed by the Constitution of Belize. Further, the Nationality Act sets out the process and requirements for obtaining citizenship and permanent residency status in Belize. The process of acquiring nationality at birth is set out in the Registration of Births and Deaths Act, which requires a child to be registered within 42 days of birth – in default, the parent may be summoned within one year and a fee for late registration is payable. However, the 2nd CRC Report estimates that only 50% of births are registered within the required 42 days.²²⁶ Typically, responsibility has been placed on a parent or caregiver to register birth, though the CRC Committee has recommended that the responsibility be placed on the health or medical facility where birth takes place. Until recently, little progress had been made on improving birth registration statistics. However, the GOB just implemented a national birth registration campaign, with rollout beginning in Toledo and other high-poverty areas.

Challenges to Participation. A number of challenges remain with respect to equal participation. At a minimum, these can be categorized as challenges related to birth registration, and challenges related to nationality and migration. With respect to birth registration, challenges can be summarized as follows:

- The onus is on parents to register birth and obtain a birth certificate;
- The requirement for proof of birth from hospital;
- The Central Registry in Belize City with Magistrate's Clerks act as registration agents – often inaccessible,

costly and time consuming;

- Cultural practices – midwives in rural communities may not be able to provide acceptable proof of birth;
- Poor populations in remote rural communities are most likely to be unregistered.

Furthermore, refugees and undocumented migrant populations often do not have basic required documentation, and do not have the money to pay for the process – the cost of nationality or residence applications is \$750 or more. It requires supporting documents such as a medical certificate, HIV/AIDS test, and police records that involve other fees, procedures and transportation expenses. The GOB has announced that there will be another amnesty programme to allow 20,000 undocumented persons to gain permanent resident status. The programme was set to be rolled out in early 2011.

Access to Information Sources (Libraries, Internet) by Cultural/Ethnic Group, region across the Life Cycle. Participation is also limited by lack of information access. There is limited access to information sources for children and adolescents in Belize. Even government departments suffer from lack of access to information and data collection sources. A US State Department report noted that in order to address social problems in Belize, availability, accuracy, transparency and dissemination of information and data is critical. In addition, the report noted that data capabilities – both in terms of trained individuals and equipment – are important.²²⁷

Lack of access to information sources also limits access to justice (ATJ) for adolescents in Belize. A UNDP report in 2004²²⁸ indicated that the “problems of poverty, illiteracy, underdevelopment, race, social ranking and economic factors ought not to be underplayed in any study of access to justice (ATJ). Added to these are the problems of inaccessibility, lack of resources and lack or inadequacy of basic information and lack of access to legal counsel or citizen advisory desks. People who live in remote areas, women, handicapped persons, children, prison inmates, the elderly, indigenous sectors and generally poor people have serious challenges accessing ATJ.”

In 2010, another report (National AIDS Commission) further highlighted the limited access to information sources and vague, informal procedures and standards as limiting factors

²²⁵Town Council Act, Chapter 87 and Village Council Act, Chapter 88 of the Revised Edition of the Laws of Belize, 2000.

²²⁶GOB. 2006. Second Periodic Report on the Convention on the Rights of Children.

²²⁷Petit, Juan Miguel. 2004. Trafficking in Persons, (Preliminary Report). US Department of State.

²²⁸Fladjoie, Dr. Albert. 2004. Access to Justice Report. New York: UNDP

for the effective delivery of services and information on reproductive and sexual health. The report²²⁹ stated: *"Another problem area is the lack of clear standards of entitlement in the delivery of services. Access to information and services in Belize is often informal and there is a sense that one must 'play the system' to receive support. More attention needs to be placed on the development and implementation of a rights based approach to service delivery, where there are clear rules about how the system should work, where people are fully aware of what those rules are, and where there are stronger ways for people to get redress when the system doesn't work as it should."*

The report goes on to state²³⁰ that the situation for women and children is especially difficult in rural areas, where there is little sustained programming that addresses the social/cultural issues critical to HIV prevention. In addition, such villages have limited access to media, and language barriers can inhibit access (especially for older women).

Discrimination and Exclusion

While the Constitution of Belize guarantees freedom from discrimination to all persons living in Belize including children, adolescents and women, patterns of discrimination still exist with respect to gender and ethnicity. For children and adolescents, awareness and experience of these patterns contributes to beliefs about exclusion and future opportunity – or lack thereof.

Gender based Exclusion/Inclusion across the Life Cycle.

Women are under-represented in ministries and high level political leadership in Belize. A study done in 1999²³¹ revealed that women are generally very interested in becoming leaders and are highly represented in decision-making positions within community based groups, civil society and faith-based organizations. Nevertheless, the study pointed out that women are hesitant to offer themselves as candidates for political office. This hesitancy, according to women interviewed nationwide, is influenced more by structural and cultural barriers than by lack of interest. The barriers of most concern to women are: a) lack of financial support for campaigning, b) lack of family support systems to allow time for political participation, c) the pervasive culture of clientelism which drives the political system in Belize and d) the widespread, public defamation of character that typifies the campaign process.

Gender based discrimination is most apparent in employment, as described earlier in Chapter 4. Statistics show that employers may impose stricter qualification requirements for women. Although more women are obtaining secondary or higher education, this is not translating into lower unemployment or higher positions for women in the labor force.²³² Further, labor force statistics show that one quarter of unemployed females had at least a secondary education, whereas this was true for only 16% of unemployed males.²³³ A Consultancy Report on Integrating Gender into the Budgetary Process found a high degree of female employment in the public service sector. However, the majority of positions held by women in the public service were clerical and low paying positions. Outside of this sector, nursing or teaching were the most common forms of professional employment for women.²³⁴

Further, a Situational Analysis on Gender and Development in Belize²³⁵ found that women employed by organizations, particularly small enterprises, are vulnerable to forced leave without pay, limited upward mobility and dismissal from work due to pregnancy. Such organizations wish to "protect" themselves from costs associated with employing a pregnant woman by dismissing her as soon as the pregnancy becomes evident, or even earlier, if they learn of it. Other more established organizations, including government, do not cover leave due to complications related to pregnancy. They do, however, give the mandatory maternity leave to pregnant women.

Initiatives: Between 1998 and 2002, the Centre for Employment Training (CET) implemented a programme that offered training for non-traditional occupations for women, funded by the Inter-American Development Bank with counterpart funding from the Ministry of Education. The programme targeted low-income women with limited educational backgrounds, with non-employable skills and offered training in construction, automotive maintenance, cabinet/furniture making, computer repairs and industrial skills.²³⁶ However, even with attempts to train women in non-traditional fields (as indicated above), this training has not translated into equity and equality in employment. For example, although a commitment was made by the private sector to hire graduates of the IDB funded programme, many did not hold up to their commitments. Rates of hire after the programme remained a low 6%, and the overall employment rate was 23%.²³⁷

²²⁹UNGASS Country Progress Report, Belize, 2010, National Aids Commission.

²³⁰Ibid

²³¹Rosberg, Michael and Catzim, Adele. 2001. Women in Politics: Seeking Opportunities for Leadership in Belize. National Women's Commission.

²³²CEDAW Report, 2005.

²³³Labour Force Survey, 2000

²³⁴Op Cit

²³⁵Paredes, Sandra. March 2002. Situational Analysis of Gender and Development: Belize, National Women's Commission.

²³⁶Ibid

²³⁷Ibid

Discrimination by Ethnic group. Women's participation in the development of their community or region is largely informed by cultural and ethnic considerations. Women in Garifuna and Creole villages, despite the continued predominance of male power and control in their ethnic groups, generally play a greater role in the public areas of community life than women in Maya communities. Whereas it is no longer unusual to find Garifuna, Creole and Mestizo women in leadership positions in their community, that is still an atypical occurrence for Maya women in most rural communities. In effect, rural Creole, Garifuna and Mestizo women are more likely to be elected to Village Councils than their Maya counterparts. The traditional Toledo Maya Alcalde System is all male; no woman has ever challenged the male primacy of the system.²³⁸

Recognition of Cultural/Linguistic Diversity. The official language of Belize is English, which means all legal documents are produced in English. However, as indicated in the demographic description earlier, Belize is a multi-ethnic and therefore, multi-lingual population. Mestizos (Hispanic) are now the largest demographic group and there has been a slow and somewhat grudging recognition of the need to present educational and informative material in both English and Spanish so that information is accessible to both groups. During the hurricane season, all weather advisories are now communicated both in English and Spanish and the weather following the news is given in Spanish and English on at least one national newscast, though the news itself is only communicated in English. In school, especially in the lower grades, most teachers will have to communicate in both Spanish and English to assist predominately Spanish speakers. There is greater appreciation of the need to recognize this kind of linguistic diversity in the Western and Northern districts where the main spoken language is Spanish.

Freedom of Religion (and other types/forms). The Constitution guarantees freedom of religion and the FACA guarantees Freedom of Religion to children and adolescents. In choosing a religion or attending religious school. There is no specific age provision, except that, in guardianship and custody matters, the court may – in instances where the parent is not granted custody – “order that the child be brought up in the religion in which the parent has a legal right to require that the child should be brought up;” having regard to the child's age and maturity, and best interests and wishes (Families and Children Act, S. 29), although subsection (2) states that this does not “diminish the right which any child

now possesses to the exercise of its own free choice.” This may infer a legal right for the child beyond custody and beyond religious choice. There is generally a well respected and experienced freedom of conscience and freedom of association with respect to religious affiliation and all major religious movements have participation and membership in Belize.²³⁹

Family Environment

Family support structures and their role differ by urban and rural context. First, according to a recent study, the average family size is 6 persons.²⁴⁰ In Belize, large family size may be an indicator of poverty and can be the cause of poverty. However, in rural areas, large family size is less problematic than in urban areas as it is usually not a precursor to involvement in violence or gang activity in the same way as it might be in urban areas. In rural areas large family size provides more laborers for subsistence farming, which is often the primary means of survival. Also, there is less food security as rural farmers tend to grow what they eat though the diet is not necessarily nutritionally comprehensive. In rural areas, large families have more support through local social capital; families share resources with other families and provide emotional security to each other. Furthermore, in rural areas, large families tend to be full nuclear families so that children receive nurture and support from both parents. By contrast, in urban areas, large families tend to be either single parent families or extended families with children often having to depend on the financial resources of a non-biological parent/caregiver.

There are indications, though, that rural communities are increasingly being pulled into urban communities such that the population in these rural communities is trending towards seeking work, health care, and education outside of their communities – reducing the support from family and village networks. In addition, because of increased road, media, telephone, water and electricity access, rural communities are transforming with many now being considered peri-urban rather than traditional rural communities. This impacts the family situation in those communities because as urban areas encroach on rural areas, there is a weakening of traditional dependence on farming which grounded the family in the community and provided sustenance.

The study indicated that, more and more, urban families are becoming single parent families. Of the 680 households studied from rural and urban areas, 60% of urban families

²³⁸CEDAW Report, 2005

²³⁹Shoman, Assad. 2000. Thirteen Chapters of a History of Belize.

²⁴⁰Gayle H and Mortis N. October 2010. Male Social Participation and Violence in Urban Belize. Report.

in the study were single parent families.²⁴¹ The study found a substantial number of households below the poverty line, and concluded that because of the small, youthful population in Belize, the level of poverty would not be eradicated overnight and needed long-term solutions. Only a third of the extended families that had taken on children from related and troubled family units could be considered financially stable. Household financial stability was seen as a causal link to child abuse and conflict in the home. One of every 7 adolescents of the households in the sample had been severely abused; in poor households this increases to 1 in 6.

In Southside Belize City, two-thirds of fathers were absent from the home, an indicator of the compromised family support structure in urban areas. Many family structures in Belize are fragile and in need of assistance in order to be able to provide the support needed to the children and adolescents who depend on them.

Children with the Highest Need for Protection

Children (in Foster Homes and Institutional Care) without Parental Care

Children who are in institutions/without parental care includes several categories, as follows:

Kinship Care: Kinship care refers to informal fostering provided by grandparents or other relatives at the request of parents or in some cases formal placements effected by the DHS. There are no formal statistics on the number of children living in these kinds of informal living arrangements though anecdotal evidence suggests that the practice is widespread.²⁴² The rising number of female-headed households, noted in the 2010 MDG Review, is a significant contributor to this problem.²⁴³ In addition, the CEDAW 2005 report indicated that 24% of households in Belize are headed by females; among Creole populations in the Belize district the number rises to 36%.²⁴⁴ In the Community Based Assessment of five inner city communities in the Southside area of Belize in 2009, single parent households accounted for one in five households in the communities of Pickstock, Lake I, Collet, and Port Loyola. This means that in Belize a significant number of children were beginning life and living across the childhood lifecycle devoid of at least one parental figure. This has been identified as a factor contributing to low school enrollment and participation as well as increasing the likeli-

hood of child abuse and neglect and creating vulnerability for conflict with the law as adolescents. In addition, children in Belize are growing up without parental care because parents have died in some cases from violence or they are being removed from parents who have abused or neglected them or exposed them to exploitation or child labor. In 2009, 1 in 5 fathers of children in the Pickstock community had died. In many cases, the risk is aggravated by the fact that a number of such children are living in informal housing arrangements with an adult who is not their parent, who may or may not be a relative and often the adult who is the only breadwinner is a single parent.²⁴⁵

Foster Care: Foster care refers to formal placement by the DHS with non-relatives (or with relatives as formal kinship placements), usually in situations where the child has been removed from the parent because the child was suffering or was likely to suffer harm while in the care of the parent. Children in foster care, whether formal or the more prevalent informal kinship care are at risk of abuse and neglect and may be denied important developmental opportunities due to the lack of stability of such living arrangements. In 2007, there were 200 children in foster care in Belize.²⁴⁶

Foster care has proven to be a good temporary alternative for children who lack parental care and will provide them with a sense of family. However, foster care is state-implemented and requires a large amount of human resources to properly screen potential foster parents and register them, screen and assess each time a placement is to be made to ensure a suitable match, monitor placements and coordinate the continued provision of services such as counseling, education and medical care while the placement is ongoing and then prepare the child for the termination of the placement and provide follow up once the placement is complete and transition the child to the next placement.

In Belize, all placement, assessment, investigation and follow-up jobs are done by just four CPSS social workers, all of them centralized in Belize City.²⁴⁷ Further, the government only provides a stipend of \$60 per month to families who agree to foster children and only where that stipend is requested. The low stipend, however, may be related to a positive cultural norm supporting kinship care and informal fostering – not as an “economic activity.” In most circumstances, the government will cover tuition and book costs and in rare

²⁴¹Ibid.

²⁴²Workshop with Teachers, Cayo District, Belize, August 2010.

²⁴³UNDP 2010. Draft MDG Scorecard and Outlook Report. Belize, UNDP.

²⁴⁴GOB. 2007. Report on the Convention on the Elimination of All Forms of Discrimination Against Women.

²⁴⁵Interview with Social Workers from the Department of Human Services, August 2010, Belize City.

²⁴⁶Lim Ah Ken, Patricia, 2007.Children Without Parental Care in the Caribbean.

²⁴⁷Though foster care placements may also be assessed/screened by other child protection workers as part of least restrictive placement efforts, or as part of child abuse case management.

cases secondary health care costs and school transportation costs. Larger stipends and secondary medical expenses are provided for families who foster special needs children. However, daily meals and other expenses must be covered by the family that has agreed to foster the children. Foster families often complain that social workers do not provide enough support to the fostering family and often do not keep regular contact with the child that has been placed. In some cases, families complain that they do not have copies of court orders for children, often orders are not up to date and in some cases children do not have proper birth certificates, medical records or social security registration.²⁴⁸

Institutional Care: In Belize, institutional placement is the result of a court order removing the child from the parent. Such applications are made by the DHS. DHS intervention is usually based on a report that there is a child who is suffering or likely to suffer harm. Where investigation substantiates such reports, removal of the child is often necessary. DHS policy requires social workers to explore the least restrictive placements with other family members before considering foster care and if that is not available then to consider an institutional placement for the child. Children in institutions often lose family contact and family support and are often exposed to multiple movements and placements which disrupts education and further erodes family contact, so that the children lose historical markers that ground identity, confidence and awareness of their place and value in society at an early age. This sense of displacement often continues for the rest of the life cycle.²⁴⁹ In a recent study of 10 CARICOM countries, Lim Ah Ken concluded that institutional homes are generally inadequate and do not provide the attention and love that children need.²⁵⁰

Belize has laws regulating conditions in institutions providing residential care to children, requiring such institutions to be licensed. An inspector of social services institutions has been appointed to monitor the condition of children in institutions. However, the only government owned and operated children's home providing residential care to children remains unlicensed and does not meet the minimum standards set out in the regulations. This is widely regarded as hampering the government's ability to enforce standards in privately run institutions, and in some of those institutions overcrowding is an issue.

Following reports in 2004 that children in institutions often

languish for long periods of time without frequent reviews of their status and without adequate permanency planning being developed in their care plans,²⁵¹ regular review (with participation of institution managers) has been instituted since 2008.²⁵² The NPA Monitoring Report could not provide the foster care rate or the average length of stay in institutional care, because no data were available for those indicators. Amendments to the FACA now expand the situations in which parents may be deprived of parental rights and children deprived of parental care to include situations where children exhibit anti-social behavior. Given the subjective nature of this designation, there is the potential for abuse and negative consequences. It is not yet known how this will affect the number of children already in foster care and institutional placements.

According to a 2007 report,²⁵³ children are being placed in institutions in Belize for a range of reasons, including: parents who are alcoholic or drug addicted; parents who emigrate for work, leaving the children; single parents who cannot supervise or support their children; HIV positive parents; incarcerated parents; economic hardship; neglect and abuse; not enough social workers or other staff to take on additional caseloads; and other reasons.

Initiatives. Belize has passed the Social Services Agencies Act which, along with accompanying regulations, requires institutions to be licensed, and establishes minimum operation standards for such institutions. In addition, an Inspector of Institutions has been appointed under the act and training manual has been developed to provide training and guidance to institutions in attaining standards. However, it is difficult to maintain and regulate standards in institutions as the only government operated children's home is unlicensed and does not meet minimum operating requirements. In addition, the GOB entered into a loan agreement with the IDB in 2011 to finance a project called Community Action for Public Safety. One substantial component of this project is for the development of a continuum of care for juvenile justice. Over US\$ 2 million will be invested in developing an after care programme for Youth Hostel, Youth Cadet Corps and Wagner's Youth Facility, infrastructural upgrades for Youth Hostel, and strengthening of rehabilitation programmes for the facilities.

Implications. Due to the hidden nature of kinship care it is impossible to determine whether host families who have taken in children have the capacity to care for them. Kinship care

²⁴⁸Shaw, Diana. 2004. Vulnerability Analysis of the Child Protection System.

²⁴⁹Interviews with children at the Dorothy Menzies Children's Home, 2009

²⁵⁰Lim Ah Ken, 2007. Children Without Parental Care in the Caribbean, p. 16.

²⁵¹Shaw, Diana. 2004. Vulnerability Analysis of the Child Protection System.

²⁵²Personal Communication, June 2011, J. Alpuche, GOB Ministry of Human Development and Social Transformation.

²⁵³Ken, LA. 2007. Children Without Parental Care in the Caribbean.

provides a family setting and therefore should be promoted but there is always need to monitor the care given to a child by another family. Most of the institutions in Belize are overcrowded and inadequately staffed and operating with inadequate programmes to provide proper care and protection to children. In addition, children who are without parental care as a result of conflict with the law may be placed at the Wagner's Youth Facility which does not fall under the Inspector's purview though recent collaborations have been reached to allow the inspector limited access (this youth facility is governed by the Prison Act). The other facility, Youth Hostel, is used primarily to house children committed for uncontrollable behaviour and children on remand, or children convicted of status or minor offences. In the past, this facility has faced numerous problems with recurrent runaways and a high recidivism rate. Very few residential care institutions have had "leaving care" programmes that are comprehensive in their scope and work sufficiently with parents, though some have begun to prepare such programmes for older children.²⁵⁴ With the new IDB-funded initiative, this situation will be improved. Moreover, two group homes, one for girls and one for boys, were established in 2009 to help adolescents who are wards of the state and in institutional care to prepare for independent living at 18. There are currently 20 young persons in these placements.²⁵⁵

Children with Disabilities²⁵⁶

This is one of the largest excluded vulnerable populations of children in need of protection, though some positive developments have occurred. In 2000, the GOB divested disability services, screening of children for disabilities ceased in 2000 and the Disability Services Division of the MHD disbanded in 2001. However, in 2005, the Belize Cabinet passed a National Policy for Persons with Disabilities, and data on the extent of disabilities is collected in the Census. In addition, Belize just recently became a signatory to the UN Convention on the Rights of Persons with Disabilities, which has been ratified by the National Assembly – thus it is now recognized international law in Belize. Belize has not yet signed the OAS Inter-American Convention on the Elimination of all Forms of Discrimination against Persons with Disabilities. At this point, there is no official body in place to protect rights of children with disabilities. Services are instead provided primarily by NGOs such as the Belize Council for the Visually Impaired (BCVI) and CARE Belize. The Special Education Unit (SEU) within the Ministry of Education (MOE) provides screening

and teaching aids for school age children but no services to under 5 year olds. MOE has adopted a policy of assimilating children with physical and intellectual disabilities in schools but resources are inadequate and trained teachers limited. BCVI does some screening of school age children but school textbooks are not available in Braille except at the Stella Maris School in Belize City. Families are expected to provide primary care and protection for children with disabilities; however, inadequate access to resources, lack of training and support and inadequate public awareness on the rights and capabilities of these children results in many children with disabilities being neglected, stigmatized and denied their rights. The situation is serious.

Victims of Child Abuse and Neglect

According to MICS 2006 data, about 25% of parents surveyed in Belize supported the use of physical punishment for children, across all demographic characteristics. This is of course different than child abuse, but does suggest a generalized cultural pattern in which physical punishment is normative. With respect to actual abuse, the NPA Monitoring report reported cases of child abuse decreased from 5.3 per 10,000 in 2003 to 4 per 10,000 in 2007. However, there are complaints of reluctance to report due to a perceived slow or inadequate response from the DHS.²⁵⁷ In addition, social workers typically carry caseloads in excess of 50 as opposed to internationally accepted rates of 15 to 20 cases. In addition, there are reports of a breakdown on mandatory reporting by doctors who are reluctant to report because they do not want to become involved as witnesses in criminal prosecutions. Moreover, DHS continues to be plagued by inadequate resources, with CPS social workers having to share vehicle access with other divisions in the Belize district and in other districts with other departments within the Ministry or with the police. In addition, there is a low conviction rate for sexual violence/abuse against children with less than 50% of cases even proceeding to a trial and less than 50% of those cases achieving a conviction. Finally, no assessment of the child protection system in Belize has been conducted since 2004 and there has been no CRC report since 2004.

Initiatives include Conditional Food Assistance for Children in Schools, and Food Baskets for indigent families through the Salvation Army. At the same time, there is a lack of disaggregated data and inadequacies of the data collection methodology and lack of effective monitoring and evaluation.

²⁵⁴Interview with House Mother of Residential Facility, November 2010.

²⁵⁵Personal Communication, June 2011, J. Alpuche, GOB Ministry of Human Development and Social Transformation.

²⁵⁶IRDMA 2004 Report on Disabilities.

²⁵⁷Workshop with Teachers in Cayo District, August 2010.

According to the 2010 NPA Monitoring Report, the incidence of child abuse and neglect is likely to increase by 2015 based on the statistics currently available. However, serious challenges with data collection in the child protection system affect the validity of the reported statistics and the projections.²⁵⁸ Anecdotal evidence suggests that there is underreporting to the main implementing agency and an increase in community based and in-school out of court initiatives to address child protection issues.

Adopted Children

Some parents who find it burdensome to care for their children give them to a family or friend who is willing to assist. In most cases there is no formal or legal arrangement. There are other cases where children are given away to strangers, mainly foreigners who would give money to the parent/s. In such cases the adopters are reluctant to go through the legal adoption process, which could take as long as a year or more. They prefer to avoid this process and give money directly to

the parents. According to an official of the Ministry of Human Development, some of the foreign adopters will give a house or household amenities as a token to improve the condition of other siblings or the family as a whole.²⁵⁹ The child is doubly vulnerable because neither the parents nor “adopting adult” is likely to inform the authorities of the situation.

Belize has now ratified the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption of 1993 and has incorporated the provisions into the policies and procedures of the DHS. The Supreme Court, through which all inter-country adoptions must be processed, has adopted the procedural requirements of the Hague Convention. In addition, practice and procedures have changed to require DHS approval of inter-country adoptions through the submission of a social inquiry report validating the suitability of the placement. This has restricted the practice of attorneys obtaining private Guardians Ad Litem in both local and inter-country adoptions without the associated vetting

Table 20. NPA Monitoring Report 2010 – Child Protection Target Indicators

Target	Indicator	Baseline		2004	2005	2006	2007	2008	2009	Status	Target Value 2015
		Value	Year & Data Source								
Target 1: Abandonment and Abuse	Child Abuse Incidence Rate	5.3	2003 MOH	3.6	5.0	19.0 p	18.6 p	17.2 p	15.8p	–	4.0
	Child Abuse Repeat Rate	.01	2005 MOH	NA	.01	.04	.02	.06	.04	–	.01
	Foster Care Rate	NA	NA	NA	NA	NA	NA	NA	NA	NT	90
	Average Length of Stay Institutional Care	67.1 p		NA	NA	NA	NA	NA	NA	NT	
	Number Absconding Institutional Care	NA	2005	NA	NA	NA	NA	NA	NA	NT	
Target 2: Child and Adolescent Labour	Child Labour Rate	6.0	2001 CSO	NA	NA	NA	NA	NA	NA	NT	4.8
Target 3: Early Pregnancy and Adolescent Parenthood	Teen Birth Rate	170	2003 SIB	159	164	174	175	173	NA	–	15
	Age-specific Fertility Rate	83.2	2003 SIB	99.0	92.9	84.5	79.1	78.0	77.3	–	15
Target 6: Youth Violence and Juvenile Offenders	Juvenile Reported Offence Rate	.58 p	2005 SIB	NA	.58 p	.75 p	NA	.70 p	NA	–	0.2
	Juvenile Arrest Rate	.23 p	2004 SIB	.23 p	.21 p	.24 p	.13 p	.27 p	NA	–	0.11
	Juvenile Conviction Rate	.07 p	2004 SIB	.07 p	.03 p	.14 p	.06 p	.14 p	NA	–	.04
	Juvenile Crime Rate	2.8 p	2004 SIB	2.8 p	2.4 p	3.1 p	2.0 p	4.1 p	NA	–	1.4
	Juvenile Re-offence Rate	NA	NA	NA	NA	NA	NA	NA	NA	NT	

P - Provisional Value

²⁵⁸As seen from the excerpted table of indicators for the NPA a number of the indicators are blank as there was no data available to assess those indicators as that data was not being collected as there were no systems in place to capture them. The MHD is aware of the data collection challenge and has indicated that it is working to resolve those challenges.

²⁵⁹Petit, Juan Miguel. 2004. Trafficking in Persons, (Preliminary Report). US Department of State

Table 21. Child Protection Recommendations

Target Areas	Challenges	Recommendations
Abandonment and Abuse	Reduce the incidence of child abuse especially for females.	Increase family education on prevention and control of abusive situations. Provide counseling services for families. Ensure support services for families.
	Lack of information on quantity and quality of care.	Strengthen data collection methods and reporting in the institutions providing care services.
Child and Adolescent Labour	Lack of information on child labour	Track incidence of child labour through labour force surveys.
Early Pregnancy and Adolescent Parenthood	High fertility rates for 15 to 19 year old females.	Increase access to sexual health education and services for adolescents
Children and Adolescents with Disabilities	Lack of information on disabled children.	Determine what forms of disabilities affect children and implement strategies to prevent and manage these. Establish data collection and reporting mechanisms on children with disabilities through institutions and household surveys.
Social Inclusion	No indicators define social inclusion	Define social inclusion targets based on the NPA and calculate indicators to measure progress. Establish data collection and reporting methods.
Youth Violence and Juvenile Offenders	Increasing juvenile crime rate.	Implement multi-sectorial plans addressing these issues
	No information on repeat offenders	Strengthen data collection methods and reporting in the Police and/or the judicial system

by the DHS, which, according to the last periodic report, accounts for at least one-third of all adoptions.²⁶⁰

Despite improvements in streamlining and monitoring inter-country adoptions, challenges still remain. Non-Belizean children living in Belize still cannot be adopted in Belize; further, the procedures on inter-country adoptions often have to be adjusted to reflect changes in US Immigration requirements for overseas adoption if the adoptive parents are from the USA. This often results in delays in the court process. There was, for example, a recent case of an adoption that was completed but the parents were denied a visa for the child to travel to their country of origin as they had not obtained US State Department approval prior to making an application in court.²⁶¹ Formal amendments must be made to the FACA to accommodate the new practice procedures now in place as a result of Belize's ratification of the Hague Convention on Inter-country adoptions.

Trafficking Victims

Trafficking continues to be an issue of concern in Belize. However, Belize is primarily a trans-shipment point for trafficking, and a major component of trafficking reports involves commercial sexual exploitation of children (CSEC). It is one of the least visible and most difficult forms of abuse to detect and prosecute. Of importance, the Prohibition of Trafficking In Persons Act passed in 2003 may be amended later in 2010 to include CSEC draft law bill.²⁶² The TIPS network is active and has participated in several raids, though most of the cases were resolved as cases of smuggling and not trafficking.²⁶³ The low conviction rate for trafficking in Belize may be affected by the practice of repatriating victims.²⁶⁴ Participation in criminal prosecution is voluntary and most victims have chosen to be returned home rather than to stay and participate in the criminal proceedings as witnesses so cases often abandoned.²⁶⁵

Initiatives. As noted, the Prohibition of Trafficking In Persons Act will be amended. In addition, the Belize Tourism Board (BTB) has joined with the Belize Tourism Industry Association (BTIA) to provide training on issues of CSEC and trafficking within the tourism industry. Some resorts have signed onto the Code of Conduct that their establishments will not be used for trafficking or CSEC or as sex tourism destinations, and to incorporate protocols to train and implement protection mechanisms. However, the rate of participation and adoption of the Code of Conduct is extremely low compared to number of resort operators. In addition, participation is voluntary and a fee must be paid to ECPAT.²⁶⁶ Further, there are no sanctions for refusal to adopt Code of Conduct and BTB cannot enforce compliance.

²⁶⁰Second Periodic Report on the CRC, GOB, 2003

²⁶¹Interview with an adoptive family from the Cayo District in July 2010.

²⁶²National Symposium on CSEC and Trafficking – August 2010 – Ministry of Human Development and Social Transformation

²⁶³Interview with Magistracy- October 2010, Belize City.

²⁶⁴Interview with Director of Public Prosecutions – October 2010, Belize City.

²⁶⁵Interview with Director of Public Prosecutions – October 2010, Belize City.

²⁶⁶Stands for End Child Prostitution, Child Pornography, and Trafficking of Children for Sexual Purposes.

Trafficking Case Study²⁶⁷

The case involves "...a 13 year old girl from the Es-tor municipality in the Guatemala district of Izabal. She was taken to work in Moho River Boon Cree, in Belize's Toledo district." According to the official files "on the 22nd July, the minor was selling tortillas at the market. Around 12:00, a woman called NN approached her and asked where she was working and if she would like to work with her. The minor answered that she had to ask her parents. They went to the girl's house where they found the mother (the father was working). NN offered to pay 700.00 Quetzales per month for taking the girl with her to Morales. The mother agreed under one condition: that she and her husband could go and check on the place their daughter was going to. They made arrangements to meet on the 25th at 8:30. They finally met at 9:00, NN arrived in a taxi and said that the parents couldn't go, that just the girl was to accompany her and promised to call the moment they arrive. When the case was reported nothing could be said about NN, only that everything was a lie, that she wasn't in Morales, she was in Belize, possibly in Moho River Boon Cree, Toledo district. A request for information to Belize's Interpol was sent. On the telephone, they asked a picture of the girl. A photograph was sent via e-mail.

Belize's Interpol sent a written report stating that on the 29th January 2004, the Police arrested a 67 years old man, with residence in Punta Gorda, South of Belize, charging him with sexual abuse against a minor named NN that was taken to a home for children in Belmopan city. After the girl spoke with the woman in charge of the children's home, it was determined that her real name is NN. As the crime was committed in Belize by a Belizean, the girl will stay at the mentioned place until the case is concluded."

Commercial Sexual Exploitation of Children (CSEC)

There are a number of ways in which CSEC is manifested in Belize, many of them related to situations of poverty, including the normalization of sex exchange for resources. These manifestations include:²⁶⁸

- Children under 12 years being sexually molested in exchange for sweets and food and other personal items. Families are usually not aware of the fact that such crime is taking place.
- Children under 12 years selling food and other items or shining shoes or begging for money and food on the streets engage in CSEC when they don't acquire enough money to contribute to the family income. In this case, families are either aware or not aware of the fact that this crime is taking place.
- Adolescents having relationships (encouraged and approved by parents) with older persons who provide for them economically. The family receives benefits from this relationship, which is reported to be prevalent among rural Mestizo and Latino communities in Belize.
- Adolescents having sex with one or more recognized partners in exchange for food, school fees, "bling bling," or social status. The family benefits from this sexual activity.
- Adolescent students being solicited for CSEC activities during and after regular school hours. They leave school on the pretext of being ill to engage in this activity and have intermediaries who set up the contact with perpetrators. Families are either aware or not aware of the fact that this crime is taking place.
- Adolescents exhibiting "uncontrollable behavior" partly constituted by engaging in sexual activity that cannot be controlled by the parent or guardian. Parents or guardians in these cases do not know what to do about the behavior.
- Adolescents left on their own to survive have no parents or guardians at home with them (either permanently or intermittently) to provide for their economic and social needs so they engage in CSEC activities to pay for food, utilities, and school fees.
- Adolescents referred to as "street-walkers" who target tourists as clients or who frequent bars and other locations where mostly older men pick them up for CSEC "services".
- Immigrant adolescents working in bars as "wait-

²⁶⁷Petit, Juan Miguel. 2004. Trafficking in Persons in Belize (Preliminary Report). US Department of State.

²⁶⁸"The Commercial Sexual Exploitation of Children and Adolescents in Belize", 2006, ILO

resses” or “dancers”. This group lives in fear of police raids and the possibility of deportation. There are elements of trafficking in persons that are related to these cases.

- Adolescents engaging in pornography as an economic activity. Not much has been reportedly known about this type of CSEC activity in Belize.

CSEC is primarily an outcome of poverty. Key informants in a recent study indicate that, faced with situations of extreme poverty, CSEC becomes a means to survive. Other – often related – causes include family breakdown; gender issues; social and peer pressure; cultural values/breakdown in morality; migration; and lack of recreation and positive social outlets for adolescents.²⁶⁹

*Initiatives.*²⁷⁰ In recent years, these include a number of reports and studies, efforts to sensitize hotel and resort operators, small-scale interventions, and a Labor Department initiative to address CSEC. Nonetheless, CSEC remains one of the worst human rights violations facing children and adolescents in Belize in 2010. The US Department of State has expressed concern on the issue of CSEC in Belize²⁷¹, which has been closely linked to trafficking.

Broader Consequences of CSEC for well-being of Children

- Increased teen-age pregnancy and abortion rates;
- Increased number of babies being given up for adoption;
- Increased risk and incidence of STDs and HIV transmission in younger populations;
- Further family breakdown and an increased number of single parent female headed households;
- Increased drug use and abuse amongst victims seeking to self medicate;
- Increased risk of developmental and learning disabilities for children born to younger mothers who, as a consequence of poverty, do not have an appropriate pre-natal and post natal diet – this is documented in the upcoming 2010 Nutrition Survey and the Height Survey (estimated release in third quarter 2011)²⁷²;
- Increased levels of mental health issues amongst adolescents;
- Increased levels of rebellion and resistance amongst adolescents who are often brought into the juvenile justice system as “uncontrollable”;
- Increase in school dropouts.

Migrant and Immigrant Children

As one of the most stable constitutional democracies in Central America, Belize is seen as an attractive alternative to political instability and widespread indigence in surrounding Central American countries. In addition, there is a large stretch of the land border with Guatemala that remains porous. Belize remains an important transshipment point for those seeking to get to the USA. There is great difficulty balancing the needs for tourism development and the need to control migratory flows in and through Belize and there are no easy answers.²⁷³ According to Pettit, crossing the border into Belize is a historical pattern in part because of the long, difficult-to-regulate border, a sparse population in much of the country, abundant natural resources, and potential work. Because of the porous border, Belize has also become a transitory site for those heading to Mexico or the United States. At the same time, living conditions for migrants are typically worse than for native Belizeans.²⁷⁴

There have also been other studies indicating that migration to Belize is a mixed blessing. A literacy survey done in 1996 – no more recent surveys have been found – indicates that literacy among Central American immigrants to Belize was lower compared to that among immigrants from Asia, the Caribbean or the USA. This supports anecdotal evidence from schools in the Cayo district that migration patterns strain educational resources. Immigrants from Central America tend to have more children than immigrants from Asia or the USA and additional resources in the education sector must be allocated to them. Children in these communities face many disadvantages.

Furthermore, English (the language used in schools) is a second language and many of them have to repeat the first year of school so that they can learn English before advancing to higher grades. Due to lower literacy levels and lack of documentation, many of the immigrants from Central America will only find employment in the low paying, often seasonal agricultural work. Their children often face food insecurity and lack of medical care. Living conditions for children of migrant banana workers and children living in makeshift

²⁶⁹ILO. 2006. The Commercial Sexual Exploitation of Children and Adolescents in Belize. International Labor Organization.

²⁷⁰Taken from presentations made at the National CSEC and Trafficking Symposium, August 2010

²⁷¹Petit, Juan Miguel. 2004. Trafficking in Persons in Belize (Preliminary Report). US Department of State.

²⁷²Interview with Ministry of Health, October, 2010.

²⁷³Ibid

²⁷⁴Joseph Palacio, 1990

shacks characterizing many immigrant communities in urban areas are among the worst living conditions of all children in Belize – with limited or no access to potable drinking water, indoor sewage facilities, proper sleeping and living spaces and educational or leisure resources. Immigrants now make up the bulk of the labor force in agriculture²⁷⁵ and in banana and citrus communities children often have to supplement the family income by entering into seasonal agricultural labor during harvest seasons.²⁷⁶

Indigenous Children

The issue of the rights of the indigenous peoples, like the issues posed by the recent Central American immigrants, goes to the question of what it means to be a multicultural nation and how different views concerning national identity and the rights accorded to different members of the nation are to be reconciled. On a community level, areas with large indigenous populations are often disproportionately represented in child labor statistics. In a survey done in 2001, for example, indigenous populations showed larger percentages of children involved in child labor. Of the children classified as being involved in child labor in the survey, there were: 583 Creole children (11.5%), 2107 Maya children (41.6%), 2042 Mestizo children (40.3%) and 329 other children (6.5%).²⁷⁷ The survey also shows that Maya children between the ages of 5 years and 11 years are more involved in child labor in absolute terms (1,025 persons) and percentage (20.2%) than any other age or ethnic group.²⁷⁸ Perriott²⁷⁹ remarked in 2003, that “People of Maya ethnicity are at severe risk of being victimized by child labor. About three out of every four Maya children or young persons engaged in economic activity were involved in child labor. Most of the Maya in Belize live in the Toledo district where most of the risk factors for child labor exist.”²⁸⁰

As detailed earlier in this report, the Toledo district has the lowest population density, relatively few primary schools in villages (though this has increased), proportionately fewer secondary schools, and limited transportation between villages, meaning that children have less access to formal education and are therefore more likely to be involved in the family’s economic activity. Children in indigenous communities are often excluded from national policies and plans and the allocation of resources has often not fairly represented

in budgets.

Initiatives. The IDB has issued a policy note concerning the allocation of resources in IDB funded projects. In that document, the IDB has considered the Maya and the Garifuna as the two indigenous groups in Belize. The policy seeks to ensure that indigenous peoples are safeguarded against adverse impacts and are not excluded from Bank-funded development projects, and it promotes development with identity (protection of values, world view, governance, etc.).²⁸¹ The report urges that the Bank stipulate in its agreements with government the observance of rights of Maya and Garifuna peoples, in particular in the areas of land, participation in decision-making, education and health. It acknowledges the challenge in stating that still, in 2008, there are strong indications that the Maya and Garifuna of Southern Belize stand out negatively compared to the national average in almost every indicator.²⁸²

Children Exposed to Violence

Levels of violence are increasing in the Caribbean and responses have not changed to accommodate this rise. The rise in violence has had multiple negative effects on the social welfare systems. Another effect is the barrier that violence creates to accessing social work services. Vulnerable communities in especially violent areas are made even more vulnerable when they cannot access social services. If social workers cannot make accurate assessments of the situation of vulnerable families, these families may never receive any form of financial or psychosocial support.²⁸³

Outbreaks of violence are rarely one-off events, but usually result from longer-term structural processes of social and political disintegration whether at a national or local level. Neither do violent conflicts – especially the protracted conflicts of recent years – typically occur in a linear cycle. Although levels of violence vary in intensity and there are usually recognizable phases of escalation and de-escalation, violence can be ongoing at a low-level for long periods of time.²⁸⁴ Globally, armed violence kills hundreds of thousands of people each year and the majority of these deaths occur in non-conflict affected countries due to homicide and inter-personal violence. These figures also state that armed violence is the 4th most significant cause of death for 15-44 year olds worldwide and

²⁷⁵Labour Force Survey, 2009

²⁷⁶Pegus. 2004. Qualitative Analysis of Child Labour in Belize.

²⁷⁷Child Activity Survey, 2001.

²⁷⁸*ibid*

²⁷⁹Perriott, Leopold. 2003. Child Labour and Education in Belize, A Situational Assessment and In-Depth Analysis. CSO.

²⁸⁰*ibid*.

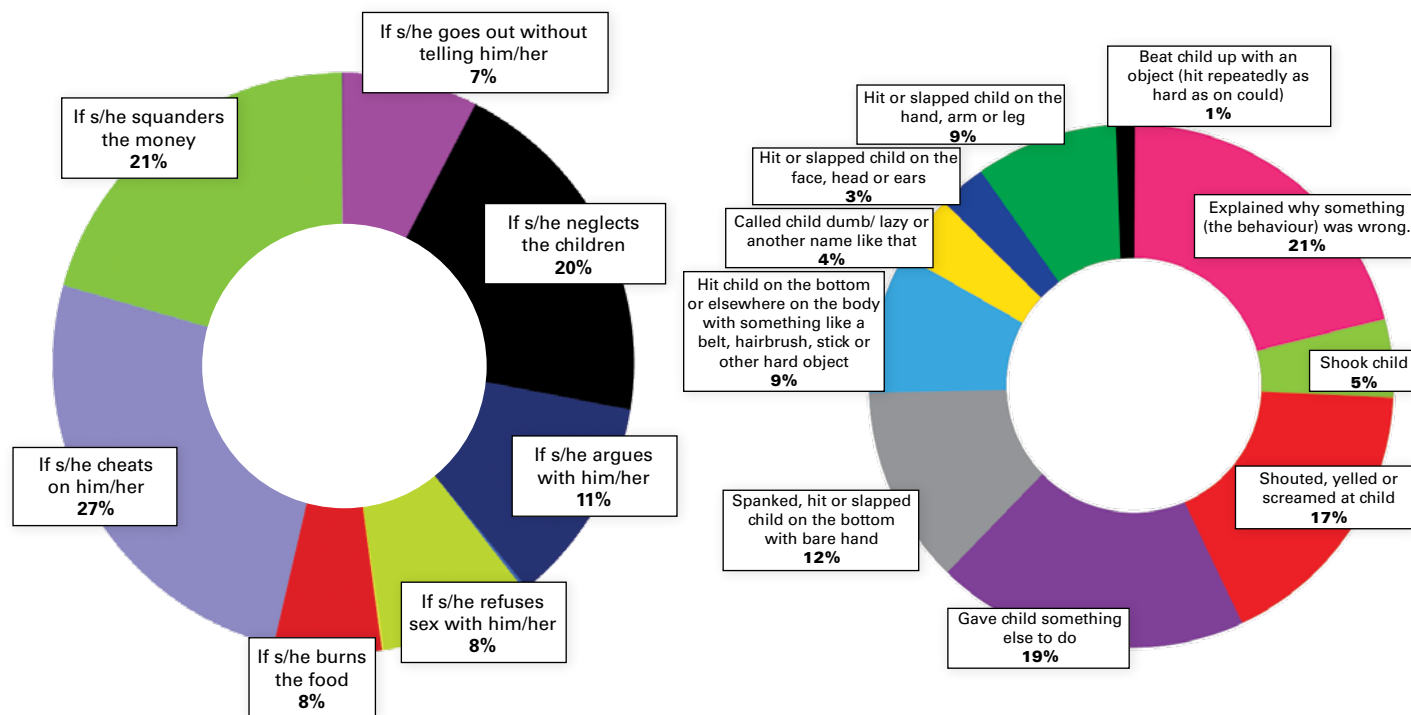
²⁸¹Ellen-Rose Kambel. 30 June 2008. Policy Note on Indigenous Peoples in Belize. IDB report, , p. 7

²⁸²*ibid*

²⁸³UNICEF. 2006. Violence Against Children in the Caribbean: Regional Assessment.

²⁸⁴Hilker, Lyndsay and Fraser, Erika. 2009. Youth Exclusion, Violence, Conflict and Fragile State.

Figure 34. Disciplinary Practices



that most of those killed are young males, although the impacts reverberate on entire families and communities.²⁸⁵

Violence is generally linked to conditions of poverty, lack of opportunity, marginalization and inequity, and all the social consequences of such conditions with respect to social control, families, education and communities.²⁸⁶ Belize City has emerged as one of the areas with the highest concentrations of armed violence and gang related violence in Belize. Increasingly in Belize children are growing up exposed to violence through inappropriate disciplinary methods, exposure to violence in the home and exposure to violence in the community.

Inappropriate Disciplinary Methods. In an assessment of five inner city communities in 2009,²⁸⁷ parents/caregivers of children age 2-9 years were asked a series of questions on various ways parents tend to use to discipline their children when they misbehave. The diagram below demonstrates their responses.

Several of these children had also witnessed violence in their home.

Violence has a lasting impact on perpetrators, survivors and witnesses and prolonged exposure to violence can contribute to a general culture of terror and the normalization of violence.²⁸⁸ Further, at an individual level there is also evidence that children who grow up with violence – whether domestic violence in the home or violence in their school, workplace, neighborhood or community - may be more likely to re-enact violence as young adults.²⁸⁹ Over the longer term, witnessing violence or being a victim of violence can condition children or young people to regard violence as an acceptable means of resolving problems.²⁹⁰

Juvenile Justice System

The Belize National Plan of Action and National Child Protection Protocols have both given recognition to the need to have special treatment and protection of children who come

²⁸⁵Ibid.

²⁸⁶DFID (2002) Conducting Conflict Assessments: Guidance Notes; UNDP (2003) Conflict-Related Development Analysis; OECD-DAC (2008 draft) Armed Violence Prevention and Reduction

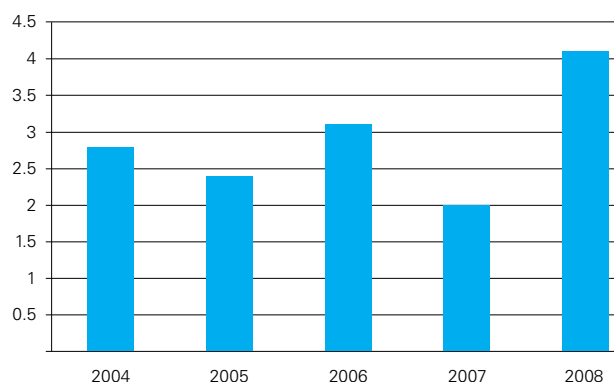
²⁸⁷Community Baseline Assessment in Four Belize City Constituencies Report, 2009.

²⁸⁸World Health Organization. 2002. World Report on Violence and Health. Geneva: WHO.

²⁸⁹UNICEF. 2006. Violence Against Children in the Caribbean: Regional Assessment.

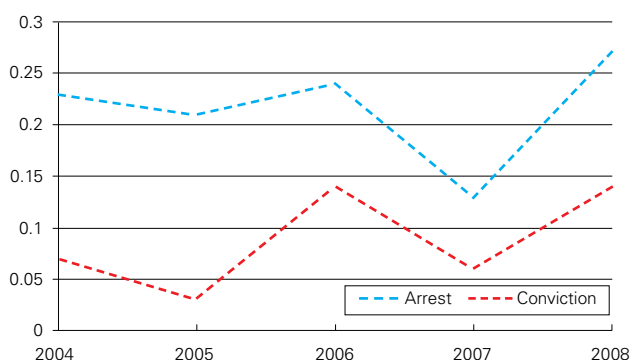
²⁹⁰Op cit.

Figure 43. Juvenile crime rates 2004- 2008



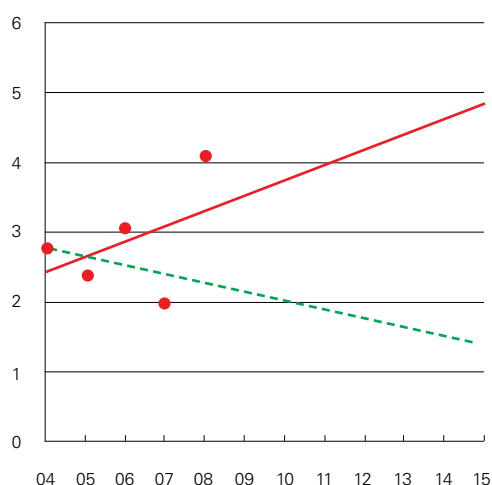
Source: NPA Monitoring Report 2010

Figure 44. Juvenile arrest and conviction rates for 2004 – 2008



Source: NPA Monitoring Report 2010

Figure 45. Projections: juvenile crime rates to 2015



Source: NPA Monitoring Report 2010

in conflict with the law by presenting the agencies that assist such children as part of the child protection system. Belize is a signatory to the Beijing Rules – Standard Minimum Rules for Administration of Juvenile Justice; the Riyadh Guidelines – Prevention of Juvenile Delinquency; and Guidelines for Protection of Children Deprived of Their Liberty. Laws exist to provide for non-custodial alternative sentences for certain offences committed by juveniles; laws exist for prosecution of juvenile offenders, as well as for the probation of certain juvenile offenders. However, challenges remain – the Youth Hostel – the only Government of Belize (GOB) operated residential institution for juveniles in conflict with the law who are removed from parents for uncontrollable behavior or who are on remand – is in need of a procedures manual, additional resources and restructuring of programmes. In addition, uncertainty was created for several months while the Community Rehabilitation Department (CRD) was without a permanent Director; that situation has been rectified but the CRD faces inadequate resources to provide educational support and basic food assistance to at-risk populations to prevent their entry into the juvenile justice system.

Initiatives. GOB has created the Juvenile Court and provided for the appointment of a Community Rehabilitation Officer (CRO) in cases involving juvenile offenders. CROs exist in all districts. In addition, police officers and magistrates have been trained in protecting the human rights of children who come in conflict with the law. Police have also developed the first time offenders programme to divert juveniles who come in conflict with the law from the court system in relation to certain offences. However, the CRD policies and procedures manual is in a draft stage. In addition, new prevention based programmes have been launched to provide anger management counseling to at-risk youth and to require life skills training as a condition of probation orders and Community Service Orders (CSOs).

Implications. There is still an unacceptably high recidivism rate for juvenile offenders. There is a need, among others, for strengthening life-skills training and anger management as part of the treatment plan for juveniles receiving services from CRD. There is a need for strengthening families to cope with teenagers who exhibit behavior problems, and a continued need for collaboration with the judicial system to ensure protection of legal rights of juveniles charged with offences. Generally, there is a very disturbing upward shift in the projections for juvenile participation in crime.

Figure 46. Child labour activities

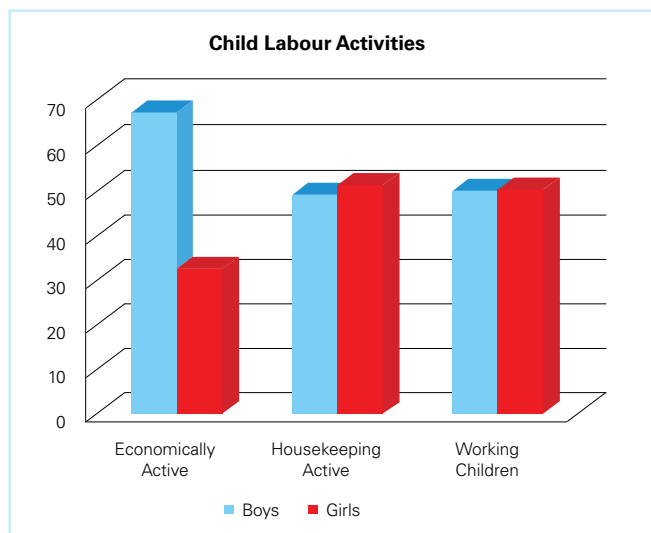
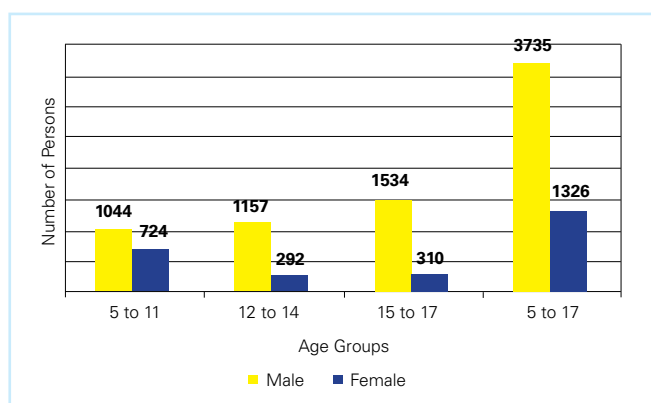
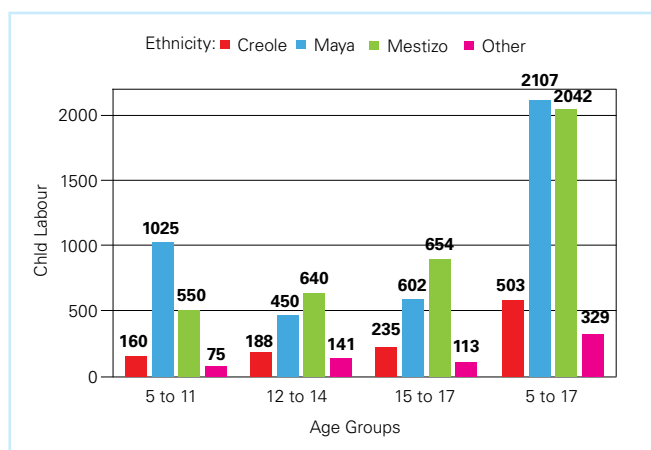


Figure 47. Child laborers by age groups and gender



Source: 2001 Child Activity Survey

Figure 48. Child laborers by age group and ethnicity



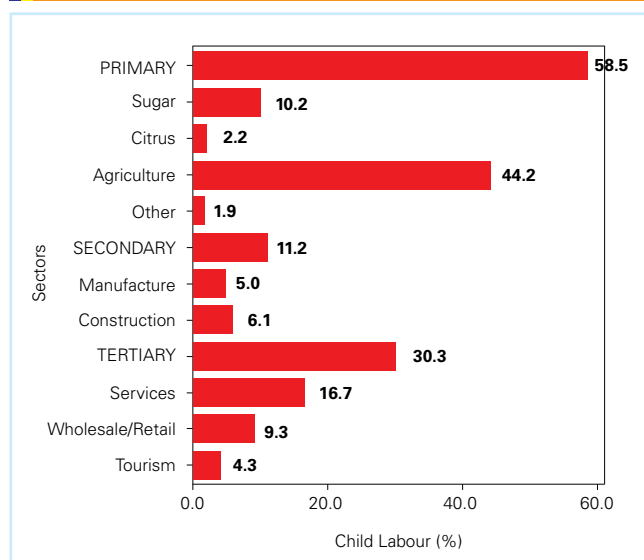
Source: 2001 Child Activity Survey

Child Labor

There is a significant lack of current data on child labour, and in order to properly address and enforce rights in this area, recent data are needed (the most recent Child Activity Survey was completed in 2001). Based on earlier data to provide some reference for understanding the situation, 59.0% of economically active children are involved in child labour, with a decline in proportion from 100.0% (5-11 years), to 63.5% (12-14 years), and 41.4% (15-17 years). Of the children engaged in child labour, 78.6% are in rural areas, 63.6% have incomplete primary education, and 62.9% are attending school full-time. A disproportionate 39.6% are in Toledo. With respect to gender, 74.5% are boys, rising from a ratio of 1.5 boys to each girl (5-11 years) to 5.0 boys to each girl (15-17 years). 68.9% are engaged in hazardous work (primarily, for CAS (Child Activity Survey), the operation of machinery and equipment).²⁹¹

Child Labor Initiatives. There have been some significant advances in this area since 2004. The GOB has adopted the National Child Labor Policy and the Decent Work Agenda. There has been training regarding the eradication of child labor in all major industries. Labor inspectors have also been trained to identify and address situations of child labor in rural communities, particularly in the agricultural sector. The GOB has drafted the Occupation Safety and Health Bill (OSHA) and it has been implemented in all major industries. A National Committee for Families and Children (NCFC) pilot project to

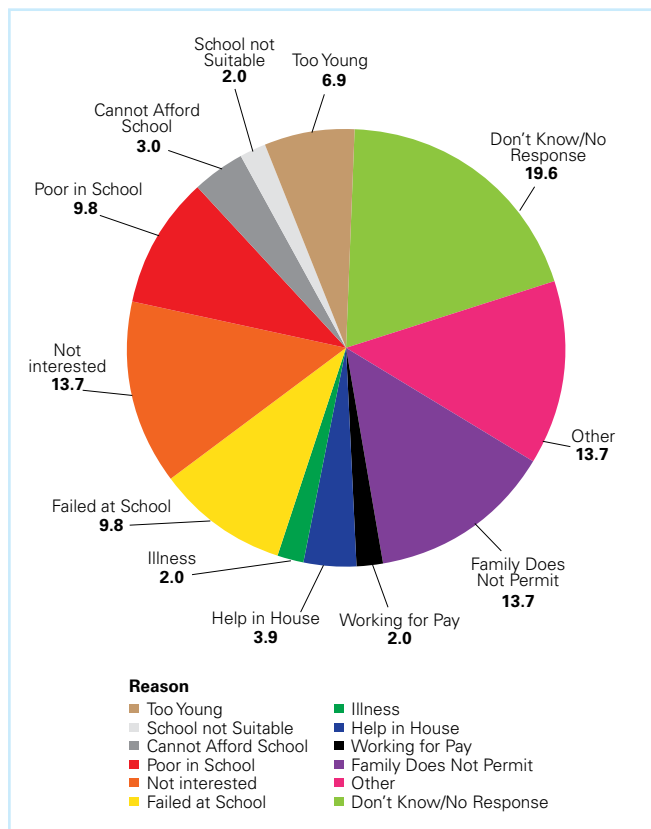
Figure 49. Percentage of child laborers by employment sectors



Source: 2001 Child Activity Survey

²⁹¹GOB. 2001. The Child Activity Survey.

Figure 50. Factors precipitating child labor participation



Source: 2001 Child Activity Survey

remove children in San Antonio, Toledo from child labor situations successfully removed 75 children. The Labor Department has continued implementation of programmes involving child labor especially in the agricultural sector.

Child Labor Implications. In relation to the attainment of MDGs, child labor impedes the attainment of Goal One by squandering the nation's human capital. In relation to Goal Two, child labor interferes with educational access, and in relation to Goal Six, children involved in child labor are more vulnerable to HIV/AIDS. Challenges remain in this area. There is a need for continuous training and sensitization, and a need for more resources to provide alternative income generation training for families. Younger children who have not yet finished primary school or who have completed primary school but not high school are being withdrawn or withheld from school to engage in child labor.²⁹²

Early Marriage

In traditional Maya communities, the marriage of women under the age of 14 is still a normal practice.²⁹³ According to the 2007 CEDAW report, the Women's Department has lobbied and the government of Belize has agreed to raise the age of marriage (with the consent of the parents) from 14 to 16 years old.²⁹⁴ The CEDAW committee felt that this was still inadequate and noted *"with concern that a man who has sexual relations with a girl under the age of 16 can, with the consent of her parents, marry her without being prosecuted for carnal knowledge."*²⁹⁵

Children Living with HIV/AIDS

As noted in Chapter 5 on Health Equity, important initiatives have been undertaken to increase access to antiretroviral therapy. See that section for data concerning children with HIV/AIDS.

B. Protective Asset Capacity

B.1 Policy and Legal Structure

As a foundation for the issues of protection outlined in Part A of this section, it is important to review the Belize legislative and policy framework as a determinant of whether any of the claim-holding constituencies discussed above will attain rights essential to their effective and equitable development. It also represents the structure that establishes the roles of duty-bearers through which children and women are facilitated or prevented from achieving their highest potential.

The government of Belize is a signatory to all the main international conventions setting out rights for children and women. However, the international conventions provide general over-arching rights that must then be translated into more specific local substantive laws addressing specific elements of the rights generalized in the international conventions.

The Constitution of Belize is the supreme law of the land. While the Constitution of Belize sets out the overarching rights and establishes the rights based framework for the administrative, judicial and legislative branches of government it is the laws that address the specific means by which the government institutions are to carry out their mandates, especially those sectors of government that are a part of the child protection system and are thus duty-bearers, including the Health Department, the Education Department, the Department of Human Services, the Police Department and the

²⁹²Perriott, Leopold. 2003. Child Labour and Education in Belize- An In-Depth Analysis.

²⁹³CEDAW Report, 2005

²⁹⁴Consideration of CEDAW Report, 2007

²⁹⁵CEDAW Report, Committee Response, 2007

Judiciary. It is these agencies that actually allow rights to be exercised by claim-holders vis-à-vis duty bearers. Laws require regulations and policy frameworks to set out methodologies and procedures by which duty bearers will fulfill their responsibilities. Without policies and procedure duty-bearers have not established a clear structure by which claim-holders can have an expectation that rights will be attained by them and by which duty-bearers can be made accountable for their responsibility to ensure the attainability of rights by claim-holders.

Incorporation of Conventions into Law and Policy

Convention on Rights of the Child (CRC). For purposes of this Situation Analysis, the standard by which the attainment of rights is measured in the context of the legal and policy structure, is the extent to which laws incorporate provisions of the CRC and the extent to which government policies and plans prioritize and develop structures and systems to facilitate the attainment of those rights by claim-holders. Though the CRC has been expressly enacted into law through the Families and Children Act, the incorporation of its provisions in all domestic laws is not standardized. In addition, the rights-based approach to issues relating to children and adolescents that is set out in the CRC has been adopted in all laws passed after the ratification of the CRC in 1991 including the Trafficking in Persons (Prohibition) Act, the Social Services Agencies Act, the new Education Act, and the Penal System Reform (Alternative Sentences) Act. However, amendments to other laws in conflict with the rights-based emphasis of the CRC such as the Criminal Code and the Summary Jurisdiction Act have been long overdue.

Belize has signed the Optional Protocol to the CRC addressing the need to eliminate the commercial sexual exploitation of children and the ILO has funded numerous initiatives, such as the development of a draft law bill, the development of a care model protocol, the implementation of a project to remove victims from CSEC, and the training of stakeholders within the child protection system. However, the draft law bill has still not yet been enacted. A national symposium has been held to bring stakeholders together to develop a plan for addressing CSEC and trafficking – there was wide stakeholder participation and it is hoped that the plan will materialize soon. Nonetheless, the Optional Protocol has not yet been enacted into law in Belize.

International Labour Organization (ILO) Convention 138 and 182. Belize is a signatory to the Convention on the Minimum Age of Work, Convention 138, as well as the Conven-

tion to Eliminate the Worst Forms of Child Labor, Convention 182. Both Conventions have been enacted into local laws and there is a draft amendment to the Labor Act that will bring that act in full compliance with the provisions of those conventions. The Labor Department is hopeful that those amendments will be passed into law before the end of the year. The National Child Labor Policy prioritizes key action areas and strategies in respect of the government's commitment to eliminate child labor in Belize, yet the adoption of the Decent Work Agenda by all employers still faces resistance and there are still some industries where children remain at risk for labor exploitation. In addition, one of the main forms of labor exploitation – domestic labor in the home – results from the culturally accepted practice of requiring older children to babysit younger children and girls, particularly to stay home to perform domestic chores at home. There are no laws prohibiting this practice, though the Education Department has undertaken widespread public awareness in rural communities to encourage the participation of girls in the school system. Challenges therefore remain for the enforcement of the policy provisions.

CEDAW. The provisions of the Convention on the Elimination of All Forms of Discrimination and Violence Against Women (CEDAW) are now reflected in the new Domestic Violence Act, which expands the categories of persons in which an application or domestic violence protection orders may be brought to include intimate visiting relationships and common law relationships. In addition, the new Domestic Violence Act expands the types of orders that may be made in respect of persons who are seeking the court's protection and assistance and includes provisions for restitution to victims who have been injured.

Compliance of Laws and Policies with CRC

Inconsistency of the Legal Definition of a Child. While Article 1 of the CRC defines a child as “every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier,” this legal definition is not standardized throughout the laws of Belize. For example:

- The Summary Jurisdiction (Procedure) Act defines an adult as any person of or over the age of 16 and a child as a person under the age of 14.
- The Labor Act allows for the admission to employment including hazardous work at 14 years old, part-time employment at 12 years old and full time work at 14 years old. It should be noted that the

ILO Convention 138 on the Minimum Age of Work²⁹⁶ recommends that the minimum age for work should be above 15 years old.

- The Marriage Act still allows for a person of 14 years old to marry with parental consent. A recommendation was made by the UN Committee on the CEDAW based on the last CEDAW report to change the age to 16 years old, but no amendments have been made to the law as yet.
- There is no definition of child in the Indictable Procedures Act, the Family Court Act, the Registration of Births and Deaths Act, the District Court (Procedures Act), and the International Child Abduction Act. None of these positively define a child though they all contain provisions that affect the rights of children and set out procedures for matters pertaining to children. Even the Interpretation Act, which is the overarching act for legal definitions in laws of Belize, does not define the child.
- Policies for the Department of Health to address rights of patients and promised legal reforms have not materialized despite the existence of draft legislation.

At the same time, there has been some improvement and attempts to standardize laws in relations to the definition of child and the assumption of adult responsibility. The age of criminal responsibility was raised from 7 to 9 in 1999 and increased again. The age of criminal responsibility is now 12 years old, which brings Belize in line with other Commonwealth and Latin American countries. There are draft amendments to the Labor Act which will standardize the age of admission to work and there is a draft Occupation Health and Safety Act which will address hazardous work and bring Belize in line with international standards by prohibiting involvement of children in certain types of hazardous work. In addition, the National Child Labor Policy and the Decent Work Agenda were approved by Government of Belize in 2008 and have set out national priorities to eliminate child labor in Belize.

Conflicting definitions have important ramifications. The Marriage Act's provision allowing for marriage at age 14 with parental consent (18 without parental consent) is at odds with the age of sexual consent which in the Criminal Code is set at 16. In addition, while the age of sexual consent is 16 years old, the practice within the medical sector, though

not an expressed statement in law, prohibits the provision of medical services without parental consent to girls under the age of 16 years old unless the girl becomes pregnant.

Discrimination. The CRC includes provisions (Article 2) stating that the rights of all children within the jurisdiction of a signatory are to be ensured without discrimination of any kind, irrespective of the child's or his parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national or ethnic or social origin, property, disability, birth or other status. States are required to take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians or family members.

Article 23 binds signatory States to recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community. States are to recognize the right of the disabled child to special care and shall encourage and ensure provision of the available resources to the eligible child and those responsible for his care. Recognizing the special needs of disabled children, assistance is to be provided free of charge, wherever possible and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreational opportunities in a manner that supports the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

The Constitution of Belize enshrines the principle of non-discrimination as a basic human right and the Families and Children Act protects children from discrimination. However, there are gaps in the law that prevent the proper attainment of this right by all children and that hinder their developmental equity. For example:

- There are no specific laws addressing the status of disabled children and their rights or needs. Where the law addresses disabilities the reference is fleeting or archaic and even offensive by today's standards (the Unsoundness of Mind Act includes provisions referring to disabled children as idiots and imbeciles; with similar terminology in the Criminal Code).
- There is no specific provision in law for addressing sexual assaults, incest, carnal knowledge or other

²⁹⁶Belize is a signatory to the ILO Convention 138 and in 1999 passed the International Labour Office Conventions Act to pass all ILO Conventions ratified by Belize into law in Belize.

sexual offences committed against boys, and differences in the sentences available for carnal knowledge committed against different ages of girls, which need to be equalized.

- No specific legislation addresses or extends rights of status, care, health or education to refugees or children of migrant workers, though Belize is a signatory to the UN Convention of Stateless Persons and maintains an office of the UNHCR.
- And, while medical practice and procedures restrict the rights of girls to obtain medical services under the age of 16 without parental consent, no such restriction exists in procedures or laws for boys.

At the same time, progress has been made. The Evidence Act has been amended to allow for the taking of evidence of children in sexual offences without the need for another witness to corroborate. There has been training for immigration, customs and police department to sensitize them regarding the condition of migrant workers and informal practice policies have been developed to address cases of refugee children. The Labor Department and NCFC have implemented pilot projects with a focus on migrant communities to address conditions of children in relation to child labor and to address conditions under which migrant workers work in plantations. The GOB has also announced that there will be an amnesty programme to allow 20,000 illegal immigrants present in Belize to become documented. The date for the beginning of the amnesty is to be announced.

There remain several obstacles: Proposed Criminal Code amendments to address the lack of sexual offences in relation to young male victims have not materialized. The extensive medical reforms contained in draft pharmacy, dental practice, midwives, medical practice acts and the patient bill of rights and code of ethics for medical personnel are approaching ten years since the project began²⁹⁷ with no effective attainment of rights for children and women through that legal reform process.

The Right of Participation. As noted above, CRC Article 12 guarantees the right of expression to children (with weight given to age and maturity). For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, whether directly or through a representative in an appropriate body, in a manner consistent with the procedural rules of

national law.

However, implementation has been problematic. There is no independent body to allow for children to initiate proceedings in court or to initiate an investigation to ascertain their rights vis-à-vis administrative, judicial or other decisions affecting them. There are no special prosecutors for children to allow their effective participation in cases where they are the victims or to separate their interest from that of their parents or other adults with legal control or influence over them. Neither legislative reform efforts, nor National Policy, nor plans nor strategies have specific mechanisms to allow for the consultation with and participation of children and youth even in the development of laws and policies that will affect their rights such as crime legislation. There is no specific unit within government to develop and implement an overall plan for improving the developmental capacity of disabled persons.

Some progress has been made, including: The creation of the National Resource Centre for Inclusive Education (NaR-CIE) and the expansion of the work of the Special Education Unit; the promotion of a policy of including disabled children in schools within the Education ministry; the creation of the Youth Advocacy Movement and the work of Youth For the Future to create initiatives that prepare young people for participation and leadership in business and civic and community life; amendments to the Families and Children's Act that have created the *amicus curae* provision allowing a "friend of the court"²⁹⁸ to be appointed by the court to allow minors access before the court in proceedings in which their rights will be affected; and policies and procedures of the Department of Human Services that require the views of children to be sought and recorded in accordance with their age and level of understanding in proceedings that will affect them such as custody and guardianship proceedings.

Yet the disbandment of the Disabilities Unit with no replacement has created a gap in the policies and strategies for disabled persons and the proper allocation of budgetary resources towards a systematic plan to improve the condition and access to services and attainment of rights for disabled persons especially during childhood. Draft amendments to the Families and Children Act setting out provisions to address the status and rights of disabled persons have not been enacted and have remained in draft stage for the past 8 years. The lack of sensitivity in courts to the rights of young persons who appear in proceedings before the court, and capacity gaps within the community rehabilitation depart-

²⁹⁷Interview with Ministry of Health, October 2010.

²⁹⁸A "friend of the court" is a legal definition of a person, not a party to a case, allowed to join the proceedings to offer information to assist a court in deciding a matter before it in the form of providing a report or testimony that has not been requested or solicited by the parties. The decision on whether to admit the information lies at the discretion of the court.

ment, have created inconsistency in the participation of juveniles who are charged and appear before the court. There are reports that courts sometimes proceed in the absence of a Community Rehabilitation Officer (CRO) in proceedings involving juveniles brought before the court for criminal offences²⁹⁹ leaving those adolescents without an effective means to participate in the court process in the magistrate court where they often appear with no legal representation. Finally, the current porousness of the border with Guatemala and the challenge to preserve border integrity while extending human rights especially to children have created less than satisfactory compromises in border communities and there are no clear written policies and procedures to address the situation of children and adolescents who are living in border communities and who are travelling on a regular basis across borders.³⁰⁰

The Right to Survival and Protection. CRC Article 6 states that “1. State Parties recognize that every child has the inherent right to life; and 2. State Parties shall ensure to the maximum extent possible the survival and development of the child.” The Belize Constitution protects the right to life and the Criminal Code states a positive duty on parents and caregivers to supply the necessities of health and life. In addition, the Families and Children Act establishes the duty of parents to maintain their children and establishes a mechanism through the Family Court for children to initiate proceedings to enforce their right to be maintained against the parent neglecting their responsibility.

In terms of implementation, the Family Court only exists in the Belize district. In other districts, the Magistrate Court serves as the Family Court as well as the District Court, the Juvenile Court and the Court for Summary Jurisdiction Offences. In practice, this results in family court proceedings being held on one day and in some situations, one afternoon each week with little or no social worker participation. There are complaints that the magistrates do not always have the time to go through all the details of each case and to hear witnesses in each maintenance case, which makes up the bulk of the court’s proceedings.³⁰¹ A practice has developed to award a minimum amount of \$50.00 for weekly maintenance. This practice has become institutionalized and often no assessment is undertaken as to the capacity of the offending party to pay or the actual needs of the child. In addition, parental neglect laws are rarely enforced with the result

that there is little legal deterrence to the neglect of children.

Implementation is also hampered because DHS staff indicate that they are overloaded with cases and especially now must balance case responsibilities with responsibilities as relief officers as all social workers are automatic relief officers in times of natural disaster.³⁰² Moreover, maintenance proceedings are too often the only means of survival for children who live on or below the poverty line.

Abuse and Neglect. The CRC guarantees protection of children through Article 19, which states “1. State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.”

There are far reaching provisions in the Belize Families and Children’s Act to promote the protection of children from abuse and neglect. It is an important legislative advance. In addition, the law is strengthened and supplemented by the National Plan of Action for Children and Adolescents 2004-2015 which creates a multi-sectoral response to the abuse and neglect of children in Belize. Problems, though, remain:

- Other laws such as the Criminal Code still contain provisions that legalise harm to children or expose them to harm.
- The Code offers no protection to boys who are victims of a sexual offence.
- The Criminal Code prohibits child stealing only of a child under and up to the age of 12 years old.³⁰³
- The Criminal Code³⁰⁴ does not adequately address as a crime the abandonment of children – abandonment is a crime if the child is under 5 and up to 9 only

²⁹⁹This was observed in the Belmopan Magistrate Court where there is no CRO assigned and the social services practitioner attached to the DHS to respond to cases of child abuse and must also do the work of the CRO of the CRD. When he is on field work for DHS, he is not available for court proceedings.

³⁰⁰Petit, Juan Miguel. 2004. Trafficking in Persons in Belize (Preliminary Report). US Department of State.

³⁰¹Belize Supreme Court. 2010. Chief Justice’s Annual Report on the Judiciary of Belize: 2008- 2009.

³⁰²Telephone interview with Social Worker- November 2010.

³⁰³Section 47(1) of the Criminal Code,

³⁰⁴Section 60 of the Criminal Code addresses child victims under 5 years old, section 62 addresses child victims under 9 years old.

in situations where the child is exposed to grievous harm. There is no crime of abandonment with respect to children older than 9 years old.

- The Criminal Code³⁰⁵ and the Summary Jurisdiction Act³⁰⁶ allow force or harm to be used to correct a child for misconduct.

Some supports for protection have moved forward. The new Education Act passed in 2010 prohibits corporal punishment in schools. The Social Services Agencies and Regulations prohibit the use of corporal punishment in residential care facilities for children. Sensitisation training for magistrates and the Penal Systems Reform (Alternative Sentences) Act have resulted in the development of alternative sentencing options for children.

Challenges remain in implementing and enforcing the new provisions of the Education Act in schools that are privately owned or managed. The DHS is understaffed and under-resourced and with social workers carrying too large a caseload, even while required to provide intervention and help with inadequate resources. Social workers still grapple with lack of access to vehicles.

Exploitation. CRC Article 32 states “State parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development.” Further, Article 34 says: “State Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) the exploitative use of children in prostitution or other unlawful sexual practices; and (c) the exploitative use of children in pornographic performances and materials.” And in Article 36, “State Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child’s welfare.”

Of these Articles, some areas of legal reform have been addressed. The Social Services Agencies Act and regulations have been enacted to provide legal standards for the provision of care in residential facilities for children, residential facilities for the elderly and day care facilities for children. There have been some training workshops for residential fa-

cilities, day care operators, parents, foster care providers, social workers, teachers, police and other areas of the child protection system. New programmes such as the Cash Transfer Programme have been implemented through schools, and the Food Basket Programme offers some concrete assistance to families at risk.

But DHS is understaffed and under-resourced and with social workers carrying too large a caseload and being required to provide intervention and help with inadequate resources. As noted, social workers face limited vehicle access and other institutional capacity limitations. There is inadequate marketing of the foster care programme and a lack of adequate resources for foster parents. The Inspector of Social Service Agencies lacks adequate enforcement capacities and resources to implement standards in act and regulations. The Act gives the Inspector no enforcement powers beyond a recommendation to withdraw a licence and she is not empowered to bring legal proceedings for abuses discovered in institutions. In addition, there are insufficient prevention programmes to address CSEC, human trafficking and other emerging areas of social services need, insufficient monitoring and evaluation of service and programme delivery, and insufficient data collection.

Child Labor

ILO Convention 138, on the Minimum Age of Work, calls for signatories to pursue a national policy in which the minimum age of work is progressively raised “to a level consistent with the fullest physical and mental development of young persons” (Article 1). That minimum age should not be less than the completion age for compulsory schooling, and in no case under age 15 (Article 2). Convention 182, on Elimination of the Worst Forms of Child Labor, calls on signatories to take immediate action to end the worst forms of child labor (Article 1), where “child” is defined as anyone under the age of 18 (Article 2), and the worst forms of labor include:

- All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict;
- The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;

³⁰⁵Section 31 of the Criminal Code allows for use of force or harm; section 39(1) of the Criminal Code allows for use of force extending to a wound or grievous harm for the purpose of correcting a child under 16 for misconduct or disobedience.

³⁰⁶Section 6 of the Summary Jurisdiction Act.

- The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- Work that by nature or circumstances in which it is carried out is likely to harm the health, safety or morals of children.

As for the other issues discussed in this section, implementation of these agreements has been problematic. One glaring contradiction: The current Labor Act sets the minimum age of work at 14 and makes provision for the Minister to make regulations for light work at age 12. No regulations exist on the standards and types of light work that may be engaged in. No provisions in the act govern the status of children in artistic performances outside of school and charitable activities. The Occupational Health and Safety Bill has been drafted but is still not enacted. Draft amendments to the Labor Act that will improve standards for working children and other conditions of work are not yet enacted. Additional resources are needed to address challenges for child labor in the agricultural sector. On the other hand, a National Child Labor Policy and Decent Work Agenda have been established. The number of Labor Officers and Inspectors has been strengthened. The Office of Labor Commissioner has been strengthened. Two programmes have been implemented to withdraw children from child labor in Dump Community in Toledo district and San Antonio Community in Orange Walk.

Juvenile Justice

According to the UN Minimum Standards for the Administration of Juvenile Justice, member states are to further the well-being of juveniles and their families; to develop conditions that will “ensure, for the juvenile, a meaningful life in the community” and foster a process of “personal development and education that is as free from crime and delinquency as possible.” This means the “full mobilization of all possible resources, including the family, volunteers and other community groups, as well as schools and other community institutions, for the purpose of promoting the well-being of the juvenile, with a view to reducing the need for intervention under the law, and of effectively, fairly and humanely dealing with the juvenile in conflict with the law. “Juvenile Justice, says the standards, “shall be conceived as an integral part of the national development process of each country, within a comprehensive framework of social justice for all juveniles, thus, at the same time, contributing to the protection of the young and the maintenance of a peaceful order in society.”

Once again, the only juvenile court sits in Belize City within the Family Court. In the other districts, Juvenile Justice is administered through the Magistracy and by a General Clerk and Court Prosecutors with limited or no specific training in this area. The Community Rehabilitation Department (CRD) responsible for prevention programmes needs more resources for wider community outreach and standardization of all policies and procedures in the city as well as in the districts. Strengthening of protocols and staff are also needed for the Youth Hostel, which is managed by the CRD. The Belize Counseling Centre, which provides counseling to juveniles and their families and assists with development of the juvenile’s well being, is located in Belize City with no branches in the districts. In the districts, Community Rehabilitation Officers have to tap into rural health nurses who have no specific training in the area of juvenile delinquency or behavior change for juveniles in conflict with the law. Other barriers include: New action strategies needed for programme implementation; a high recidivism rate for juvenile offenders; prevention programmes lack reach into all at-risk populations; and drug rehabilitation programmes for juveniles are not available.

Positive changes include the preparation of a draft Community Rehabilitation Policies and Procedures Manual that will standardize policies and procedures for all city and district offices, a new life-skills programme being designed that will include anger management counseling and conflict resolution, and will be attached to all Community Service Orders as well as Probation Orders supervised through the CRD. New programmes will improve youth participation and stronger family and community involvement in the rehabilitation of juveniles who come in conflict with the law. The strengthening of the CRD by the hiring of a permanent director in 2010 has re-energized policy development and service delivery.

B.2 Systems

Juvenile Justice System Capacity

Many of the issues of concern with respect to the juvenile justice system in Belize are echoed and amplified on the section that follows reviewing capacity for child protection. However, a key vulnerability analysis of juvenile justice, conducted in 2007, still holds,³⁰⁷ with the following conclusions about capacity issues:

- There is only one juvenile court in Belize, located in Belize City within the Family Court. In the districts, juvenile matters are dealt with as part of the jurisdiction

³⁰⁷Shaw, D. 2007. Vulnerability Analysis of the Juvenile Justice System, 2007. UNICEF and GOB.

Table 22. Institutional Capacities - Protocols and Procedures

Year	Institution	Document	Comments
2002	Family Court	Handbook	In need of review and modernization to account for Juvenile offences and other areas added to the purview of magistrates
2007	Department of Human Services	Policies and Procedures Manual	Further training needed for new social workers and improved data collection component to be added
2009	Community Rehabilitation Department	Policies and Procedures Manual	New draft procedures manual needs to be validated and implemented with training
2002	Health Department	Sexual and Reproductive Health Policy;	Full Implementation of Policy and other areas of planned health reform still not a reality
2008	Labour Department	National Child Labour Policy; Decent Work Agenda; National Workplace Policy for HIV/AIDS	Draft amendments to Labour laws need to be enacted to add enforceability to policy and procedural guidelines especially with regards to elimination of the worst forms of child labour and providing adequate protection for children who work.
-	Police Department	Policies and Procedures Manual	No comprehensive written policies and procedures manual in place. However, there are manuals for domestic violence intervention and draft protocols for sexual violence intervention by police. These need to be implemented with training.
2002	Women's Department	Policies and Procedures Manual; National Gender Policy; Manual on Domestic Violence intervention	Manuals need to be updated; training of all staff needed, component for intervention for victims of sexual violence needs to be added
2008	Education Department	Education Handbook	New 2010 law and new education policies will require a new handbook and retraining of school managers needed
2002	Housing and Planning Department	Policies and Procedures Manual	No comprehensive Policies and Procedures manual for all units within the Ministry of Housing. The Central Building Authority has most up to date protocols following the amendments to the Building Act but lack the resources to properly implement and must work through Local Building Authorities made up of village counselors who are already stretched for resources and who do not have standardized and comprehensive development policies or plans that address crisis vulnerability and disaster preparedness building issues for residential facilities.
	Central Building Authority		
	Belize Bureau of Standards; -Consumer Protection Unit -Supplies Control Unit; - Metrology Unit	Policies and Procedures Manual	Responsible for price controls and protection of qualities and standards for consumer goods but no comprehensive manual detailing the different roles of the various units within the Bureau. Policies for new draft Consumer Protection Bill needed.
2004	Judiciary	Supreme Court Civil Procedure Rules	New Rules have streamlined some aspects of the delivery of judicial services but services still not readily affordable or accessible to everyone and there are still delays within the delivery of services at the Supreme Court level
	NEMO	Policies and Procedures Manual	No comprehensive policy and procedures manual that sets put the authority and inter-sectoral coordination between NEMO and Public Services though public officers are mandatory relief officers and responders during natural disasters; no comprehensive plan to implement continuous training for public officers on first aid, shelter management, communication strategies, relief distribution before, during and after natural disaster.
2005	Youth for the Future	National Youth Development Policy	Draft exists and is being updated for implementation through the Ministry of Education and Youth
-	Office of the Ombudsman	National Policies and Procedures Manual	Complaints Protocols and Forms have been developed in 2010 but in need of nation wide implementation and stronger enforcement policies.
2004	National Drug Abuse Council	Belize National Anti-Drug Strategy	In need of updating and staff and resources for implementation
2005	National AIDS Commission	National HIV/AIDS Policy; National Workplace Policy; Gender Policy	Centralisation of the Commission's office and services in Belize District and delay in implementation of health reforms which affects access to services limits effectiveness of policies
--	Department of Transport	Policies and Procedures Manual	No comprehensive written policies and procedures manual that covers the scope of the department's work or a plan that establishes a strategy to reduce road accidents, one of the leading causes of death in Belize.

of the district magistrates, who also balance family matters, civil procedure matters and general criminal matters. In the districts the social work expertise and mediation expertise available in the Juvenile Court in Belize City is absent.

- There are not enough placements in the districts in which alternative sentences such as community service orders can be worked off by juveniles, and the legislation restricts the types of placements that may be made.
- Counseling expertise available in Belize City through the Belize Counseling Centre is not available in the districts.
- Some police stations do not have rooms for separation of detained juveniles from adults, so adults and juveniles are detained together.
- The breakdown of district and national committees of community service means that there is currently no monitoring and evaluation of such services.
- There is inadequate recourse for juveniles who are victimized or abused while in custodial institutions, no procedure for reporting to the Ombudsman, and the Inspector of institutions has no legal authority to initiate legal recourse for such juveniles and inadequate powers to enforce standards required by law.
- The Youth Hostel needs staff better trained, better programmes and more resources to adequately carry out its mandate to effect rehabilitation. The Youth Hostel also needs to separate juveniles held for dangerous crimes from those held for status or minor offences.
- The Youth Hostel lacks the capacity to institute programmes for parents before reunification with juveniles.
- There is a lack of capacity in the school system to reintroduce children who have been on remand or in custodial institutions serving sentences. Alternative curricula and alternative school facilities are needed.³⁰⁸

Clearly, the juvenile justice system does not yet have the capacity to implement a prevention-oriented approach, an im-

portant issue with respect to CRC rights.

Protection Capacity

The main agencies within the government whose functions overlap to effect and facilitate protective asset equity for children and women function within the rubric of social services and include:

- *Department of Human Services*: specifically, the role of the Department in investigation of cases of abuse, protecting children being abused and preventing further abuse, protecting the rights of children and its role in regulating civil society groups providing child protection services and advocating for laws and policies that address the issue of abuse against children.
- *The Police*: specifically, the role of the police in intervening in situations of abuse, the level of institutional cooperation to address violent situations, records of reported cases, prosecuting cases in the Magistrate Court, and conducting investigations.
- *The Education Ministry*, specifically, their role as mandatory reporters of allegations of abuse and their role to assist with treatment and care of victims.
- *Women's Department*: specifically, the role of the Women's Department in implementing National Gender Policy and creating linkages for social services for women who are victims of domestic violence and sexual violence.
- *The Health Sector*: specifically, the role of personnel in identifying and reporting child abuse and violence against women, systems of record keeping, referral of detected cases, and the role of the medical examiner in issuing an official report.
- *The Immigration Department*: specifically, their role in handling cases dealing with trafficking.
- *The Legal/Judiciary sector*: the role of DPP in deciding which cases are prosecuted, the role of the prosecutors in bringing cases, the role of and experience of prosecutors in preparing children to give evidence in cases of child abuse, and legislative impediments in securing convictions.

³⁰⁸ibid.

The Department of Human Services.³⁰⁹ In the rural districts, the CDO must rely on a vehicle coming one day each week from another area of the Ministry or on the police for transportation. As a result, community visits are conducted one day each week, with investigations and follow up having to fit on the same day. Consequently, the highest priority cases are dealt with first and other cases experience long intervals between visits. This is exacerbated by the fact that each CDO has the entire district comprising thousands of miles to cover. Interviews with client families in the districts indicate that most follow up happens as a result of the families contacting the DHS district office themselves and updating the CDO regarding what has taken place. In addition, in Belmopan the CDO must act for the DHS in relation to all allegations of child abuse, must act for the CRD in relation to juveniles brought before the Court, and must act for the WDO in relation to assistance needed for women victims of domestic violence or sexual violence – an almost impossible task.

At present each sector involved pursues its own objectives based on sectoral protocols. In some cases, there are no written protocols setting out the procedure to be followed in dealing with children who enter the child protection system. DHS staff indicates that this impacts their effectiveness, when their role and the police role come into conflict and information is not always shared. Further, because of the substantial interaction that is necessary between the police and the DHS at the initial stages of the investigations there is considerable overlap in the investigation required, yet with different purposes.

The DHS interaction with the courts has also shows the effects of the lack of inter-sectoral protocols. Most of the interaction between DHS and the court takes place at the magistrate level in the Family Court in Belize or in the family jurisdiction of rural magistrate courts. Family court procedures do not specifically cover how cases coming under the child protection system should be dealt with, and much is left to the discretion of individual magistrates, resulting in considerable variation. For some situations, the Family Court has no procedures – DHS may therefore be denied an order to protect a child in one district when another district will grant an order in another case where the very same information is presented and the same procedure followed. Further, though the Child Abuse Reporting Regulations require mandatory reporting and the Education Rules require teachers to report cases of abuse to the police or the DHS, interviews with teachers indicate that many are reluctant to report evi-

dence of abuse. In addition, many of the church-run schools have established their own internal methods of dealing with families and children subject to abuse, though actual protocols establishing when schools can intervene and the extent of the intervention that can be made by schools are non-existent. There have been cases where families and schools have agreed to deal with suspected cases of child abuse within their own school management instead of initiating criminal proceedings.³¹⁰ This is an area of vulnerability since DHS is not made a part of that decision making process.

Other Challenges: One of the primary services needed by children within the child protection system and their families is counseling to overcome the effects of the victimization, which is facilitated in Belize district by trained counselors attached to the Belize Counseling Centre. In rural districts, such services are not available. DHS has no counseling facility in the districts and must therefore rely on the public health nurses.³¹¹ This often results in a loss of privacy since such nurses are not trained counselors and do not necessarily abide by confidentiality requirements that govern trained counselors.

In addition, there is no psychiatrist attached to the DHS or the counseling centre, as a result long term psychological care of persons who have suffered the trauma of abuse, especially sexual abuse, is non-existent. The lack of a psychiatrist also means that the court is not apprised of long-term effects of the abuse on the child – information which would aid with sentencing – nor is the court apprised of the mental state of the perpetrator in bail hearings.

The Police Department. The Police Department's involvement in the system is derived from their primary responsibility to protect the community and bring offenders to justice. In addition, under the Child Abuse Reporting Regulations, members of the public may make reports for child abuse either to the DHS or to the Police. As a result they are often the first point of contact into the system. The Assistant Commissioner of Police works closely with the investigative team and the domestic violence unit in high profile child cases and this close networking has proved beneficial in Belize City – but this level of expertise is often not available in the districts. As a result, many abuse and carnal knowledge cases are not adequately investigated and are turned down or dismissed in court, leading to the release and return of the perpetrator to the community and potential threats to the victim and family.

In addition, the division of responsibility in these cases leads

³⁰⁹Information gathered through the interview of social services practitioners attached to the DHS.

³¹⁰Workshop with Cayo District Managers and Principals – September 2, 2010, Belmopan.

³¹¹In more serious cases arrangements are made to have counseling done at the Belize Counseling Centre, in Belize City.

to poor prosecution: DHS addresses the child's needs, and the Police investigate and prosecute. However, public prosecutors (not police) sometimes handle these cases. They have not done the investigation, and often have to return case files to investigators to obtain the necessary information.

Other Challenges. The police lack written internal procedures as to how to take statements from child witnesses to ensure that sensitivity and privacy is respected, how to prepare them for trial and protocols, and regarding responsibility and procedures for medical examinations – the latter very important with respect to evidence (for sexual violence, rape). In 2007 a protocol for police in handling domestic violence cases was developed, which is being updated for the new Domestic Violence Act, and a protocol will be added for dealing with victims of sexual violence for children, adolescents and women.³¹² The DVU often handles cases where the child victim and the perpetrator are related or living in the same home, in other cases the CIB handles the investigation.³¹³ However, operation of the system has been problematic, including the frequent rotation of staff, low public awareness and evidence problems, leading to poor treatment of victims, and a poor record of prosecution and conviction.^{314, 315}

The Education Department. In Belize most schools are owned and operated by churches; nonetheless, these schools must still comply with the new Education Act of 2010. However, the regulations for that Act which will form the basis of a new policies and procedures handbook for all schools has not yet been enacted and the old handbook is outdated.

There is a Church/State partnership with the Ministry of Education that is responsible for the management of the national education system, and for ensuring compliance with the Act and its Rules, while the churches are responsible for recruitment and management of staff within their schools and administering education to children.

Due to their daily contact with children, teachers are in a unique position to identify symptoms of child abuse and to receive reports from children that they may be suffering from child abuse. In addition, many villages do not have a representative of the DHS nearby and may not have a police station but they will have a school. Teachers in those districts

have a unique position of influence in their community. The Families and Children Act imposes mandatory reporting requirements on teachers requiring them to report any instance of child abuse of which they possess knowledge.

Indeed, many of the schools have their own internal procedures for dealing with abuses occurring within their staff and even procedures on how to deal with abuses where parents are suspected of abusing children. There is a need for the school to have its own intervention system but care must be taken to ensure that internal procedures do not supersede the DHS procedures or the requirements of the Education Act or the Education Rules.

Challenges include the following:

- Dealing with offenders who are themselves educators³¹⁶;
- Lack of rehabilitative services attached to schools or community;
- Carnal knowledge and pregnancy in teenagers. Police statistics report that between the ages of 15 to 18 the primary abuse to children is sexual abuse or unlawful carnal knowledge – an issue because the perpetrators are often children of a similar age, and the consent age is 16 for girls, but non-existent for boys. Girls bear the brunt of this because they are often expelled if they become pregnant, for example;
- Schools intervening to compromise child abuse cases, leading to unreported cases and hindering DHS from determining the best interests of the child.^{317, 318}

The Ministry of Health. There is a range of issues affecting the capacity for protection within the Ministry of Health:

- *Lack of specialist doctors in rural districts.* As a result of the heavy reliance on medical examination, the court is unwilling to allow a general practitioner to give medical evidence in a child molestation case unless he/she has demonstrated experience. This is a challenge in rural areas where there are few specialists, though at the magistrate level general practitioner testimony has been allowed.

³¹²The project is being done through the Women's Department and sponsored by UNIFEM, however, there are no companion protocols for other forms of child abuse.

³¹³Police focus group - CIB, DVU officers – October, 2010.

³¹⁴Police focus group- CIB, DVU, October 2010.

³¹⁵Interview with the Director of Public Prosecutions- October 2010.

³¹⁶The Education Act s. 27.

³¹⁷Focus Group with youths in Belize City, October 15th, 2010.

³¹⁸Workshop with Cayo District Managers and Principals – September 2, 2010, Belmopan.

- *Inadequacy of medical-legal forms.* These forms do not collect information on forensic identifiers, and provide no information on what examination/medical information would be needed to provide sufficient legal evidence – thus contributing to low conviction rates.
- *Lack of training (for doctors) in giving evidence in court* – contributes to under-classification of injuries and hampers conviction.
- *Lack of a proper database to track incidence of child abuse in patients,* such that doctors making examinations are unable to check the database to see if a patient has been previously treated for injuries associated with abuse, which could help in repeat offender cases.
- *Language barrier between doctors and patients.* Many of the doctors in Belize are expatriates for whom English is not a first language. And, as expatriates, they may not be in Belize when needed in court. This increases the likelihood that no medical testimony is given and perpetrators go free.
- *Lack of public education (sex education in schools and education to change the cultural acceptance of incest and carnal knowledge).*
- *Informal adoptions of children abandoned in hospitals.*³¹⁹

The Women's Department.³²⁰ The Department operates with a small staff, including one Women's Development Officer in each district. Addressing the issue of domestic violence takes the greatest part of the human resources available, especially in providing information, support and advocacy for individual women who suffer from domestic violence, including court advocacy and accompaniment. Considering that most women seeking help for domestic violence need more time and support than those coming for other reasons, it is easy to see that responding to domestic violence puts a considerable strain on the Department's limited human resources.

One of the areas to suffer in this process is work with rural women, because there are not enough staff to conduct outreach, and not enough staff fluent in the appropriate language. The heavy workload that comes from the Depart-

ment's focus on domestic violence means that other issues often get put to the side. This includes direct response to those issues, public education, as well as research and policy development. This situation has been made worse by the demise of several women's NGOs and the lack of civil society organisations focused on violence against women.

Another responsibility of the Department is chairing the National Committee on Gender-Based Violence. This Committee is charged with the implementation of the National Plan of Action on Gender-Based Violence. As noted previously, there are problems with both the content of the Plan and with generating firm commitment from members to participate fully. Lack of will at the highest levels in the public sector is one significant factor contributing to this.

There is also a general need for mechanisms that will support a stronger response in the public sector and civil society respectively.

The Immigration Department. At present the department has 60 immigration officers and around 37 administrative and supporting posts. This is not near enough if we take into account that this staff is in charge of seven entrance posts (Belize Airport, San Pedro, Belize City Seaport, Santa Elena, Punta Gorda, Dangriga and Benque) and two immigration desks in Orange Walk and Corozal. In addition to this, they must control border areas, and issue passports and travel permits to nearby cities such as Chetumal and Bacalar in Mexico. According to a recent report:³²¹ "Sources from the Benque Border post of the Immigration and Nationality Services said that they don't have enough means to control the border line with Guatemala, a strip of land that spreads by the Maya Mountain surrounded by heavy vegetation and river. Officers in charge explained that many times they could arrest some immigrants, but never the people that brought them."

Belize's check post works efficiently, but its protection level is low. It has only one armed police for surveillance and the immigration officers – even though they could – don't use weapons. If a violent situation arises, the possibilities of intervention are limited. In fact, some immigration officers have themselves been the victims of aggression. Immigration officers and administrative personnel need to have more training and more detailed guidelines to manage any kind of situation that might arise. There have been courses on fake papers detection, but criminals are constantly developing new techniques to produce illegal documents; thus it is necessary to provide these kinds of courses on a regular basis.³²²

³¹⁹Interviews with representatives of the Ministry of Health and the Epidemiology Unit, October 2010.

³²⁰Petit, Juan Miguel. 2004. Trafficking in Persons in Belize. US Department of State.

³²¹Ibid

The Judicial/Legal Sector

The judicial/legal sector consists of the Court system – the Supreme Court; Magistrate and Family Courts; the Department of Public Prosecutions (DPP) and the prosecutors at the Magistrate level. The legal sector is the enforcement end of the child protection system and is directly responsible for the protection of children from perpetrators. At the Supreme Court level, it is the responsibility of the DPP to review and, where appropriate, file and conduct all criminal proceedings instigated on behalf of the BPD. In the context of the child protection system, the cases that come to the Supreme Court under its criminal jurisdiction are the indictable matters or summary matters triable either on indictment or summarily. The criminal cases heard in the Magistrate Court are summary jurisdiction offences or offences triable at the summary level with the consent of the accused. Under the civil jurisdiction of the Supreme Court, child protection cases include orders for custody or maintenance or appeals from orders made by the Family Court as well as adoptions.

The Family Court is a Magistrate Court established by the Family Court Act to hear matters affecting the family. As such, cases concerning custody, maintenance, removal of children by the DHS, status of children, appointment and removal of guardians and proceedings under the Hague Convention are all brought in the Family Court. The Family Court is located in Belize City but sits in the Magistrate Court in the other districts. In Belize City, the Family Court has its own cadre of Magistrates, in the other districts, the District Magistrate hears family proceedings and on occasion there is a rotation system from the Family Court to clear off any backlog of Family Cases.

There is a two-tier approach to child protection in cases where there are allegations of physical or sexual abuse. Firstly, the abuse constitutes a crime on the individual and the perpetrator is liable to be prosecuted under the relevant section of the criminal code. In addition, there is a civil element to these cases, where the DHS must secure the welfare of the child by seeking various orders under the FACA in the Family Court for the safe removal, maintenance, custody or care of the child to prevent further abuse. The social services practitioner appointed to the case will initiate proceedings in the Family Court on behalf of the child. These proceedings may proceed at the same time that the DPP's office is initiating and prosecuting the criminal case in the Supreme Court or Magistrate Court. The social services practitioner often serves double duty, representing the interest of the child in the Family Court proceedings and acting as *amicus curiae* in

the criminal proceedings.

It is the Prosecution Branch on the advice of the DPP that decides which cases will be proceeded with in the criminal jurisdiction of the Magistrate Court, the DPP decides which cases should proceed in the criminal jurisdiction of the Supreme Court.

To secure convictions in the Magistrate or Supreme Courts, the prosecutor must prove beyond a reasonable doubt that the perpetrator committed the crime. To secure an order in the Family Court, the social services practitioner must prove on a balance of probabilities that it is in the best interest of the child for the relevant order sought be granted. Interviews with social services practitioners and member of the police indicate that the importance of this distinction is not clearly appreciated. One of the more important consequences of this distinction is the need for the police to control the investigation process for criminal proceedings. There were reports from the police according to which social services practitioners did not furnish police with statements and reports quickly enough.³²³ While it is appreciated that there is a need to reduce the trauma caused to the child by reducing the number of times the child must repeat the details of the abuse, it is clear that social services practitioners not trained in criminal investigative procedures cannot produce reports that will lead to criminal convictions, as their reports are geared at meeting the much lower standard in the Family Court. Thus it is not unusual for the DPP to decide that a criminal case cannot proceed and the Family Court to rule on the same evidence that the child needs to be protected from the same individual. At best, reports can only provide additional leads for further investigation by the police. This practice has created vulnerability within the DPP, where on a number of occasions, files are sent to them from the police investigative unit and the information in the files does not provide evidence needed to substantiate the charge made to gain conviction in the Supreme Court and so files have to be returned for further investigation.³²⁴

Key problems that arise in the judicial/legal system regarding issues of protection, child abuse and neglect include the following:

- *Withdrawal of cases* – a growing trend³²⁵ which may be occurring because parents and guardians are accepting monetary gifts from perpetrators to discontinue proceedings³²⁶ (in at least one case, the matter was withdrawn by the teenage victim because

³²²Focus group with Police in October 2010.

³²³Interview with the DPP – October 2010, Belize City.

³²⁴Focus group with Police in October 2010.

³²⁵(supra)

her parents consented to her marrying the alleged abuser, precluding testimony³²⁷), and, according to some sources, because in many cases involving teenage victims of abuse, the teenager has a regular “consensual” sexual relationship with the perpetrator and the parents are aware of the abuse³²⁸ – though this has been denied by parents and guardians interviewed, who mention reasons of fear due to threat, (because the perpetrator is out on bail) and lengthy proceedings cited³²⁹, as well as lack of notice about proceedings.³³⁰ The result is low conviction rates and a lack of trust in the protection system.

- *Lack of sensitization training for prosecutors* – leading to victim trauma and unwillingness to continue the process (with cases then dismissed).³³¹ Parents are often not aware of this need and don’t understand why prosecution has been abandoned,³³² leading to public mistrust.³³³
- *Lack of training of doctors and police in collecting and presenting forensic evidence and the absence of protocols on these.* The DPP’s office reports that police files sent to them for prosecution often reveal a failure to collect and/or failure to present evidence collected in a legally accepted manner.³³⁴ The DPP’s office indicates that there are plans underway to equip Belize with a forensic lab and to train police investigators to collect, analyze and present this kind of evidence.³³⁵
- *Lack of early collaboration between prosecution and police.* The practice within the police department is to prepare the case for court and then send the file to the DPP or prosecution branch. Often this preparation is completed months after the incident has occurred. In many instances, the DPP report³³⁶ that they have had to return cases to the police because the investigation is incomplete. This is the result of lack of early collaboration between the police and the prosecution branch/DPP and creates vulnerability

in the system by contributing to the low conviction rate and the unwillingness of victims to proceed with long-delayed cases.³³⁷

- *Lack of uniformity in the procedures in Family Court.* There are no rules to the FACA³³⁸ regulating procedures in the Family Court and in the Family jurisdiction of the Magistrate Courts, a major problem in the child protection system that must be addressed.
- *Lack of legal aid for foster parents seeking de facto adoptions.* The FACA³³⁹ provides for persons raising children under de facto adoption for over two years to be allowed to formally adopt those children – however, this is a difficult and expensive process, leaving many children languishing in foster care and hampering CRC goals of permanency.

³²⁶(supra)

³²⁷(supra).

³²⁸(supra).

³²⁹(supra)

³³⁰(supra)

³³¹(supra)

³³²(supra)

³³³Interview with the DPP in October 2010 - Belize City.

³³⁴(supra)

³³⁵(supra)

³³⁶(Supra)

³³⁷Some rules were drafted in 2002 but these have yet to be assented to and given the force of law.

³³⁸Section 144 of the FACA.

CHAPTER 8

Communications and Information Technology (IT) Capacity Assessment



An improved and more equitable communications capacity in Belize supports participation, health (health education), economic opportunity, education, and the protection of rights (increased awareness through mass media and education).

COMMUNICATIONS AND INFORMATION TECHNOLOGY (IT) CAPACITY ASSESSMENT

This assessment section addresses the capacity within Belize to adequately promote participation in all population segments through access to information, and to promote education and awareness in other domains (e.g., protective assets, health, education). It also includes an assessment of the capacity to access, store, disseminate and analyze information and data – so important in almost every facet of contemporary governance, business, education and participation. The overall communications infrastructure and range of outlets has been increasing in Belize, but in general there is still a need for improvement in capacity and reach. The recent 2011 ICT Benchmarking Report³⁴⁰ scored Belize last in the telecommunications infrastructure index in comparison to the other 7 countries assessed in the report. That index is based on a calculation of Internet, PCs, cellular subscribers, main telephone lines, and broadband per 100 users.

The locus and primary consumption point for the country's communication network is Belize district. The recent CPA found this district to have the highest proportions of televi-

sions (93%), radios (80%), cell phones (84%), DVD players (55%), computers (27%), and in-home Internet connections (18%); more so than other districts (Table 22). Concomitantly, Toledo was the district with lowest ownership levels for each. Corozal, the other district at an extreme location of the country, also had low ownership for most of these items.³⁴¹

For Belize overall, the largest increases in ownership of these consumer items have been for computers (which doubled from 12% in 2002, to 27% in 2009); and record/DVD players (33% in 2002; 55% in 2009). Although not recorded in 2002, in the most recent year 16% had iPods.

Television and Radio. The CPA reported that 81% of the population own television sets, with only two (2) other items being more represented, i.e. stoves (87%) and fans (82%).

Telephones and Computers. According to the 2010 Census, 21.6% of households had fixed line telephone access, far surpassed by those owning cell phones at 76.5%. Fixed line access ranged from 30.4% of households in Belize City to 8.2% in Toledo. Computers were much less evident in homes, with only 26.4% reporting ownership, and again with a wide gap between more urban Belize and Toledo. District-level ownership of these items followed the pattern, where Belize district had the highest levels and Toledo the lowest.

Internet Access and Usage. According to the 2010 Census, only about one-quarter of persons age 5 and older used the

Table 22. Ownership of household goods by district, 2009³⁴²

Item	Corozal	Orange Walk	Belize	Cayo	Stann Creek	Toledo	Country
TV	84	80	93	76	79	51	81
Radio	72	73	80	77	76	69	77
Cell phone	65	66	84	80	70	43	74
DVD player	47	50	67	49	55	35	55
Computer	20	19	34	33	19	17	27
Home internet	7	7	23	11	10	3	18
Bicycle	78	73	57	56	71	67	64
Motor vehicle	43	35	38	39	21	20	35
Stove	89	90	95	92	91	57	87
Fans	78	82	89	81	84	46	82
Refrigerator	68	73	86	74	79	43	75
Washing machine	76	81	72	74	61	35	71

NB. All figures are percentages of households owning. Blue represents highest proportion owned; brown the lowest and yellow the second lowest.
Source: CPA 2010 (modified)

³³⁹Flowers G, Namis JC, and Montserin, A. 2011. Belize National ICT Strategy: 2011 ICT Benchmarking Report.

³⁴⁰CPA 2010.

³⁴¹Source: CPA 2010 (modified)

Internet in the three months preceding the interview, and only 13.1% of households report Internet access at home – very low for a modern economy. The highest level of Internet usage (45%) was among adolescents and young adults age 15-24. Most Internet access was reported from computers; there was only limited use of mobile devices for this purpose. Internet use was similar for males and females. Inequity in use was regional – not surprisingly, highest in Belize district and lowest in Toledo. In general, Belize had the lowest percentage of Internet users of all 8 countries compared in the ICT Benchmarking Report – even with the fourth highest ratio of secure Internet servers,³⁴³ and was also in last place with respect to broadband subscribers (only 2.61%).

Media Profile, Representation and Operations. Based on 2007 estimates, there is fairly extensive representation of both print and electronic media in Belize, i.e. Newspapers (9), Radio (15), Television (3), and Cable (8). Coverage is, however, confined geographically, possibly due to resources. There are also no daily newspapers. Within recent years, there has been an increased web-based presence primarily targeting United-States based Belizeans.

There is no media association, although several attempts have reportedly been made towards this end. There is very limited information-sharing between the respective media houses, and there remains high-level competition between them. The industry is also without an evidence-based approach to programming and/or product development³⁴⁴. There are no data on audience size or descriptors. Importantly, while the need for these data is generally recognized, the limited size of the country's market and marketing also limits demand for data, given the relatively low advertising interest. This equation results in limitations for industry financing; yet still leaving untended donor requirements for current data. These constraints are part of the small-country environment; however, the constraints become more salient because there is not a general infrastructure of research in Belize. Key industry needs posited by a small group of practitioners³⁴⁵ from the media community include:

- Sponsorship/financing
- Increased access to information
- Increased (on-the-job) training

Equity/Involvement in Development and Production of Programming.

The media approach to programme development and/or airing is one that focuses mainly on quality and adherence to fit-for-airplay directives. Following a historical pattern, there is very limited involvement of children in developing communication agendas and/or product and/or programming, with only one media organization known to focus regularly on children and youth. There is a similar limitation with respect to other audiences, which largely remain underserved – most electronic media mainly broadcast in English, with only occasional Spanish “versions.” These deficits are also largely reflected in the approach taken by the print media, with most publications being in English. Printed marketing materials are generally developed in a similar manner, including health education materials – although recent work has recommended radical changes to this approach.

Health Communication. The Ministry of Health bears the main responsibility for communicating on various aspects of national health needs and/or about its programmes, via the Health Education and Community Participation Bureau (HECOPAB). HECOPAB has been instrumental in promotion and prevention of health throughout the country, with special attention directed to various aspects of the Primary Health Care programme. There is however, an increasingly recognized need³⁴⁶ for health promotion to be a cross-cutting issue within all existing health programmes, rather than the Unit's sole responsibility. There is also a stated preference that health promotion be viewed programmatically, including a broader agenda than just health education.

The Unit functions with Health Educators and Community Health Workers (CHWs) with respect to community-level outreach – for preventive actions and for conveying educational messages. The CHWs mainly operate in/around their villages of residence, and are responsible for disseminating health educational messages to larger groups, as well as within the home (they are paid via small monthly stipends). Given this Unit existing as one of the only offices regularly conducting field and community visits, workers are also occasionally called upon to provide other outreach/educational services related to agriculture, social services, and other issues. Among areas for which they are tasked to conduct health education, there is:

- Nutrition

³⁴²Ibid.

³⁴³According to an October 2010 focus group, for electronic programming, interactivity is the main indicator used to measure audience receptivity.

³⁴⁴October 2010 Focus Group, UNICEF offices.

³⁴⁵Source: Ministry of Health. 2007. Draft National Strategy for the Promotion and Prevention of Health.

- Personal Hygiene and Sanitation
- Breastfeeding and Introduction to weaning foods
- Family Planning
- Sexually transmitted infections
- Counseling (prevention of suicide)
- Environmental Health (water sanitation, refuse disposal, sewage disposal)
- Non Communicable Diseases (diabetes, hypertension, stroke, etc.)
- Violence (domestic abuse, child abuse, bullying in schools)
- Safety (homes, schools, street, roads)
- Disaster Preparedness
- School Health Education Programme in line with Health and Family Life Education Programme (HFLE).

The functions of the CHWs also include:

- Assisting rural health nurses with maternal and child health clinics, i.e. weighing, height measuring, assisting with recording and filing
- Assisting the PHI and other relevant persons in the promotion of Environmental Health and Sanitation (assessing premises and making recommendations for improvement in sanitation)
- Checking and recording vital signs
- Collecting blood specimens
- Assisting as required with hydration/re-hydration
- Starting emergency situation IVs
- Dressing wounds and administering first aid treatment including eye care
- Making suitable referrals.

Figure 51. Communications channels – Belize

Newspapers:

Amandala – weekly; also online
 Ambergris Today
 Blazer Newspaper
 Caye Caulker Chronicle
 The Belize Times – bi-weekly; directly linked to People's United Party
 The Guardian – directly linked to United Democratic Party
 The Reporter – bi-weekly
 The San Pedro Sun – community weekly; published on Ambergris Caye
 Stann Creek Star

Television:

News 5 (Channel 5) – commercial; Great Belize Productions
 7 News (Channel 7) – commercial
 Channel 9 – commercial

Radio:

Estereo Amor – private, Spanish-language
 FM 2000
 Krem FM – private, commercial
 Love FM – commercial, music and news
 More FM – private, music station targeted at younger listeners
 My Refuge Radio
 Positive Vibes FM – directly linked to People's United Party
 Power Mix FM
 Radio Bahia
 Radio Vision
 Reef Radio
 Sugar City Radio
 The People's Radio
 Wamalali Radio
 Wave Radio – directly linked to United Democratic Party

Cable Companies:

Barrier Reef Cable
 Baymen Cable
 Benque Viejo
 Cayo Cable Vision
 Coral Cable Vision
 Centaur Cable Network
 Graniel Cable
 St. Charles Cable

Internet Providers³⁴⁷:

Alliance IP (Belize City)
 Centaur Communications Corp., Ltd. (Orange Walk Town)
 Central Cable Vision (Belize City)
 Channel Broadcasting Cable (Belize City)
 Coral Cable Vision (San Pedro)
 Dangriga Cable Vision, Ltd. (Dangriga Town)
 Infinite Wireless Ltd. (Spanish Lookout, Cayo)
 Information & Communication Technology Ltd. (Benque Viejo Town)
 Internetworks, Ltd. (Belize City)
 Ministry of Education (Belmopan)
 Netking Solutions, Ltd. (Belize City)
 RST Wireless (Belize City)
 Siahnet, Ltd. (Dangriga Town)
 Société Internationale de Télécommunications Aéronautiques/SITA (Belize City)
 Southern Cable Network, Ltd. (Independence Village, Stann Creek)
 Tenchtronics Communications, Ltd. (Belize City)

³⁴⁶Flowers G, Namis JC, and Montserin, A. 2011. Belize National ICT Strategy: e-Readiness Assessment Report.

Areas of focus under HECOPAB's 2009-2011 Strategic Plan include:

- Health education and promotion strategy strengthened to contribute to the improvement of health of individuals and communities.
- Surveillance of primary health care interventions, implemented at the local level in support of public health nurses, public health inspectors and CHWs.
- CHW participation and support to MOH and international medical missions in the delivery of health services in their villages.
- Training of primary care personnel, including CHWs, in Information Education and Communication strategies geared towards the prevention and control of disease.
- Effective participation of environmental health personnel and CHWs in the risk management of disasters.
- Participation of MOH HECOPAB technical staff in the inter-sector planning and implementing of health activities with other stakeholders at national and local levels.

Other specific and comprehensive health-related communication strategies are known to have been finalized for: (i) HIV/AIDS (April 2006); and (ii) the Health Sector Reform (January 2009).

Education Communication. As discussed in the section on health status and capacity, the Health and Family Life Education Programme (HFLE) is a key resource on sexual/reproductive health information to be disseminated. Its reach is limited to an extent, because of resistance to specific content, as made known by church-operated schools.

Communications Channels. The following figure (Figure 51) details the communications channels in Belize. Based on focus group conversations during a UNICEF meeting in October 2010, it is clear that the communications infrastructure and general level of technical capability in Belize is relatively low – primarily because the industry only developed in any significant way following independence in 1981.

Data. Communications data capacity is limited. According to Belize media representatives at a recent focus group discussion,³⁴⁸ there are no systematic data (demographics, usage) on programme audiences. Most Belizean media simply base their judgments of probable audience on responses obtained, for example, when a specific programme or show has a call-in activity (e.g., for a prize, to nominate a winner in a contest). Thus broadcasters cannot tailor, for example, health information to a specific audience in an efficient way.

³⁴⁷Focus group, October 2010, UNICEF offices.

CHAPTER 9

Crisis Vulnerability (Includes Commodity Analysis)



Improvements in crisis vulnerability support better and more sustained economic opportunity, health, and protective assets.

CRISIS VULNERABILITY (INCLUDES COMMODITY ANALYSIS)

One of the most basic issues impacting on social well-being in Belize, and thus ultimately on the attainment of rights and MDGs, is the multiple structural and environmental vulnerabilities that face the country. This section reviews vulnerabilities within Belize due to climate and environment, avail-

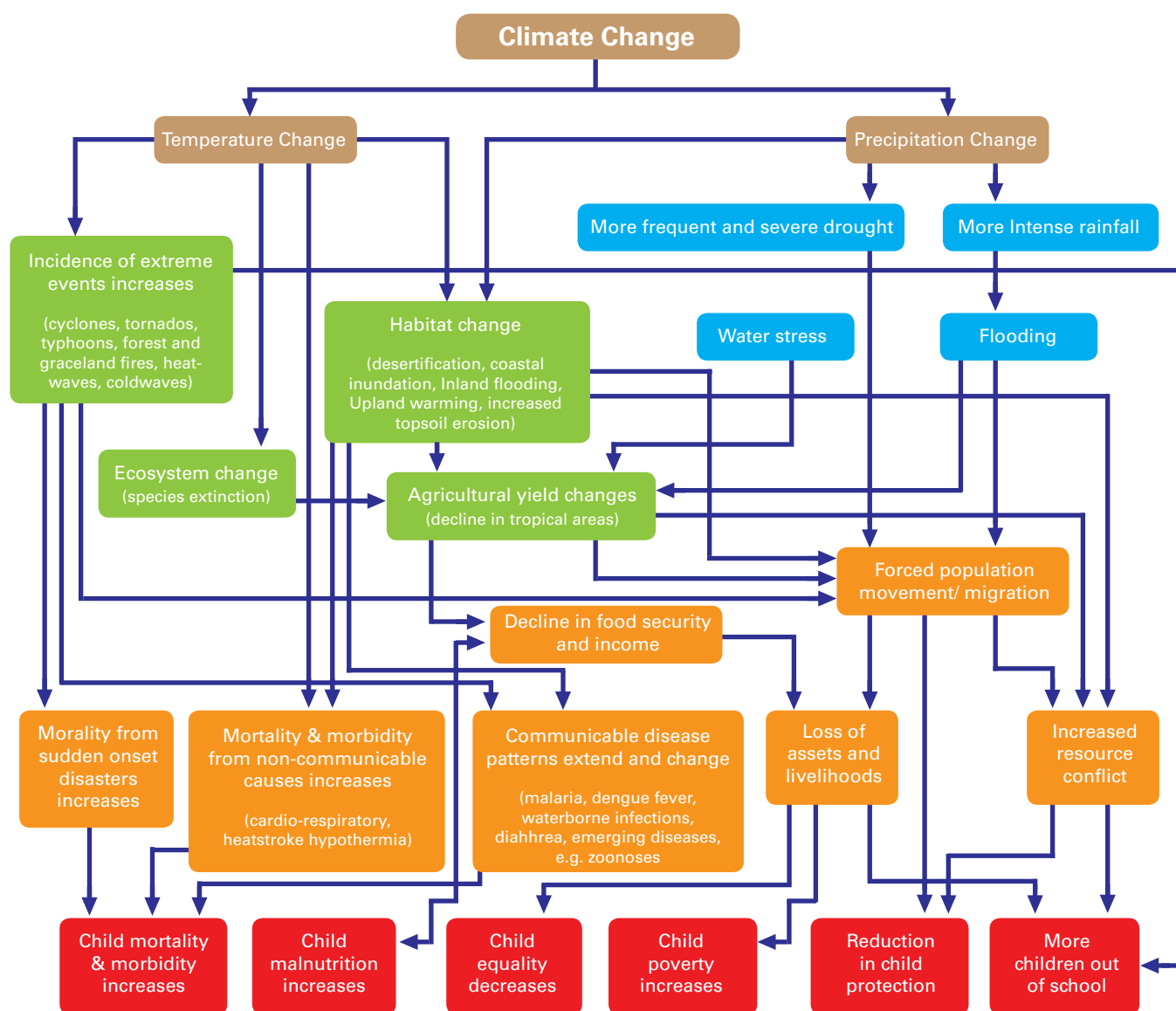
ability of key emergency commodities, and economic crises.

A. Climate and Environment

A relatively recent UNICEF model outlined the impact of climate change on children (Figure 52); this brings to the fore one aspect of potentially increased vulnerability that is cause for additional attention to the fragile state of children and women in the event of natural crises – which may become increasingly unpredictable based on climate-change models.

Much of the coastal area is near sea level, and inland areas

Figure 52: Model showing how climate change affects children³⁴⁹



³⁴⁸UNICEF UK Climate Change Report 2008. Our Climate, Our Children, Our Responsibility: The Implications of Climate Change for the World's Children.

around rivers and watersheds are also low and vulnerable. In 2008, Belize was subjected to significant impact from rainfall, resulting in floods that directly affected inter alia, physical infrastructure, homes, agriculture, and livelihoods, and caused differential levels of displacement to its peoples. There were two such major occurrences in that year, neither of which attained hurricane status. Each is outlined here in

some detail as available, to document components of impact by region, available warnings, and emergency management. Note the relative absence of a differentiated age or gender-specific response, or mention of specific vulnerable populations – although not necessarily to be interpreted as lack of timely and/or suitable attention.

Figure 53: Tropical storm Arthur³⁴⁹

Tropical storm Arthur: Tropical storm Arthur was a short-lived tropical cyclone that made landfall in northeastern Belize as a tropical storm. The storm produced devastating floods and killed five people in Belize, causing an estimated 78 million dollars worth of damage in the country. The genesis of Arthur occurred as the lower- to middle-level remnants of eastern Pacific tropical storm Alma combined with a tropical wave over the northwestern Caribbean Sea. The tropical wave moved into the eastern Caribbean Sea on 27 May, entering the western Caribbean Sea three days later. On 30 May, Alma's remnants moved across Honduras into the northwestern Caribbean Sea, likely causing a large increase in showers and thunderstorms near the wave and the development of a new surface low about 75 n mi southeast of Belize. QuikSCAT and ship data suggest the low quickly became organized into a tropical storm around 0000 UTC 31 May, centred about 45 n mi east of Belize City, Belize. The "best track" chart of the tropical cyclone's path is given in Fig. 1, with the wind and pressure histories shown in Figs. 2 and 3, respectively. The best track positions and intensities are listed in Table 1.

Arthur moved slowly west-northwestward and made landfall as a 40 kt tropical storm around 0900 UTC in northeastern Belize about midway between Belize City and Chetumal Mexico. The storm continued to produce tropical storm-force winds in bands northeast of the centre for almost a day after the centre moved inland. Arthur weakened to a tropical depression by 1200 UTC 1 June, about 15 n mi north of the northern border of Guatemala and Mexico. Twelve hours later, the system lost organized deep convection and degenerated into a broad low pressure area. The remnants of the system continued moving slowly westward, producing areas of heavy rainfall over southern Mexico for the next couple of days. The initial development of Arthur was rather quick. Six hours before the cyclone developed, only a broad low pressure area was noted. Very heavy rains associated with Arthur were noted in Belize. Although specific totals are not available, amounts of up to 15 inches of rain were reported in that country. A map of the

estimated rainfall from the TRMM satellite associated with the storm and Alma from the eastern Pacific is found in Fig. 4.

Five deaths were directly associated with Arthur, all in Belize due to floods. The Belize National Emergency Management Organization estimated that total damages caused by the storm were about 78 million U.S. dollars. Many bridges and roads were washed out because of the excessive rainfall, and a total of 714 homes were damaged by Arthur. The villages that were impacted the hardest were immediately along the coast and next to rivers in Belize.

The genesis of Arthur was not well-forecast. In a pair of Special Disturbance Statements that were issued for this system prior to when advisories were initiated, development was deemed not likely due to proximity of land. The average official track errors for Arthur were 36 and 89 n mi for the 12 and 24 h forecasts, respectively. These forecast errors were a little higher than the average long-term official track errors. A meaningful comparison of the various models is not possible due to the small number of forecasts, ranging from four at 12 h to two at 36 h. Average official intensity errors were 3 and 0 kt for the 12 and 24 h forecasts, respectively. These errors are quite low, but there were few cases and the system was over land for most of the time where intensification is unusual. Table 3 lists the tropical cyclone warnings issued for Arthur. The warnings were issued as soon as the system was considered operationally to be a tropical cyclone. There were no reports of tropical storm winds on land.

Watch and warning summary for Tropical Storm Arthur, 31 May - 1 June 2008.

Date/Time (UTC)	Action	Location
31/1700	Tropical Storm Warning Issued	All of Belize northward to Cabo Catoche, Mexico
01/1500	All warnings discontinued	Belize and Mexico

³⁴⁹Blake, Eric S. 28 July 2008 Tropical Cyclone Report: Tropical Storm Arthur 31 May - 1 June 2008. National Hurricane Centre.

Tropical Depression 16

Report #1³⁵¹: The October 2008 floods in Belize directly affected 38,000 individuals in 24 communities, and damaged 814 homes; these included 130 houses in Cayo, the most affected district. The floods also resulted in: suspension of classes in schools in Cayo, Belize, Stann Creek, and Toledo districts, disruption of agricultural activities, and extensive damage to bridges and roads. The USAID/ Office of U.S. Foreign Disaster Assistance (OFDA) deployed a disaster management expert and a surge capacity disaster management consultant to assess the situation and coordinate with other emergency response actors. On October 27, U.S. Ambassador Robert J. Dieter declared a disaster due to the effects of the floods. In response, USAID/OFDA provided \$50,000 through the U.S. Embassy in Belmopan to the Belize Red Cross for local procurement and distribution of emergency relief supplies.

Report #2³⁵²: Tropical depression 16 drenched Belize with constant rain, overflowing several rivers affecting many villages in Cayo, Orange Walk, Stann Creek and Belize districts. The DREF operation reported herein was focused on providing the most affected with essential relief items and to jump start activities for the Belize Red Cross Society (BRCS). Since other countries in Central America were affected by the same phenomena, the DREF operation was included in the Central America emergency appeal operation.

The emergency began as a result of heavy rains caused by Tropical Depression number 16, on 16 October, 2008. As at the time of current documentation, several areas of the country remained flooded with river water levels rising. Several sections of **Cayo district** were declared disaster areas. Approximately 24 communities were severely impacted affecting some 38,000 people. Temporary emergency shelters were opened housing 400 evacuated people while others were staying with friends and family. Livelihoods in farming, commerce and tourism were affected due to floods, but also due to interruptions in transportation. Many of the affected people were farmers who depend for their means of living on their crops; due to the floods they lost corn, rice, beans and papaya among others. It was expected they may therefore have required food assistance.

Heavy rain causing flash floods hit other districts including **Orange Walk, Stann Creek and Belize districts**. The District Emergency Committee in **Cayo** district responded swiftly to the emergency and remains on high alert in the flooded areas across the country. Rescue teams performed damage and need assessments in Calla Creek, Arenal, Bullet Tree Falls, 7 miles and Georgeville. According to the National Emergency Management Organization (NEMO) a team of four doctors was deployed to Calla Creek in Cayo district to attend those who require medical attention. The Emergency Committee in **Orange Walk** district performed damage and need assessments and distributed food items to the flood victims in the areas of Guinea Grass, Santa Martha, Trial Farm and Carmelita (in Orange Walk); 52 people were evacuated and placed in a multi purpose centre in Orange Walk Town. The other people were staying with family members in Guinea Grass Village. No major damages were reported in **Corozal district** although some shelters were opened assisting 42 people. Members of the District Emergency Committee were assessing damages in the flooded areas in Corozal Town. The areas affected by the flooding were Chula Vista, White Cocal and Port-Sal. Also important to note was the fact that the Belize Red Cross Society had been implementing a relief operation to respond to Tropical Storm Arthur, since June of the same year.

Coordination and partnerships

The Belize Red Cross Society (BRCS) worked closely with NEMO and Partner National Societies (PNS) present in the field (Norwegian Red Cross). The U.S. Office of Foreign Disaster Assistance (OFDA) made contact with the Belize Red Cross Society to offer support. The International Federation also provided support through its Pan American Disaster Response Unit (PADRU) and the Regional Representation Office in the Caribbean: they communicated with and provided support to the National Society. A Regional Intervention Team (RIT) member specialized in reporting was to be deployed to Belize to support the Belize Red Cross Society.

Red Cross and Red Crescent action

BRCS conducted damage and need assessments since the beginning of the emergency in all affected areas of the country. BRCS provided hot meals for people in shelters. To reporting date, it provided 268 hot meals, 2,500 liters of water, 57 blankets and 59 school kits. National Intervention Team (NIT) members specialized in water and sanitation and first aid responded swiftly to the emergency to attend injured people; one emergency water plant was installed and one portable water unit was relocated to Cayo from Belize City and was providing water for smaller villages not reached by the Emergency Water plant. Volunteers in Southern Belize, including National Intervention Teams (NIT) and Community Disaster Response Teams (CDRT) assisted with evacuations from affected areas. More than 30 NIT members were deployed to the Cayo area to perform assessments and deliver supplies. BRCS continued to perform evaluations and elaborated a preliminary plan of action (PoA) for 400 families that included distribution of food and non food items.

³⁵⁰GOB 27 October 2008; reported by USAID. Latin America and the Caribbean – Floods. Fact Sheet #1, Fiscal Year (FY) 2009. Bureau For Democracy, Conflict, And Humanitarian Assistance (Dcha) Office Of U.S. Foreign Disaster Assistance (Ofda). December 10, 2008

³⁵¹Abstracted from DREF Operation as reported by International Disaster Relief Emergency Fund, 29 October 2008.

The needs

The BRCS identified the following as most immediate needs:

Non-food items (NFI): Tarpaulins, mosquito nets, blankets (light), hygiene kits and jerry cans.

Food items: A food parcel will be distributed to each family as well as a cash voucher for food.

The proposed operation

The emergency relief operation would help jump start damage and need assessments activities to help identify early recovery needs and food security issues, and initially provide 400 families (2,000 people) with food parcels, cash vouchers for food and non-food items.

Relief distributions (food and basic non-food items)

Objective: 400 families in the most affected areas of Belize would benefit from provision of essential food and non-food items to recover from the effects of the emergency.

The Regional Logistic Unit (RLU) in Panama would ship the following relief items to Belize:

Jerry cans 800 (2 per family)

Hygiene kit 400 (1 per family)

Blankets - Light Weight 800 (2 per family)

Mosquito nets 1,500 (2 per family)

The rest of the mosquito nets would be to replenish BRCS stocks for future emergency operations.

Each of the 400 families would receive a food parcel and would also receive a cash food voucher. The items for this food parcel would be procured locally.

Activities planned:

- Conduct rapid emergency needs and capacity assessments.
- Develop beneficiary targeting strategy and registration system to deliver intended assistance.
- Procure local items.
- Distribute relief supplies procured and received and control supply movements from point of dispatch to end user.
- Monitor and evaluate the relief activities and provide reporting on relief distributions.
- Develop an exit strategy

A 2009 UNDP Country Assessment Report for Belize³⁵³ cited the following in describing the generally vulnerable situation:

- Belize is most likely to be threatened by hurricanes, floods and fires.
- Rural area vulnerability is due to limited early warning systems and relatively disorganized community risk management structures.
- Concurrently, urban areas' vulnerability is from congestion, poor planning, and location of homes and communities in unsafe environments such as swamps. Regarding the latter, the National Emergency Management Organization (NEMO) was said to be working with other stakeholders towards introducing more effective, binding building codes.
- Although disasters impact both men and women, women were estimated to carry additional burden due to their responsibilities for family care in planning and preparation for disasters; women were also pressured to ensure that homes returned to normalcy after a disaster. Further, rural women had limited access to information, training and employment; and shorter-term resources. Comparatively, men were concerned mainly with securing family and property.
- Some earlier reports indicated that after Hurricane Dean, lost family income led to increased tensions in the home and potentially within shelters, leading to greater abuse of women.

Gender Focus. NEMO does not have a stated gender policy or strategy document, nor does it maintain sex-disaggregated

³⁵²UNDP. 2009. Enhancing Gender Visibility in Disaster Risk Management and Climate Change in the Caribbean: Country Assessment Report for Belize. UNDP Barbados.

ed data. Yet it was said to appear sensitive to such issues including, for example: (a) being more proactive in ensuring women's needs were provided for in shelter planning; (b) giving priority to women and children during evacuations; and (c) making all attempts to keep families intact. There was also recognition of the relative importance of public information and education campaigns. Limited efforts at integrating a gender perspective are attributed to cultural barriers; human, technical and financial resource limitations; inadequate legislative provisions; lack of staff training in the relevant agencies to implement such a process; and generally low priority.

This scenario could be seen in the context of one analysis that identifies several groups of women likely to be hardest hit with a natural disaster³⁵⁴: poor and low income, elderly, having a disability or disease, heads of household, homeless, indigenous, immigrants, isolated, rural, those abused and/or affected by violence. Regardless of gender, other groups likely to be affected are people living with AIDS and street children.

Disaster Risk Reduction and Education. Linkages between the education sector and disaster risk reduction were explored towards the end of 2009 at an ECLAC-sponsored expert group meeting held in Jamaica.³⁵⁵ At that meeting, the representative of Belize noted that the Ministry of Education had no national disaster policy but each school sought to develop its own risk reduction plan and, to date, six districts had schools in which such plans had been developed.³⁵⁶ More efforts were said to be necessary in order to ensure that existing plans were operational. The Belize representative apprised participants of the best practice of one district, Corozal, in which the plans were operational. In that district, effective mitigation efforts were established so that schools had been relocated from less vulnerable zones and were built in accordance with hurricane standards. She reported that retrofitting was taking place, although not always at the desired pace, but this was constrained by available resources. In addition, protocols were well established for the use and management of shelters.

Hurricane/wind hazard maps are being developed by PAHO with USAID/OFDA funding, for further integration into building standards definitions for the Caribbean islands and coastlines of South and Central America.³⁵⁷

Environment, Poverty and Disasters. The recently conducted CPA³⁵⁸ cited the impact of natural disasters as one cause of poverty in Belize, given the destruction of property and crops. Disaster management and relief operations were estimated to have worked well with respect to the recent flooding affecting many parts of the country. Although estimated costs of damages have been made, there is little information on the medium and longer term recovery to living standards for those affected. This is considered an issue that merits increased government assistance, particularly in light of the fact that natural disasters will continue to affect Belize.

Rising sea levels as a result of climate change will affect inhabited coastal areas of the country, most especially Belize City and most severely the occupied swamp areas in the south of the city. Given the continuing uncertainty over the extent and timing of these changes considered against the massive cost of any relocation or sea defenses, the CPA report expressed doubt that GoB could take action in the short and medium terms. There was considered insufficient evidence at present to assess other potential climate change risks.

Environmental issues received little mention during the community assessments conducted as part of the CPA, and when they were, solutions were considered potentially contradictory - e.g.: stronger enforcement of activities in protected areas was seen as positive by some and negative by others (as it restricted economic activities). Other specific environmental problems mentioned were localized and not widespread, such as soil degradation due to waterlogging, and pollution issues related to papaya cultivation (in the north) and citrus production in Stann Creek. Overall, there is little evidence from the CPA assessments that environmental damage is regarded as a significant cause of poverty in Belize - a view that could certainly change if there was widespread deforestation or degradation of the barrier reef, both of which are key economic assets.

Importantly, limited attention seems to have been given to the psychological impact of natural disasters and resultant dislocation, on children - which did arise repeatedly in the regional study on children's hopes and aspirations.³⁵⁹ There has however, been regional work conducted by ECLAC that speaks to gender-specific assessment and/or situational management.

³⁵³Bradshaw, Sarah. 2004. Socio-Economic Impacts of Natural Disasters: A Gender Analysis. CEPAL United Nations Sustainable Development and Human Settlements Division, Women and Development Unit. CEPAL - Serie Manuales No 32.

³⁵⁴ECLAC. Report on the Expert Group Meeting on Disaster Risk Reduction in the Education Sector. Kingston, Jamaica: October 26-27, 2009.

³⁵⁵Presentation by Carol Babb, Deputy Chief Education Officer, GOB Ministry of Education.

³⁵⁶USAID. September 30, 2009. Latin America and the Caribbean - Disaster Preparedness and Mitigation Programs. Fact Sheet #1, Fiscal Year (FY) 2009. Bureau For Democracy, Conflict, And Humanitarian Assistance (Dcha) Office Of U.S. Foreign Disaster Assistance (Ofda).

³⁵⁷Country Poverty Assessment 2010.

³⁵⁸Chambers CM. October 25, 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10-14 Years. UNICEF/CARICOM.

Conflict (Domestic/Ongoing Border Dispute/Other)

Belize has been party to various ongoing disputes involving border and immigration concerns over the last several years. These have been discussed elsewhere in this report.

AVAILABILITY OF BASIC/NECESSARY COMMODITIES (COMMODITIES ASSESSMENT)

As of September 2007, UNICEF increased its support for national capacity building towards helping to ensure that good practices in providing essential commodities for children could be firmly included in national policy making. More specifically, it was determined important to strengthen strategic relationships with the World Bank and regional development banks, linked in particular to the way essential commodities for children are procured, made available and accessible and guaranteed within a changing operational environment. This directive updated an earlier (2002-5) Executive Memorandum, related to the MDGs and the 2006-9 Medium Term Strategic Plan. Importantly, a stronger focus on commodity assessments does not represent intent per se to increase volume of supplies that UNICEF procures, whether through programme assistance or by using procurement services.

Essential commodities are generally referred to as: *vaccines, injection devices, essential medicines, micronutrients, bed nets, shelter, school supplies, textbooks, water and sanitation equipment, but can also include foodstuffs in famine-prone regions, and other locally-relevant commodities*. The stated approach to determination of such supplies' availability incorporates exemplary, core questions regarding relative availability as below (Table 23), with further focus on specific commodities as in Table 24. One main data source was identified as being the MICS; such data being supplemented at least by desk reviews and country level data collection (including via other UN agencies and national development partners).

A few items have been reviewed with respect to their relative availability, from available data (highlighted in blue).

Table 23: Indicative list of questions for the assessment of each essential commodity³⁶⁰

- Is the item widely available in the country, throughout the year?
- Is the item available in all regions, districts or communities? If not in all communities – what are the reasons that it is available in some, and not in others? Does demand outstrip the supply? Which are the major distribution channels and are there logistic bottlenecks that prevent an even availability of the item throughout the country, including in remote areas?
- Is the item available on the market, or through Government distribution systems?
- Is the item manufactured in the country, or imported? Is the item available, at lower costs, in neighboring countries or within the region?
- Is the private sector the major provider of the commodities in the country, and is the private sector involved in distribution of the commodities at all levels?
- How many 'units' of the item are needed/consumed by children and women in the country, per year? What is the proportion of people who do presently not have regular access to the commodity?
- How much does the item cost for a family to obtain? How do the costs of the item compare to other related costs that families are required to meet for obtaining the particular service³⁶¹?
- How much are the total costs of the item, as required by a 'typical' low-income household? How do the costs of the item, especially if needed frequently, compare to the average income of poor people?
- What are the total costs of the item required within the country, per year? What are the total costs of the item required by those, who presently do not have access to it?
- Do any Government regulations, such as taxes, duties, tax exemptions or incentives influence the costs of the item? Are essential items subsidized, or could this be a possibility?
- Is it possible that an item, which was only available through the private sector, be made available through a Government distribution system, or vice-versa? How would this be likely to affect its accessibility and its costs to families?

³⁵⁹Source: UNICEF_C/PD/PRO/07-05: (Guidance Note) Country Assessment of Essential Commodities for Children (CAEC).

³⁶⁰For instance, in a situation where the wearing of uniforms by students is mandatory, the costs of the uniform might eclipse the costs of school fees or exercise books. Or the costs of certain drugs might be immaterial compared to the transport fares to be paid by patients for getting to the health facility.

Table 24: Commodities to be covered by the assessment³⁶²

Access by household	Access at service facility
Focus Area 1: Young Child Survival & Development	
• Soap • Vaccination card • Oral Rehydration Salt-ORS • Zinc • Essential warm clothing (blankets/baby hats) • Long lasting Insecticidal Nets (LLINs) • Antibiotics (Cotrimoxazole/Amoxicillin) • Paracetamol • Therapeutic Foods • Antimalarial medicines • Chlorhexidine • Reliable source of clean water • Toilet • Water storage containers • Water carrying pots • Chlorination tablets • Water filters • Gentian violet • Antibiotic eye ointment • Iodized salt	• Vaccines • Vitamin A supplements • Immunisation consumables • Autodestruct syringes • Cold Chain equipment (vaccine carriers, cold boxes, & fridge/freezers) • Incinerator • Essential drugs and equipment incl.: • Antibiotics (Cotrimoxazole/Amoxicillin, injectables: Gentamicin) • Newborn resuscitation kit • Newborn blankets • Corticosteroids • Antibiotic eye ointment • Disposable gloves • Paracetamol • Chlorhexidine • ORS • Zinc • Iron, Folic acid • Calcium • Therapeutic Foods – F75/F100 BP5/BP100 RUF UNIMIX • Paediatric multivitamins & mineral powder • Multivitamin & mineral supplements • Antimalarial medicines (Chloroquine, SP, ACTs) • Reliable source of clean water • Latrines/ toilets • Soap • Health and vaccination cards, partograms, ... • Weighing scales • Digital thermometers • ARI timers • Oxfam kit • MUAC tapes • Height/length measuring boards • Haemoques & reusable cuvettes • BFHI promotional supplies • Potassium iodate • Iodised salt test kits • Iodised oil supplements • Anthelmintics • LLINs

³⁶¹Source: UNICEF_CFPD/PRO/07-05: (Guidance Note) Country Assessment of Essential Commodities for Children (CAEC)

Access by household	Access at service facility
Focus Area 2: Basic Education & Gender Equality	
- Exercise books - Writing utensils - Appropriate clothing for school attendance Text books - School bag - Reading materials	- Classroom supplies, teaching materials Text books - Supplies for classroom and latrine construction & maintenance - Safe water supply - Toilet for boys and girls - Hand washing facility - Soap - Hygiene education materials
Focus Area 3: HIV/AIDS and children	
- Therapeutic Foods - Paracetamol - Cotrimoxazole - Antimalarials ORS	- HIV test kits - Nevirapine - ARV for pediatric treatment and care - Cotrimoxazole - Therapeutic foods - DBS supplies
Focus Area 4: Child Protection from Violence, Exploitations & Abuse	
Birth Registration Cards	- Family tracing and unaccompanied children Kit - DDR temporary transit centre kit - Psychosocial kit - 7 years and up - Post rape care kit (adult and pediatric)
Focus Area 5: Policy Advocacy and Partnerships for Children's Right	
To be determined	To be determined

Vitamin A Supplement. Data from the 2006 MICS indicated that within the prior six (6) months of the survey, 23.8% of children aged 6-59 months had received a high dose Vitamin A supplement. Approximately 12% had not received the supplement within the last 6 months but did receive one before that time. Twenty-one per cent of children had received a Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when.

Further analysis indicated that Belize had the lowest proportion of children 6-59 months reportedly having never received such supplementation (14.5%) while Toledo had the highest proportion (71.9%). At the level of residential area, children in urban areas were found more likely to receive Vitamin A supplement than those living in rural areas.

Mothers' education was also found related to likelihood of supplementation: the percentage receiving a Vitamin A supplement within the previous six (6) months increased from 20.3% among children whose mothers had "primary" or "no" education to 30.9% for those whose mothers had "secondary or higher" education. Vitamin A coverage within the last six (6) months was found relatively low for children in Maya-speaking households (8.9%), when compared to the national rate of 23.8%.

Immunization Consumables.³⁶³ The GOB has assumed full responsibility for purchase of vaccines and related supplies for immunization, purchased through PAHO's Revolving Fund for Vaccine Procurement (est. average US\$ 260,000 annually). The decision was also made to remove general

³⁶²PAHO. February 2009. Belize Country Cooperation Strategy 2008-2011.

sales tax from a range of medicines, medical supplies, and medical and paramedical services in the effort to improve access to essential medicines and products. Procurement of pharmaceuticals and effective supplies management, including provision of medicines free at the point of delivery, are therefore part of the GOB policy; however, system efficiency and reliability have been challenging. The MOH declared this a priority area, and following several assessments supported by PAHO/WHO³⁶⁴ and other agencies, efforts are under way to (i) strengthen the national procurement and supplies management system (e.g., developing a supplies management module incorporated into the BHIS); a national plan for procurement, management, and distribution processes; and implementation of the policies already developed; (ii) promotion and support of risk reduction interventions especially at regional and district levels; and (iii) collaboration with key partners in increasing public awareness and coordination for disaster preparedness and response

Oral Rehydration Salts (ORS).³⁶⁵ Oral rehydration salts are considered essential in adequate management of diarrhea, the second leading cause of death among under-five children. Most such child deaths emanate from dehydration due to loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhea through oral rehydration salts (ORS) or a recommended home fluid (RHF) is known to prevent many of these deaths. Of the children under 5 years who had diarrhea during the two weeks preceding the MICS 2006 survey, 60.6% had received oral rehydration therapy (ORT) with ORS – an estimated 27% with fluids from ORS packets, 25.8% from pre-packaged ORS fluids, and 33% had received recommended home-made fluids.

Textbooks: The government started supplying free textbooks to all school children for the 2007/08 academic year. This programme still continues although it was subject to review in 2008 due to administrative and educational issues arising when it was first introduced.³⁶⁶ More specifically, the programme serves all Government and Government-aided primary schools, providing books for all core subject areas, viz. Mathematics, English, Spanish, Science, and Social Studies. Neither private nor secondary schools have yet been included.³⁶⁷

Other School-Related Supplies.³⁶⁸ The Ministry of Education also sees improving the quality of education in rural ar-

eas as a major issue. The problems are interlinked: the dispersal of settlements which has led to a proliferation of small primary schools; the often low quality of teachers who can feel isolated from their home communities; a lower perception of the value of education and the financial burden of paying for uniforms and school fees by poor families with little cash income (which then reduces funds for operation and maintenance); and the lack of transportation which makes it difficult for children to travel more than a small distance (and for education staff to monitor school standards and troubleshoot problems).³⁶⁹

General Access and Communication Issues by Region/ Region Characteristics

Access throughout the Belize landmass is currently managed via an estimated 2064.6 miles of road network, 59.2% of which are feeder roads (see Table 25). Only 20.2% (417.8 miles) are paved, 75.7% of these being the main roads i.e. Hummingbird, Northern, Western, and Southern Highways, and the Northern Highway Bypass.³⁷⁰

Table 25: Road network

District	Main Road	Secondary Road	Feeder Road	TOTAL Miles
Corozal	27.4	108.4	258.8	394.6
Orange Walk	31.4	60.6	345.8	437.8
Belize	85.3	63.2	74.9	223.4
Cayo	63.7	71.3	255.0	390.0
Stann Creek	93.2	71.7	143.8	308.7
Toledo	61.7	104.1	144.3	310.1
Total Miles	362.7	479.3	1222.6	2064.6

Several initiatives are currently planned, being implemented, or already completed, towards strengthening the existing road network for generally improved access and trade opportunities, as well as increasing the country's resilience in the event of natural disasters. Most relate to physical infrastructure. Among these are:

- (a) Belize represents part of the ECLAC – Mesoamerica Project cooperation engaged in support for the facilitation of trade and transport in Mesoamerica, also allowing for targeted social development. Of relevance

³⁶³PAHO's technical cooperation (2004 to 2007) includes: influenza pandemic preparedness, disaster preparedness and response, water quality standards, basic sanitation, solid waste management, environmental risk assessment, food safety, occupational safety and health

³⁶⁴Source: MICS 2006

³⁶⁵CPA 2010.

³⁶⁶Personal communication: Ellajean Gillett, Ministry of Education; 5 May 2011

³⁶⁷CPA 2010.

³⁶⁸This is particularly the case for secondary schools: in Toledo, there are only 3 secondary schools for around 50 primary schools compared to a national average of 6 but fewer classes.

³⁶⁹Ministry of Works, 2008 estimates.

are (i) the Caribbean Tourist Corridor to comprise 1446 km of road for “excellent communications between the major Maya World tourist centers – starting in Cancun (Mexico), crossing Belize and the Tikal region of Guatemala; and (ii) the Rio Hondo international bridge (Mexico – Belize) was completed in 2009.³⁷¹

- (b) “Accompanying Measures for Sugar” is a six-year EU-funded project (2006-12) with main objective to: reduce poverty and improve the living standards of the rural population in Northern Belize through support to the sugar industry and the vulnerable groups negatively affected by changes associated with the price reform. Among expected results was improved physical access, communication, and transportation efficiency through rehabilitation of the “Sugar Belt” road network. Here, the Cabinet agreed on priority roads in 2008, 60km of which have already been completed. It has been noted that since sugarcane transportation is still carried out by farmers, such improvements will also be of benefit to the stakeholders in the transportation sector.³⁷²
- (c) The IDB has provided US\$10mn in funding for rehabilitation to Belize City’s road network under the project “Flood Mitigation Infrastructure Project for Belize City”, in context of the City’s vulnerability, with evidence of damage from Hurricane Mitch in 1998, extensive flooding in October 2008, and October 2010. The Project focuses not only on emergency-type operations, but an integrated approach, viz. (i) Drainage System improvement; (ii) urban roads improvement; (iii) institutional development and strengthening; and (iv) study, design and supervision of works. Ultimately, these are also expected to result in generally improved living conditions.³⁷³
- (d) The IDB has also undertaken rehabilitation of infrastructure and roads related to the extensive 2008 flooding,³⁷⁴ in keeping with short-term GOB priorities. The Initial Damage Assessment Report indicated inter alia, flooding in parts of Cayo, Orange Walk and Belize districts, with road infrastructure and agriculture suffering largest impact, and effects including total loss of culverts or small bridges, localized destruction of pavement structure, and loss of surface material in paved and unpaved roads. From total direct estimat-

ed losses of US\$11 million, damage to road infrastructure accounted for US\$5 million – this is already approved for rehabilitation, stabilization and protection of damaged roads but also taking into account environmental interventions (another US\$0.2mn was also approved for technical cooperation).

The southern region and deep rural areas of Belize are accessed from major centers, but with some difficulty. The negative impact of natural disasters, more specifically floods, on roads and bridges highlights the current undependable nature of road access, and resultant impact on those most affected, extending to needed commodities in times of crisis, and evacuation assistance. Heavy rainfalls experienced in areas with poor road conditions also increase “ponding” for weeks, as well as mosquito breeding and risk of community-level dengue fever infection; one such example is highlighted in the development plans for Hopkins.³⁷⁵ The event of natural disasters also highlights a greater need for suitable community-based resources of all types, including stockpiling of core emergency supplies, and close intra-community collaboration. Unfortunately, specific areas suffering major damages as above are among those least likely to have surplus. With limited warnings as well as availability of transportation, the threat to lives increases, and more so for the most vulnerable.

The MOH response and the National Emergency Management Organization (NEMO) intersectoral structures have proven relatively efficient and effective in preparation and mitigation efforts for natural disasters. Though practical experience has served to strengthen this area, as has PAHO/WHO- and other U.N. agency-supported training, there is need for greater coordination within the national system and between the national and international response systems.

³⁷⁰ECLAC FAL. 2009. Bulletin: Facilitation of Trade and Transport in Latin America and the Caribbean; Issue 273, Number 5.

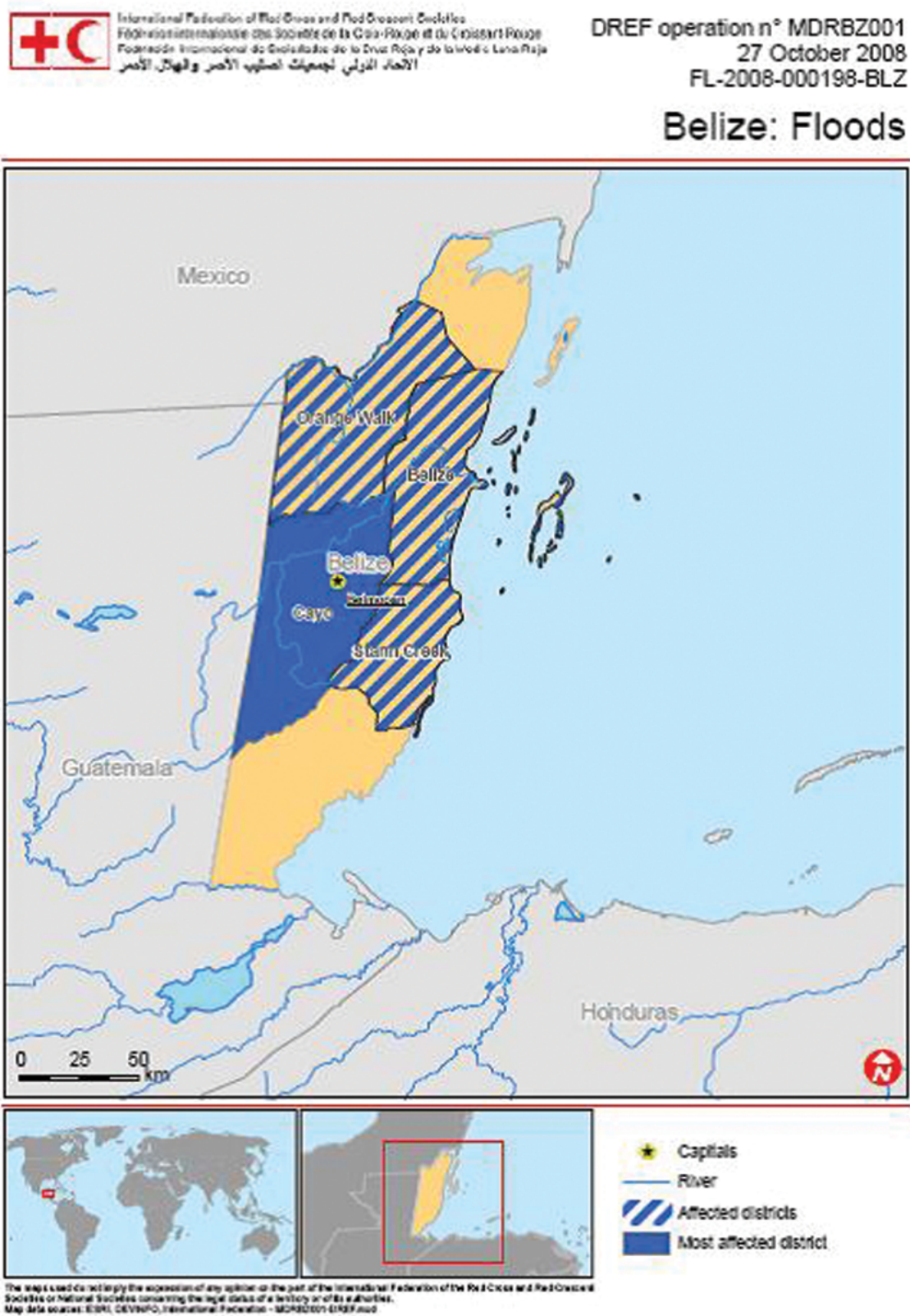
³⁷¹(i) European Union Belize Project Sheet; last updated July 2010; and (ii) Annex

³⁷²IDB Belize Project Profile: Project BLL1013

³⁷³Belize: IDB country strategy 2008-2012 (Rehabilitation of roads and bridges), May 2009

³⁷⁴Tourism Master Plan for Hopkins, 2010.

Figure 54. Map indicating impact from 2008 floods (TD 16)



Economic Changes

The Minimum Cost Daily Food Basket: The Minimum Cost Daily Food Basket (MFB) is the cost required to provide an adult male with a diet of 2,400 calories per day, taking into account local dietary preferences and the need for a balanced diet. Different food baskets were calculated for each district – two of which contained two food basket areas. The MFBs used in this study were prepared by a PAHO/CFNI nutritionist based on food baskets used for previous CPAs and knowledge of local dietary characteristics. Prices were derived using the lowest prices collected by the SIB in their regular Consumer Price Index (CPI) surveys.³⁷⁶ The computations were made using proprietary Caribbean Food and Nutritional Institute (CFNI) software. The cost for an adult male was calculated to be \$2,005 per annum.³⁷⁷ The highest MFB cost was found to be in Toledo district (\$6.12/day), which was also the case in 2002 (\$4.29/day) while the lowest was in Cayo district, which includes Belmopan.

Table 26. Minimum food basket costs for an adult Male, 2002 and 2009

District	Daily Cost		Annual Cost	
	2002	2009	2002	2009
Belize*	\$ 3.64	\$ 5.36	\$ 1,328	\$ 1,958
Cayo*	\$ 3.03	\$ 4.91	\$ 1,105	\$ 1,791
Corozal	\$ 3.41	\$ 5.35	\$ 1,244	\$ 1,953
Orange Walk	\$ 3.33	\$ 5.32	\$ 1,215	\$ 1,942
Toledo	\$ 4.29	\$ 6.12	\$ 1,565	\$ 2,234
Stann Creek	\$ 3.41	\$ 5.99	\$ 1,244	\$ 2,186
Country	\$ 3.47	\$ 5.50	\$ 1,265	\$ 2,005**

* 2009 MFB costs for these two districts were based on weighted averages of two food basket areas in each district: for Belize - Belize City and San Pedro; for Cayo - Belmopan and San Ignacio/ Santa Elena and Benque.

** Weighted average.

Source: Prices (SIB); composition of MFB (PAHO/CFNI consultant).

³⁷⁶Costs were collected for the main urban centers; comparisons with rural area prices for the same commodities did not show significant price differences.

³⁷⁷During this period (May 2002 to May 2009), the food CPI increased by 40% whereas there was an increase of 58% in the MFB. SIB confirmed that the 2009 data was based on lowest and not average prices.

CHAPTER 10

Summary of Key Factors: Causal Analysis and recommendations



An improvement in strategies, processes and capacity for implementation in government supports positive change in all domains, and thus the achievement in rights and equity.

SUMMARY OF KEY FACTORS: CAUSAL ANALYSIS AND RECOMMENDATIONS

The Analytic Framework outlined in Chapter 1 of this SitAn included four “levels” of analysis as a way to describe and analyze the current status of social well-being in Belize, which is the basis for the attainment of rights and equity for women and children. By distinguishing between levels, it is easier to trace the linkages between causal factors that contribute to social well being, and to provide recommendations for policy and programming that maximize impact across levels.

The **first level** encompasses domains that are proximal – most directly connected to social well-being. These domains are: Socioeconomic Opportunity, Health, Education, and Protective Asset Equity. As described in this Situation Analysis, there have been some significant improvements as well as challenges in these domains. The **second level** is composed of domains that represent the necessary services, supports, policies and capacities to ensure that the institutions and activities at the first level can in fact provide what is necessary to foster social well-being, rights and equity. These second-level domains include Capacity (resources, infrastructure and workforce), Policy and Legal Structures. At this level, the Situation Analysis has identified important gaps. Issues and recommendations for both levels are combined as follows:

- **Socioeconomic Opportunity.** The economic situation and economic opportunities have begun to rebound from the period of global recession beginning in 2008, when levels of poverty and socioeconomic inequity increased. In 2010, the GDP expanded slightly, a significant change from the contraction experienced in the previous year. This may mitigate unemployment levels and out-migration in search of work. Yet in order for the economic sector to support equity, there needs to be a change in traditional job segregation and opportunities for women of all cultural groups, and efforts to reach out and provide the opportunities for training and educational success needed so that all children and adolescents believe they have a social and economic future in Belize. Equity of economic opportunity would also be facilitated by improved roads and transportation infrastructure,

currently a barrier for many – particularly in rural areas – even though there have recently been clear improvements in some districts. Improved economic opportunity, tied to education and training opportunities, may also reduce the involvement of youth in violence and gangs where this is concentrated as in Southside Belize City.

RECOMMENDATIONS:

- 1) Expand the scope and capacity of tertiary education offerings so that they are a better match for the full range of job opportunities and can support a more equitable gender mix.
 - 2) Encourage, through policy and public awareness, gender-balanced recruitment across all job sectors.
 - 3) Continue to improve the transportation infrastructure and safety monitoring, particularly in Toledo and other areas currently less integrated into the nation’s economic structure.
 - 4) Support public-private efforts to foster innovation and entrepreneurial activity among adolescents, and across all ethnic/cultural groups.
 - 5) Focus on improving the communications and information technology (IT) infrastructure and access – a key to contemporary business opportunity.
 - 6) Increase access for women and adolescents of all ethnic backgrounds to civil society organisations that are connected to business opportunities in order to build social capital and increase the likelihood of funding/financial support for new business ideas, including “green” business (important for environmentally vulnerable Belize).
- **Health.** There have been notable successes in some health areas, particularly in providing vaccines, increasing access to anti-retroviral therapy for AIDS patients and for the prevention of perinatal transmission, the recent implementation of national health insurance, a health information system, and the completion of a sexual behavior survey in 2009. Overall, however, there is not nearly enough capacity in terms of trained personnel and data systems, which remains a barrier to system capacity and thus equity in health. And in order to reduce the rates of

HIV and STI infection – along with the related risks for cervical cancer – prevention efforts need to reach those at high risk, including adolescents and girls out of school, individuals detained in prisons, and individuals in rural as well as tourist areas. Stigma surrounding HIV/AIDS needs to be confronted, and HIV/AIDS knowledge is still low regarding specific transmission risks. The sanitation infrastructure, especially in rural areas, also remains a problem, though there have been steady efforts at improvement. Health education regarding hygiene practices would increase the impact of those infrastructure changes. In addition, there has been a historical lack of attention to mental health issues and services, including those related to substance abuse. It is also important that health problems in Belize have largely shifted to lifestyle-related issues (e.g., cardiovascular health, obesity and diabetes), as opposed to communicable and infectious disease. This calls for a broader prevention approach.

RECOMMENDATIONS:

- 7) Implement a “healthy lifestyle” approach in education and prevention efforts across the life-cycle that integrate multiple health concerns and potentially maximizes the impact of prevention initiatives as well as support for those initiatives.
 - 8) Improve the strategic planning and coordination of programmes targeting vulnerable populations for HIV/AIDS. There should be a coordinated, multi-sectoral approach that maximizes resources to identify (with adequate data) and reaches these population groups – at present, there are only scattered programmes. Also increase involvement of those groups with substantial community-level reach, e.g. NGOs, CBOs.
 - 9) Work towards common ground to find an approach to reproductive health education and prevention programming that can cut across the current challenges, inconsistencies and barriers to implementation in part resulting from the politicization of the issue and the complex (but entrenched) nature of school ownership/management. Expand the capacity of tertiary education offerings so that they are a better match for the full range of job opportunities and can support a more equitable gender mix.
 - 10) Continue work to improve sustainable water and sanitation infrastructure in schools – particularly in rural areas – and implement education and communication campaign on water/hygiene practices.
 - 11) Increase the visibility, awareness and capacity with respect to mental health efforts within the Ministry of Health and the Ministry of Human Development.
 - 12) Develop and implement public awareness campaigns in multiple languages that seek to reduce stigma related to mental health, disabilities, and HIV/AIDS.
 - 13) Capitalize on cross-border use of medical expertise at least in the short-to-medium term. It is acknowledged that this is a complex and sensitive issue, but regional meetings of the Central American Ministers of Health have already recommended this approach to increasing capacity.
 - 14) Build internal capacity (health, education, data, social services) by implementing requirements (bonding) for Belizean students who are funded to study abroad so that they return to Belize for a specified period of time (e.g. five years).
 - 15) De-centralize and expand training for education and health so that culturally specific practices and materials are incorporated in the recruiting and training of local staff. This, in turn, will have positive impacts on participation, capacity, and economic development. If Belize is to accept its multicultural nature, this must be operationalized in governance structures.
 - 16) Increase the emphasis on bilingual capability for programme staff and personnel, especially in districts where this is a key social fact.
 - 17) Basic educational resources need to be provided at the community level, through community centres that include educational and health supports – libraries, health education materials, tutoring, computing/Internet facilities, etc.
 - 18) Belize needs to develop an expansive cadre of sufficiently-paid, multi-skilled community/field workers that can, among other roles, adequately address information, education and communication tasks. One option is to expand/enhance the current team of community health workers.
- **Education.** The educational system is hindered by

economic barriers (school fees, transportation), a lack of capacity and cultural flexibility, complex organization and management, a need for trained teachers, issues with classroom and school discipline practices that do not respect child rights, and a need for vocational and tertiary education opportunities that are stimulating and relevant to economic need. School success would also be improved by increased public awareness about children's developmental needs (including books and educational materials at home). Gender roles (that differ by cultural group) have an effect on girls and young women's continued attendance at school; yet school dropout is also a problem for boys. Repetition beginning at an early age, failure to complete school, and having limited opportunities for job skills training, affects self-esteem, becomes a risk factor for employment, access to resources, and health. At the same time, there are examples of strategies and approaches used by some schools that have been effective in meeting these challenges, and these best practices should be disseminated and evaluated.

RECOMMENDATIONS:

- 19) Continue the effort to upgrade teacher training and to improve teachers' cross-cultural understanding and capability, as well as latitude for incorporating lessons learned. Teacher training should be implemented within the context of a whole-school improvement approach.
 - 20) Educational programmes and curricula need to vary by district and cultural mix so that they are appropriate, more effective, and retain the interest and participation of children (both genders). While there may be increased costs to such an approach in the short term, it offers long-term benefits.
 - 21) Work with organizations in traditional Maya communities to explore strategies for maintaining and supporting the continued involvement of girls in school.
 - 22) Increase the focus on retaining boys in secondary (and tertiary) education, based on the extensive data that now exist, and address factors that are contributing to the pattern of early dropout and low transition. Current practice in disciplining students should be re-examined with an understanding that these practices have an effect on school dropout and consideration of "second chances." Continue experiments (such as cash transfers/incentives for school completion) and evaluate results.
 - 23) Recruit more men to serve as teachers at all levels.
 - 24) Utilize schools as a dissemination point for education to students and the community regarding hygiene practices (e.g., water treatment, storage, handwashing), and improve effectiveness of relevant messages.
 - 25) As noted above for health, build internal capacity (health, education, data, social services) by implementing requirements for Belizean students who are funded to study abroad so that they return to Belize for a specified period of time (e.g. five years).
 - 26) As noted above for health, de-centralize and expand training for education and health so that culturally specific practices and materials are incorporated in the recruiting and training of local staff. This, in turn, will have positive impacts on participation, capacity, and economic development.
 - 27) Increase the emphasis on bilingual capability for programme staff and personnel, especially in districts where this is a key social fact.
 - 28) Basic educational resources need to be provided at the community level, through community centres that include educational and health supports – libraries, health education materials, tutoring, computing/Internet facilities, etc.
 - 29) Disseminate effective educational models and practices and their criteria/methods for measuring success (Examples include: St. John's College and St. Catherine's Academy for their focus on teaching excellence and support for students from different socioeconomic backgrounds; Belize High School for its innovative use of technology).
- **Protective Asset Equity.** There is a growing body of law and policy in Belize that supports a wide range of protections against exploitation, trafficking, victimization, discrimination, and exclusion, and guarantees participation and religious/cultural freedom. Belize is signatory to the CRC, CEDAW, and many other conventions – most recently the UN Convention on the Rights of Persons with Disabilities. A key issue

in this domain is the gap between the legal framework and the institutional capacity to support these guarantees. Access to appropriate courts, birth registration, availability of social and legal services, quality and availability of disability and special needs services, elimination of stigma and isolation for those who are disabled, conflicts in the law surrounding marriage and consent, and general legal enforcement outside the major urban centers is an area that needs considerable strengthening – a task that would be facilitated both through the allocation of government resources and the building of capacity through education, training and certification programmes. Domestic violence, commercial sexual exploitation of children (CSEC), trafficking, child abuse, and labor exploitation require further investment to overcome the challenges exacerbated by the lack of capacity. There are also concerns related to family structure. The growing number of female-headed households often results in economic hardship and poor parental supervision and support, which have an impact on inter-personal development, school performance, attendance, and risk behavior. In addition, the juvenile justice system deserves more investment to fully implement a prevention-oriented approach that ensures that young offenders receive early attention and rehabilitation and that there is a concerted effort to prevent involvement in crime/violence in the first place.

RECOMMENDATIONS:

- 30) The approach to youth violence should shift from crime suppression to child development and prevention, in a way that is culturally appropriate for each district, because the context of violence/delinquency manifests itself differently.
- 31) Develop a plan and implementation strategy for how to handle disabled populations, with assignment of responsibilities, roles, and resource allocation. This, as for other programme administration, should be decentralized. Further identification/facilitation for appropriate targeting should become possible via the recently completed census.
- 32) Standardize definitions of juvenile, adolescent and young person in all legislation relating to juveniles – Criminal Code, Indictable Procedure Act, Summary Jurisdiction Act, and Labour Act.
- 33) Implement recommendations for specific legislative

amendments to the Juvenile Offenders Act, the Penal System Reform (Alternative Sentences Act), the Probation of Offenders Act as set out in the “Vulnerability Analysis of the Juvenile Justice System, 2007”.

- 34) Repeal the Certified Institutions Act and Regulations [Now that there is a Social Services Agencies Act and Regulations for residential facilities taking care of children, the act is no longer needed. In addition, the provisions added to the Families and Children Act (FACA) to address children with anti-social behaviour, now renders the provisions in the Certified Institutions Act addressing uncontrollable behaviour obsolete.]
- 35) Remove the Wagner’s Youth Facility from the Prison Complex or place it under the Social Services Agencies Act and Regulations. Also, there is a need to re-energise rehabilitation programmes offered at the facility to address reports of abandoned programmes due to limited resources.
- 36) Revise and repurpose the National Drug Abuse Council - there is need for an updated policy and plan of action, additional staff, and additional programmes.
- 37) Develop a new vision for the Youth Hostel in line with the new draft policies and procedures of the Community Rehabilitation Department to strengthen programmes and provide better transition from institution to society in order to address high recidivism rates.
- 38) Staff the Juvenile Justice Courts with trained mediators and social workers in each district.
- 39) Strengthen first time offenders programmes and ensure collaboration in those programmes with those offered by the Cadet Core, Youth For the Future, Community Policing Unit and Restore Belize to avoid duplication and also to ensure comprehensive services are provided.
- 40) Re-sensitization of police is necessary regarding rights of juveniles and development of collaborative community initiatives between police and youth in Southside Belize to address juvenile hostility and distrust of police.
- 41) Revitalize National and District Committees on Community Service and expand Community Service

options in the Penal System Reform (Alternative Sentences) Act.

- 42) Make improvements with respect to social worker capacity: Re-train the current cohort of social workers in all the policies and procedures of the department as well as cross training for other areas of the Ministry. Implement faster response times by social workers when there are requests for social inquiry reports in custody and adoption cases. Add social workers in each district, especially social workers attached to each family/juvenile court to prepare court reports and to do spot checks and court appointed visitations in matters before the district court.
- 43) Improve collaboration between the Women's Department, Department of Human Services (DHS) and the Community Rehabilitation Department (CRD).
- 44) Include the child protection system and role of the police in the training curriculum for police officers at the training academy.
- 45) Re-train doctors required to perform medical examinations on the new medical-legal form and on how to present expert medical evidence in court.
- 46) Improve counseling capacity: Develop a better counseling programme at the University of Belize to provide specializations in trauma counseling and counseling victims of sexual violence. Expand the Belize counseling centre and establish properly staffed counseling facilities in each district.
- 47) Expand the foster care programme and improve marketing of the programme and the development of more support services for foster families.
- 48) Enact the law prohibiting commercial sexual exploitation of children (CSEC) and the development and implementation of a national plan of action to eliminate CSEC.
- 49) With respect to communications: Increase the capacity at the University of Belize and at smaller colleges to train Belizeans in media and communications – essential for a participating and informed polity, and for the dissemination of information about health, education, socioeconomic opportunity and other facets of public life. (The recommendations listed in this

document would benefit from expanded information, education and communications campaigns.)

- 50) With respect to communications: Increase the percentage of people in all districts who have access to the Internet and are familiar with its use.

At the **third level** are key domains representing social conditions that confront the general effort to improve social well-being and achieve rights and equity. These are basic social conditions that the legal/policy framework and national service and communication capacity must address. The domains at this level are Poverty, Inequity, and Crisis Vulnerability.

- **Poverty and Inequity.** Despite the categorization of Belize as a middle and now high income country, poverty and wealth inequity are significant. The poverty rate is typically higher than the norm for Caribbean countries but comparable or slightly better than other Central American countries. Poverty and inequity in Belize are outcomes of both a general economic and environmental vulnerability (e.g., to global market fluctuations, hurricane and storm damage), and a pattern of unequal access across the lifecycle to economic, educational, health, protective assets, and political resources and supports – by gender, region, cultural group, and socioeconomic group.

RECOMMENDATIONS:

- 51) All recommendations in this Executive Summary and Situation Analysis are relevant to this domain.
- **Crisis Vulnerability.** Belize is a vulnerable country, for reasons that are both beyond and within its control. Vulnerability to hurricanes and storms is a geographical fact because of Belize's location and predominantly (except for the Mayan Mountain area) low-lying territory. And because it is a small country, the economy is substantially tied to regional and global markets. However, the maintenance of a disaster infrastructure dispersed across all regions, and diverse economic development to buffer market fluctuations are within control. Currently, the disaster infrastructure is an area in need of focus, including dispersion of shelters and safety resources as well as improvements in the housing stock and land/water use planning in vulnerable areas. Hurricanes, for example, routinely cause extensive damage in areas

such as Southside Belize City, some areas of Stann Creek and Toledo districts where housing quality and infrastructure are often inadequate. Basic commodities appear to be available for women and children in responding to crises, and the increased need to address the rights of women and children is recognised. There are still gaps in the availability of a wider range of shelter development and strengthening, physical supplies and less tangible requirements e.g. privacy for lactating mothers. Data limitations with respect to assessing commodities are substantial.

RECOMMENDATIONS:

- 52) For crisis vulnerability, the NEMO plan needs to be re-organized to emphasize de-centralization of resources to maximize immediate response. Pro-active planning for disaster response is imperative, especially with global climate change. This includes ongoing disaster preparedness communication and enforcement of building codes, etc. As is often the case, there are laws regarding this, but no means of enforcement. Community-level strengthening and resources will also provide more immediate access to response. This could also include capacity-building, training, and engaging village councils with disaster preparedness and response duties.
- 53) Institute increased enforcement of water, sanitation and related infrastructure requirements to ensure potable water availability.
- 54) Institute a review and increase enforcement of safety regulations in general, with respect to vehicle and road safety, water safety, and other transport.

Finally, at the most fundamental **fourth level** are the basic, long-term causal domains that create the environmental and social context that underlies Level Three social conditions. These domains are Geography, Cultural Factors, Governance and Economic Vulnerability. These are described in more detail since they have thus far been addressed within other domains, not in separate sections:

Geography. As the SitAn has described in detail, the current situation for children and women in Belize is driven in part by physical and cultural geography. These factors impact social well-being for the following reasons:

- Geographical location and ethnic concentration are

closely, though not exactly aligned. Queq'chi and Mopan Maya are concentrated in Toledo, though with some proportion in Cayo and Stann Creek districts. Toledo, as noted in this document, is the most rural and isolated region of the country, with the fewest services and supports across all categories, the highest unemployment rate, still the highest poverty rate, and the most gender inequity. This is also the region closest to Guatemala and the border dispute – thus in almost every way it is the most marginalized and least connected region [At the same time, the relative marginalization of Toledo vs. other districts has decreased, and the district has benefited from increased attention in recent years.] Mestizos are located in Corozal and Orange Walk districts, but with significant numbers in Cayo and in Belize districts. They are the majority, yet are still concentrated in these agricultural districts, and close to the Mexican border zone (also closer to drug trafficking areas). There is also a significant number of migrant workers who are Mestizo. The Garifuna are concentrated in Stann Creek, with smaller numbers in Cayo and Belize districts, as well as some in Toledo. The Creole are primarily in Belize district, with substantial numbers in Cayo as well. Belmopan, Cayo is of course the capital and governing centre, and Belize district is home to the majority of commercial (non-agricultural) enterprises, the barrier reef area, most service industries, fishing, and tourism. At the same time it includes the largest and most vulnerable urban population – likely due to increased employment opportunities.

- Geographical location and economic opportunity are linked. The agricultural districts and their employment opportunities are more vulnerable to global market fluctuations and environmental damage, as well as population changes brought about through migration (internal and external), which in turn create segments of the population who are generally less protected with respect to social and family support, access to services, and in some cases legal protection.
- Geographical location and environmental vulnerability are linked. While agricultural areas are vulnerable, there is growing tourism in several districts (e.g., Corozal, Orange Walk, Cayo, Belize, and now also Stann Creek) with Mayan heritage sites as well as preserved forest areas.
- Urban geography and specific health risks are linked:

This is true for most urban areas, particularly Belize City, but also Dangriga and other urban areas, where there is concentrated poverty and in some cases poverty close to tourist areas.

- Food availability, distribution and prices are impacted nationally by natural disasters (i.e. beyond production areas)
- Tourism, agriculture and other economic activities are impacted nationally by natural disasters.

RECOMMENDATIONS:

- 55) All recommendations that seek to improve infrastructure, socioeconomic opportunity, participation, and crisis vulnerability will mitigate the impact of geographic factors.

Cultural Factors. As the SitAn has described, Belizean culture and society are situated between several Central American and Caribbean identities. Cultural factors have a major impact on gender equity, HIV/AIDS risk, considerations of indigenous rights, varying norms for partners/contraception/information-sharing, etc. Moreover, these factors (and/or their articulation) significantly impact participation and a sense of shared identity. While the multicultural identity of Belize is held as an asset with respect to cultural tourism and external identity, there is a considerable amount of internal fragmentation by ethnic group. Unfortunately, there are limitations to which asset-values are recognised and/or incorporated in other areas of societal functioning. There is limited acknowledgement of the extent to which systems need to be developed to facilitate multicultural articulation. This is exacerbated by a substantial and continuing demographic change.

Existing indigenous cultures have to large extent retained their respective core values and practices; this is also related to pockets of their geographic residency. In many respects, this has allowed for such retention of uniqueness, increasing asset-values even within the country, while protecting cultural customs, norms, identities, and traditions. However, in some cases, this also challenges the extent of true integration and interaction with others; whether or not due to limiting understanding. It also increases the development and implementation costs to afford adequate and appropriate targeting as well as sufficient provision of key resources including information, education, and communication (IEC). It also differentially increases vulnerability in situations of limited socio-political capital. Those issues are further challenged by

poor communication/distribution networks, including roads, in the geographic areas of greatest need.

Also under cultural factors is a set of inter-related patterns surrounding sexual and reproductive health: early sexual involvement, pregnancy rates and complications at very young ages, relatively low contraceptive use, and stigma related to HIV/AIDS. Moreover, these patterns differ significantly by urban, rural, SES and ethnic groups. Complicating this is a difficult political and moral environment in which HIV/AIDS and reproductive health education and prevention are implemented. Cultural factors may also influence education choices.

RECOMMENDATIONS:

- 56) A general principle and commitment: While there has always been public discourse about Belizean multiculturalism, a real commitment must be made to better understand and value the multicultural nature of Belize as an asset. This will require movement towards decentralization of governing functions, training, resources, and programmes, and over the longer term, attitudinal shifts.
- 57) Improve the working understanding of child and human development milestones across programmes that address children's issues so that appropriate norms and expectations are understood across the lifecycle. Public education and communications campaigns can be helpful in this respect. There is also a need to recognise potential cultural differences in child-rearing approaches.
- 58) Address quality of education by investing in the quality of teachers with respect to subject matter expertise and pedagogic methods. Increased quality will also require better pay.
- 59) Increase discourse on the value of non-English use in school environments.

Governance. This refers to capacity, equity, and efficient performance. In that sense, patronage and corruption, client-based parties, inequity in representation (ethnic, gender), numerous policies but lacking implementation and follow-through, and failure to implement extant policies, are key issues. Broad political participation is limited by the patron-client relationship fostered by the shifting rule of the two major parties. And while the GOB is a signatory on multiple

international conventions, actual policy and follow-through is selective, in part because of a process that often begins and ends with planning, without sufficient or appropriate operationalization and allocation of resources. This can be seen, in a sense, as an issue of political culture. Participatory processes could act against this pattern and contribute to decentralization.

RECOMMENDATIONS:

- 60) In order to maximize outcomes towards the achievement of rights and goals, reduce the gap between plans, policies and implementation by including specific procedures and milestones for implementation, and the training and allocation of staff responsible for implementation, as well as consistent monitoring/evaluation.
- 61) Increase accountability requirements as part of the development of planning documents.
- 62) Disseminate information about successful small and local programmes, in education, health, youth support, disabilities, juvenile justice, economic development and develop a best practice inventory – via a website – that can be accessed by anyone. Examples include CARE Belize's disability programmes, several well-performing schools, and many individual success stories. Along the same lines, increase access to lessons learned via non-governmental organisations.
- 63) Improve IT/data capabilities and access across all ministries and agencies (including NGOs, CBOs), with respect to technology, technical skills, etc. Data is essential to effective planning and accountability – for example, to determine where to locate schools and services so that they are accessible, and to better identify high risk HIV/AIDS populations (including those in prison).
- 64) Minimize high turnover and loss of skills as well as institutional knowledge in agencies through increased investment in staff, better pay, and improved documentation. Also minimize turnover (solely) due to political reasons.
- 65) Increase the dissemination of institutionalized knowledge within ministries so that proper functioning is not dependent on just a few individuals.

- 66) Continue progress towards elimination of corruption and patronage politics. In the long term, this will increase participation, increase trust in government, reduce cynicism, and improve attitudes among children and women regarding equity and opportunity.

- 67) Using the kind of theoretical framework presented in this document, organize the governmental response to key issues around an understanding of multiple contributing factors, which should then lead to coordinated, multi-sectoral action.

Economic Vulnerability. This refers to debt exposure, position with respect to the globalized market, and volatility of enterprises. The debt situation is one factor limiting adequate investment in capacity. Generally speaking, the economy of Belize is also reliant on a number of activities (e.g., agriculture, tourism) that are notoriously variable vis-à-vis the global economy and environmental “shocks.”

Internal economic vulnerability for many population segments results in part from the limited access to and completion of secondary education, and hence increased reliance on (opportunities related to) unskilled labour. Socioeconomic success in the upcoming generation of youth is challenged in several ways in Belize: (a) There is a substantial proportion of youth exiting the formal education system at an early age, many without sufficient learning and skills; (b) There are limited additional/alternate formal and acceptable structures to which they have real access, which would allow for their further growth and development – towards ensuring their most meaningful contribution to the society; (c) There are increasingly more negative “alternate” social/economic opportunities being made available to them including gang and drug cultures, which are themselves connected to other risk behaviours (e.g., early sexual activity); (d) Regarding the latter, opportunities for counseling are diminished by relative failures to acknowledge information and access gaps and their relevance (due to age, schools’ denominational affiliations, targeting the out-of-school population); (e) Poverty remains entrenched among a large-enough minority.

RECOMMENDATIONS:

- 68) Continue efforts to reduce the debt burden and debt-to-GDP ratio.
- 69) Over the long term, work towards a diverse economy less dependent on fluctuating external sources, and more forward-looking – particularly in the area of

“green economy” enterprises.

- 70) Over the long term, continue progress towards inclusive economic involvement that maximizes the development and employment of internal capacity. This will contribute to a sense of “belonging” and reduce out-migration.

INTER-RELATIONSHIP OF DOMAINS AND PROGRAMME/ POLICY RECOMMENDATIONS: CASE EXAMPLES

The key message from the organization of this Situation Analysis into multiple levels of domains that contribute to social well-being and therefore to the achievement of rights and equity is the following: ***Rights are founded on a web of social well-being that affects the entire life-cycle. Because the domains of social well-being are interconnected, change in any one domain can be supported by change in others. Linking progress across multiple domains is the key to achieving children’s and women’s rights, promoting their development and facilitating their ability to contribute positively to Belizean society. By the same logic, narrowly targeted programmes/policies that do not account for these linkages are not the most effective use of resources.***

Implementing this basic message must be done strategically so that actions taken in one domain have the greatest multiplier effect in other domains. For example, increasing the capacity of the health workforce and sanitation infrastructure improves the health of children in the early stages of the child’s lifecycle, which in turn has a multiplier effect on children’s ability to perform in school, and thus equity in eco-

nomic opportunity.

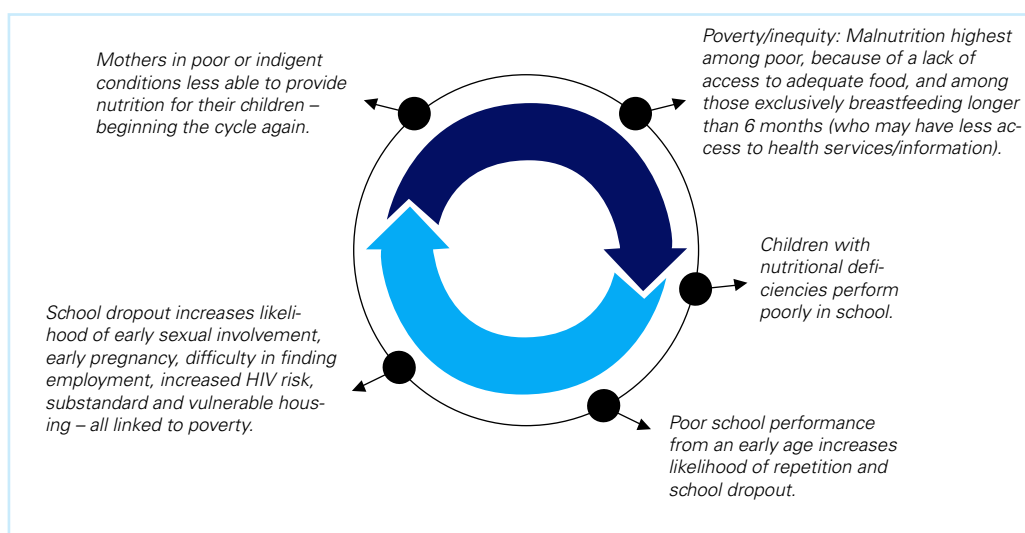
The following case examples of specific problem areas illustrate the way in which domains are causally related, and how strategic, multisectoral responses can maximize effectiveness by producing positive outcomes across multiple domains.

Nutrition

The issue of adequate nutrition is an excellent example of how the causal domains in this Situation Analysis are linked, and how they in turn connect many issues of equity and rights to the impact, over the life cycle, of these domains. Consider the following:

- A significant proportion of both infant and child mortality rates (see Chapter 5) is due to nutritional deficiency or malnutrition. Malnutrition is a consequence of poverty and inequity – it is highest among the poor, because of a lack of access to adequate, nutritious food. It is also highest where exclusive breastfeeding continues beyond 6 months, which may begin to impair nutritional intake (see WHO breastfeeding guidelines), which may in part be a problem of access to health services, including appropriate information.
- When a child enters school with nutritional deficits, he or she does not perform as well, right from the beginning. Nutritional deficits are linked to cognitive and attention-deficits.
- Poor school performance from an early age substan-

Figure 55. Nutrition cycle



tially increases the likelihood of repetition and school dropout, especially in competitive or unsupportive learning environments, and ill-equipped home/community environments.

- School dropout, in turn, substantially increases the likelihood of increased focus on and/or exposures to other social and learning environments, including early sexual involvement, early pregnancy, involvement in delinquency, as well as difficulty in finding employment – with variations by gender. These factors are all linked to poverty. They are also linked to increased risk for HIV/AIDS, exposure to violence, and living in substandard housing which is more vulnerable to destruction from flooding, storms or hurricanes.
- Mothers in poor or indigent conditions are in turn less likely to be able to provide adequate food for their own children – beginning the cycle again.

The programme and policy message: There is a significant “multiplier effect” in addressing nutritional deficiency at an early age, because doing so contributes to the mitigation of other potential problems, increasing the likelihood that rights

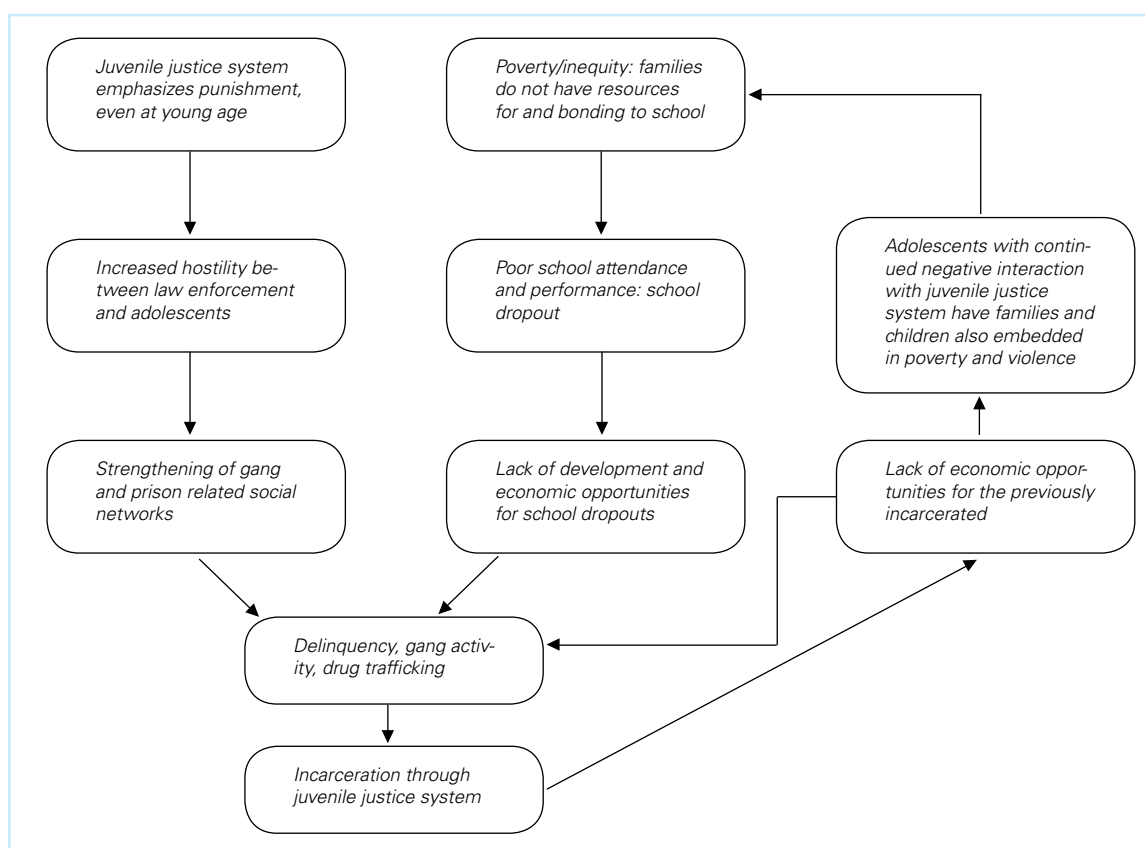
and MDG goals will be achieved. To address nutritional deficiency, however, requires a coordinated, multisectoral response.

Juvenile Justice

Juvenile justice issues provide a second example of linked causality, ultimately connected to equity and the achievement of rights and MDG goals.

- Involvement of adolescents and young people in delinquency, gang activity and drug trafficking is very typically connected to inequities in educational, participation and economic opportunity. When families do not have the resources to provide financial or other support for school, attendance and performance suffers, and the risk of dropout is magnified. When there are few employment opportunities, and when the allocation of resources is too dependent upon party affiliation or corruption, other means of producing income and social status will become prominent.
- These causes are exacerbated when the juvenile justice system emphasizes punishment, even at a young

Figure 56. Juvenile justice issues



age, at the expense of prevention and social development. The result is increased hostility between law enforcement and adolescents, the strengthening of gang and prison-related social networks, risk of HIV/AIDS infection especially while incarcerated, and a lack of economic opportunity when released from confinement – continuing the cycle.

- Adolescents involved in delinquency/violence and continued negative interaction with the juvenile justice system are in turn more likely to have families and children who are also embedded in conditions of poverty and abuse/violence, and who then face the same situation, hindering the achievement of equity on many fronts.

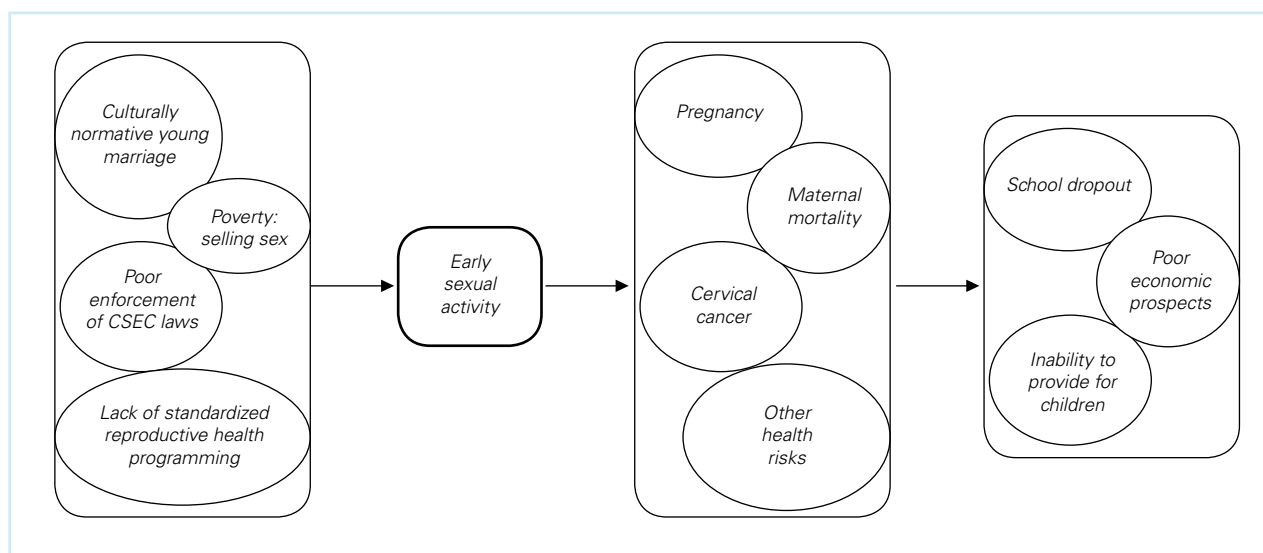
The programme and policy message: There is a significant “multiplier effect” in addressing juvenile justice issues from a broader perspective that accounts for the causal factors involved in delinquency and violence, and allocates significant resources towards prevention. Doing so contributes to the mitigation of other potential problems, increasing the likelihood that rights and MDG goals will be achieved; and the increased national problems related to crime and violence will be curbed. To address juvenile justice issues effectively requires a coordinated response between juvenile justice, education, human development and health sectors.

Reproductive Health and HIV/AIDS

Early pregnancy/reproductive health issues constitute a similar example of linked causality, ultimately connected to equity and the achievement of rights and MDG goals.

- Early sexual activity arises from multiple social and cultural causes: Among traditional Maya, it is often related to a culturally normative young marriage age. Among young adolescents in Southside Belize City and near tourist areas in San Pedro, or in Dangriga, it is more likely to be a function of poverty and social breakdown – where young women develop relations with older men for resources and support, or become involved in the sex trade.
- These causes are exacerbated by poor enforcement of CSEC laws, a fragmented educational system in which there is a wide variation in determined value of, and quality and effectiveness of reproductive health prevention (including HIV and STI prevention) programming, and the lack of coordinated prevention and intervention programmes targeting high risk population subgroups.
- Early sexual activity increases the risk of HIV/AIDS infection, early pregnancy, maternal mortality, and

Figure 57. Reproductive health



cervical cancer among other problems, which in turn increase risk of school dropout, poverty, inability to provide for children (or the potential for “orphaning” children), and thus risk to the infants/children of these young mothers.

- Early sexual activity and pregnancy also directly affects school enrollment, attendance, and completion, hindering economic prospects and the potential for increased equity.

The programme and policy message: There is a significant “multiplier effect” in addressing reproductive health in a coordinated, effective manner, with particular atten-

tion to strategies for identifying/defining, and reaching those most at risk. Doing so contributes to the mitigation of other potential problems, increasing the likelihood that rights and MDG goals will be achieved. To address reproductive health effectively requires a coordinated response across at least the education, health and human development sectors.

INDIVIDUAL CASE EXAMPLES (HYPOTHETICAL)

It may also be useful to illustrate the chain of causal factors and their impact on children and women with several case examples of hypothetical individuals, with reference to the two focus areas of Southside Belize and Toledo.

Ronald Harrington, SOUTHSIDE BELIZE

Ronald Harrington (fictional) lives in the Pickstock area of Southside Belize, in a small and dilapidated two-bedroom house, with an older brother, cousin, his aunt and grandmother. Part of the roof was blown off in a recent hurricane and has not been replaced, so it is covered in plastic held down by bricks and duct tape. The landlord says he will repair it, but it has been two months. Ronald is 15 years old. He has been living in this house for two years, because his mother began to disappear for days at a time and so his grandmother took him in. People whisper that his mother has AIDS, but nobody has told him directly. He takes odd jobs around the neighbourhood when these are available, but the only businesses are a few take-out restaurants, a bar, a hair-weave salon, and a small market. He now attends school only sporadically – the family is having difficulty paying for his school fees, and there is no one to help him with studying. And after school, he has nothing to do, and doesn’t like going home because his grandmother gets angry at him (she likely makes excessive demands of him also). His older brother recently introduced him to some friends from the Pickstock Crew, a local gang that has been increasingly involved in drug selling. He has heard bad things about the gang at school, but he sees that they have respect at least from some people in the community. And he quietly agrees when he hears them bad-mouth police in the community, who they say “just try to lock you up.” There was once a small after-school basketball programme in his neighbourhood, run by the Episcopal school, but there was not enough money to keep it going, so now there are no programmes, and even the basketball court

has a chain fence around it. So after school, on the days that he does go, he has taken to hanging out with his brother at one of the Pickstock Crew’s known spots in front of the liquor store. His brother Dwayne has been coming home with money lately, and Ronald knows it’s from selling marijuana and sometimes cocaine for the Crew. Dwayne actually finished 6th form and was taking classes at the University of Belize, in accounting, but he became frustrated because there were no accounting jobs that he could find, except for one with the importing business of the local MP in Pickstock, a man who barely lived there yet told Dwayne he could have a job if he worked for him on the next election campaign. All of this made an impression on young Ronald, and he has let it be known that he would like to be involved in the gang’s activities.

When he passed his first “test” for the gang by holding a gun during a robbery, he got paid \$100BZ, and went and bought himself a pair of shoes. He noticed that there was a young woman who started “looking at him” once he began to be involved in the gang. Gang members joked with him, telling him that he already had himself a girl, and soon, he began to respond to her. She was only 15 herself, but seemed happy to find someone to connect, who looked like to have prospects for money. Not long after, Ronald began to spend more and more time with the Pickstock Crew and stopped going to school altogether – it didn’t make sense to him anyway. Two months after meeting the girl, she was pregnant. At that point she dropped out of school as well. At first, his grandmother yelled at him even more, but soon, he started bringing her \$100 a week, and she says nothing any more.

Ysalane Ixchel, TOLEDO DISTRICT

Ysalane (fictional) is 10, and lives in the Toledo village of San Pedro Columbia. Her family has a small plot of land, growing rice and corn. Almost every week, she goes with her mother to the market in Punta Gorda where they sell corn at a stand. When she does that, she misses a day of school, and she is falling behind. But her father says that she doesn't need to be in school, and that it is either her or her brother that can go on to secondary school anyway, because there isn't money for them both, and it is a long bus ride to the school in any case. Her mother teaches her to make corn tortillas in the afternoons sometimes, but mostly, she takes care of a number of home and family tasks she has learned to do very well. She grinds corn flour, collects wood for the cooking fire, and washes clothes. And her mother has begun to hint that in a few years, it will be time to look for an eligible marriage partner from families in the village. She is familiar with that role, one that her big sister moved into, getting married when she was 15. Yet she wonders to herself about the other girls who are still in school. Will all of them get married soon? She knows that her friend Malinali wants to be a teacher, and to do that she is going to have to stay in school, and wait to get married until she goes to the teacher's college programme and has a certificate.

Sometimes, she goes to her friend's house to study when she falls behind in school. Her friend's mother doesn't tell her she has to be married right away and is always reminding her to do homework. So, Ysalane feels better about doing her work there, because no one tells her to stop or pulls her books away. One day, her uncle Pacal saw her there and asked her what she was doing. On hearing that she went there for homework, he pulled her by the shirt and brought her back home. "We are lucky," he told her. "Lucky to be Maya, and that no one really bothers us too much here. It is a good life, you will find this to be true. But if everyone who should get married goes off to school and wherever else, how will we stay together? Who will keep the home? We see this happen to some people, and not with good results. So be patient, you will understand." Ysalane was confused, and torn. It is true what her uncle said. Sometimes, when families, men, and women go off to work or away from the village, trouble sets. But there are also more teachers who are Maya now. They are also good for the village. And how did they get to be teachers, except by going to school? Can't she be Maya like her family and relatives, and still go to school?

APPENDICES



APPENDIX 1: REFERENCES

1. Document/Print References

Andrewin A, and Chien LY. 2008. "Stigmatization of Patients with HIV/AIDS among Doctors and Nurses in Belize." *AIDS Patient Care and STDs* 22(11): 897-906.

Arnold-Talbert, Elizabeth and Leticia Constanza-Vega. National Report on the Results of the Child Activity Survey in Belize. 2003. Prepared for the Statistical Information and Monitoring Programme on Child Labour (SIMPOC) and the Central Statistical Office, Government of Belize, International Labour Organization.

Barrientos A. September 2004. Social Protection and Poverty Reduction in the Caribbean: Draft Regional Report. Institute for Development Policy and Management, University of Manchester, UK.

Barrow D. March 11, 2011. "Celebrating Growth, Sustaining Recovery." Budget Presentation for Fiscal Year 2011/2012. Hon. Dean Barrow, Prime Minister and Minister of Finance.

Belize Supreme Court. 2010. Chief Justice's Annual Report on the Judiciary of Belize: 2008- 2009.

Blake, Eric S. 28 July, 2008. Tropical Cyclone Report: Tropical Storm Arthur 31 May - 1 June 2008. National Hurricane Center.

Bourguignon F. 2004. The Poverty-Inequality-Growth Triangle. Paper presented at the Indian Council for Research on International Economic Relations, New Delhi, India.

Bradshaw, Sarah. 2004. Socio-Economic Impacts of Natural Disasters: A Gender Analysis. CEPAL United Nations Sustainable Development and Human Settlements Division, Women and Development Unit. CEPAL – Serie Manuales No 32.

Bronfenbrenner, U. 1979. The Ecology of Human Development. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. 1977. "Toward an Experimental Ecology of Human Development." *American Psychologist*, 32, 513-531.

Caribbean Development Bank. Source: www.caribank.org

News Release No. 31/10

Cathro HP, Loya T, Dominguez F. et al. 2009. "Human Papillomavirus Profile of Women in Belize City, Belize: Correlation with Cervical Cytopathological Findings." *Human Pathology* 40: 942-949.

Catzim-Sanchez A, Lovell J. June 2008. Situation Analysis of Children with HIV: Belize and Stann Creek Districts. Belize City: Hand-in-Hand Ministries/UNICEF.

Catzim-Sanchez A. May 4, 2011. RESTORE Belize Draft Strategic Plan. UNICEF Belize.

Chambers, C.M. October 2009. An Introductory Qualitative Analysis of Caribbean Adolescents Aged 10 to 14 years: Barbados, Belize, Guyana, Jamaica, Suriname, Trinidad and Tobago. Final report submitted to United Nations Children's Fund, Belize office, October 2009

Channel 5 News. June 2005. "Corporal Punishment of Children: Still an Issue." News report.

Chatterley C. January 26, 2011. National Assessment of WASH in Schools – Belize. Prepared for the Ministry of Education, Belize.

Chatterley C. 29 March 2011. WASH in Belize Schools: Returning to Learn from Successes, Challenges and Students. Prepared for the Ministry of Education and UNICEF.

CIA. 2010. The World Factbook: Belize.

COMISCA. 2009. Health Plan for Central America and the Dominican Republic 2010-2015. Approved at XXXI Meeting of COMISCA, San Jose, Costa Rica, December 2009.

Connolley, A. December 2005. "The Education Gap in Belize." *Within Reach* magazine, Vol. 5, Issue 1. www.within-reach.net

CSDH. 2008. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organisation.

Deverajan S, Miller MJ, and Swanson EV. 2002. Goals for Development: History, Prospects and Costs. Human Development Network and Development Data Group. Washington, DC: World Bank.

DFID (2002) Conducting Conflict Assessments: Guidance

Notes; UNDP (2003) Conflict-Related Development Analysis; OECD-DAC (2008 draft) Armed Violence Prevention and Reduction

ECLAC. 2009. Report on the Expert Group Meeting on Disaster Risk Reduction in the Education Sector. Kingston, Jamaica: October 26-27, 2009.

ECLAC. 2009. "FAL Bulletin: Facilitation of Trade and Transport in Latin America and the Caribbean," Issue 273, Number 5.

ECLA/UNDP 2007, Belize: Macro Socio-Economic Assessment Report of the Impact of Hurricane Dean. Presentation.

ECLAC. January 13, 2006. Migration in the Caribbean – What Do We Know? Port of Spain, Trinidad and Tobago: Economic Commission on Latin America and the Caribbean

European Union. July 2010. Belize Project Sheet.

Fiadjoe, Albert. 2004. Access to Justice Report. New York: UNDP

Flowers G, Namis JC, and Montserin, A. 2011. Belize National ICT Strategy: 2011 ICT Benchmarking Report.

Gayle, Herbert and Nelma Mortis (2010). Male Social Participation and Violence in Urban Belize. Report presented to Belize Chamber of Commerce.

Government of Belize/Caribbean Development Bank. August 2010. Country Poverty Assessment: Final Report. (Referred to as CPA.)

Government of Belize. Belize Medium Term Development Strategy, 2010-2013.

Government of Belize. 2000. Belize Census.

Government of Belize. 2010. Belize Census.

Government of Belize/UNICEF. 2010. Midterm Review.

Government of Belize. 2009. National Poverty Elimination Strategy and Plan 2009-2013. National Human Development Advisory Committee, Ministry of National Development, Investment and Culture.

Government of Belize. January 2007. National Poverty Elimination Strategy 2007-2011. National Human Development Advisory Committee, Ministry of National Development,

Investment and Culture

Government of Belize. April 2007. National Poverty Elimination Plan 2007-2011. National Human Development Advisory Committee, Ministry of National Development, Investment and Culture.

Government of Belize. 2007. Report on the Convention on the Elimination of All Forms of Discrimination Against Women.

Government of Belize. 2009. Annual Crime – 2009, Belize, CA. GOB public data, accessed at www.belize.gov.bz/public/Data

Government of Belize. 27 October 2008; Reported by US-AID. Latin America and the Caribbean – Floods. Fact Sheet #1, Fiscal Year (FY) 2009. Bureau For Democracy, Conflict, And Humanitarian Assistance (DCHA) Office Of U.S. Foreign Disaster Assistance (OFDA). December 10, 2008

Government of Belize. 2006. Second Periodic Report on the Convention on the Rights of Children.

Government of Belize. 2001. The Child Activity Survey.

Green L, and Kreuter MW. 1999. Health Promotion Planning: An Educational and Ecological Approach (3rd Edition). Mountain View, CA: Mayfield Publishing Company.

Harrison J, Castaneda A, Castillo P, Lovell J, and Teul P. May 2004. Toledo: A Study in Elusive Development. Government of Belize and the UK Department for International Development.

Hilker, Lyndsay and Fraser, Erika, 2009. Youth Exclusion, Violence, Conflict and Fragile states.

IDB. 2010. Towards a Sustainable and Efficient State: The Development Agenda of Belize. Inter-American Development Bank: Washington, DC.

IDB (Inter-American Development Bank). 2008. Beyond Facts: Understanding Quality of Life, Inter-American Development Bank. Cambridge, MA: Harvard University Press.

IDB. 2009. Belize: IDB Country Strategy 2008-2012 (Rehabilitation of Roads and Bridges).

IDB. Annex IDB Belize Project Profile: Project BL-L1013.

IDRM. 2004. Americas Report.

IICA. 2010. Tourism Master Plan for Hopkins, Belize.

International Labour Organisation/ILO. 2006. The Commercial Sexual Exploitation of Children and Adolescents in Belize.

IRDMA. 2004. Report on Disabilities.

Isaacs-Haylock I. 2006. Report on Focus Groups Identifying Behaviors that Increase Risk for HIV/AIDS and STI Infections. Belize City: BFLA.

Kambel, E.R. 2008. "Policy Note on Indigenous Peoples in Belize," IDB report, 30, p. 7.

Laraia L, and Kendall P. 2010. Biennial Social Development Report – 2010. Caribbean Development Bank.

Lim Ah Ken, P. 2007. Children Without Parental Care in the Caribbean.

Living Standards Measurement Survey (LSMS). 2009. Country Poverty Assessment Team.

Loudon M. 2004. The Impact of HIV/AIDS on Belize. UNICEF.

Ministry of Education/Belize and UNICEF. "Making Education Work for Our Boys." May 14-15, Radisson Fort George Hotel.

Ministry of Education. Abstracts, 2008-9.

Ministry of Education/MOE Statistics Abstracts.

MOE/Quality Assurance Development Services Unit (QUADS). June 2005. Hemispheric Project for the Preparation of Policies and Strategies for the Prevention of School Failure, Belize Report.

Ministry of Health. Belize Health Information System Documentary: <http://www.paho.org/Video/belize.aspx>, and a link to the Belize Health Information System Brochure: Belize Health Information System Brochure.

Ministry of Health. October 2010. Health Statistics of Belize, 2005-2009. Belmopan: Ministry of Health, Epidemiology Unit.

Ministry of Health. June 2009. Health Statistics of Belize, 2004-2008. Belmopan: Ministry of Health, Epidemiology

Unit.

Ministry of Health, August 17, 2009. Belize Health Information System. Presentation.

Ministry of Health. 2007. Draft National Strategy for the Promotion and Prevention of Health.

Ministry of Health. Administrative Report 2004-2008.

Ministry of Health. November 2006. Health Agenda 2007-2011. Belmopan: Ministry of Health, Government of Belize.

Ministry of Health. 2010 (Unpublished). Belize Social Indicators 2005-2009.

Ministry of Health. Recent draft MOH Response to HIV/AIDS document.

Ministry of Human Development. 2005. Study on the Impact of Crime and Violence on Children and Adolescents – 2005. Belmopan: Ministry of Human Development, Government of Belize.

Ministry of Human Development and Social Transformation. August 2010. National Symposium on CSEC and Trafficking.

Ministry of Works. 2008 Estimates.

Narayan D, Patel R, Schafft K, Rademacher A, and Koch-Schulte S. 2000. Crying Out for Change: Voices of the Poor. Oxford: Oxford University Press/World Bank.

NationMaster. (n.d.). Health Statistics by Country. Retrieved from: <http://www.nationmaster.com/cat/health&all=1>

National AIDS Commission 2008.

National AIDS Commission. 2009. Proposal to the Global Fund, Round 9.

National AIDS Commission. Belize National Policy on HIV/AIDS.

National AIDS Commission. 2006. Responding to HIV/AIDS in Belize: Strategic Plan for a Multi-Sectoral Response to HIV/AIDS in Belize 2006-2011.

National Committee for Families and Children (NCFC). De-

cember 2009. Uncovering Local Assets: Building Stronger Families and Communities – Community Asset Mapping: Collet, Pickstock, Lake Independence and Port Loyola. Report prepared by SPEAR.

National Emergency Management Organisation, October 27, 2010. Initial Damage Assessment Report: Hurricane Richard (Category 1 Storm).

National Health Information Service/NHIS. 2009. HIV/AIDS Surveillance in Belize. Belmopan: GOB Ministry of Health.

PAHO. 2007. Health in the Americas, Volume II: Countries. Washington, DC: Pan American Health Organisation.

PAHO. 2007. Health Situation in the Americas: Basic Health Indicators. Washington, DC: Pan American Health Organisation.

PAHO. 25-29 September 2006. Neonatal Health in the Context of Maternal, Newborn and Child Health for the Attainment of the Millennium Development Goals of the United Nations Millennium Declaration. 47th Directing Council of the Pan American Health Organization 58th Session of the Regional Committee. Washington, D.C., USA.

PAHO. 2009. Belize Country Cooperation Strategy 2008-2011.

PAHO. 2009. Human Resources for Health in Belize: A Status Report on the HRH Core Data Set and Regional Baseline Indicators Project. Washington, DC: Pan American Health Organisation.

Paredes, Sandra. 2002. Situational Analysis of Gender and Development: Belize. National Women's Commission.

Pegus C. 2004. Qualitative Analysis of Child Labour in Belize.

Perriott, L. 2003. Child Labour and Education in Belize: A Situational Assessment and In-Depth Analysis.

Petit, JM. 2004. Trafficking in Persons in Belize (Preliminary Report). US Department of State.

Rosberg M and Catzim A. 2001. Women in Politics: Seeking Opportunities for Leadership in Belize. National Women's Commission.

Shaw D. 2010. Sanigest Solutions: Proposal for Secondary

Financing Reform Stakeholder Discussion.

Shaw D. 2007. Vulnerability Analysis of the Juvenile Justice System, 2007. UNICEF and GOB.

Shaw, D. 2004. Vulnerability Analysis of the Child Protection System.

Shoman, A. 1994. Thirteen Chapters of a History of Belize. Belize City: Angelus Press.

Sen A. 2009. The Idea of Justice. Cambridge, MA: Belknap Press.

Statistical Institute of Belize. Mid-Year 2009 Estimates. Accessed at www.statisticsbelize.org.

Statistical Institute of Belize. 2009. Labour Force Survey.

Statistical Institute of Belize. 2000. Labour Force Survey.

Stokols D. 1996. "Translating Social Ecological Theory into Guidelines for Community Health Promotion." American Journal of Health Promotion, 10, 282-298.

United Nations. 2005. CEDAW Report.

United Nations. 2007. Consideration of CEDAW Report.

United Nations. 2007. CEDAW Report, Committee Response.

United Nations General Assembly Human Rights Council Working Group on the Universal Periodic Review, Fifth Session: A/HRC/WG.6/5/BLZ/1. 18 February 2009.

UNAIDS 2010. UNAIDS Country Profiles main page <http://www.unaids.org/en/CountryResponses/Countries/default.asp>

UNAIDS. 2010. UNGASS Country Progress Report: Belize: January 2008-December 2009.

UNAIDS. 2006. Epidemiological Fact Sheet on HIV and AIDS Belize 2006 Update.

UNAIDS. 2008. Epidemiological Fact Sheet on HIV and AIDS Belize 2008 Update (http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_BZ.pdf)

UNDP. 2010. The Real Wealth of Nations: Pathways to

Human Development. Human Development Report 2010. New York: UNDP.

UNDP. September 2010. Draft Scorecard and Outlook Report: Millennium Development Goals – Belize. New York: UNDP.

UNDP. 2009. Human Development Report 2009 – Belize. Accessed at http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_BLZ.html

UNDP. (n.d.). International Human Development Indicators. Retrieved from: <http://hdrstats.undp.org/en/indicators/>

UNDP. 2009. Enhancing Gender Visibility in Disaster Risk Management and Climate Change in the Caribbean: Country Assessment Report for Belize. UNDP Barbados.

UNESCO. World Data on Education 2010-11; Belize Profile.

UNICEF. October 2010. Narrowing the Gaps to Meet the Goals. New York: UNICEF.

UNICEF. 2009. State of the World's Children 2009. New York: UNICEF.

UNICEF. October 2009. Safeguarding the Rights of Indigenous Children in the Process of Development: Intercultural Bilingual Education Component. Project Review

UNICEF and the Government of Belize. 2006. Belize Multiple Indicator Cluster Survey: Key Findings. UNICEF, with Government of Belize and Statistical Institute of Belize.

UNICEF. 2006. Violence Against Children in the Caribbean: Regional Assessment.

UNICEF_ CF/PD/PRO/07-05: (Guidance Note) Country Assessment of Essential Commodities for Children (CAEC)

UNICEF UK. 2008. Our Climate, Our Children, Our Responsibility: The Implications of Climate Change for the World's Children.

USAID. Latin America and the Caribbean. September 30, 2009. Disaster Preparedness and Mitigation Programs. Fact Sheet #1, Fiscal Year (FY) 2009. Bureau For Democracy, Conflict, And Humanitarian Assistance (DCHA) Office Of U.S. Foreign Disaster Assistance (OFDA).

Weller J. February 2011. "Young People and the Labour

Market in Belize: Processes of Exclusion and Inclusion." Presentation.

World Economic Forum. Global Gender Gap 2010 Report. Geneva: WEF.

Ministry of Health. June 2009. Health Statistics of Belize, 2004-2008. Belmopan: Ministry of Health, Epidemiology Unit.

WHO and UNICEF. 2010. Progress on Sanitation and Drinking Water, 2010 Update. Geneva: World Health Organisation.

WHO. 2009. Belize: Prioritizing Mental Health Services in the Community. Country Summary Series. Geneva: World health Organisation, Department of Mental Health and Substance Abuse.

Young, Roy. 2003. Qualitative Analysis of Child Work in Belize. Prepared for the Statistical Information and Monitoring Programme on Child Labour (SIMPOC) and the central Statistical Office, Government of Belize, International Labour Organisation.

2. Legislation, Laws, Regulations Referenced

Constitution of Belize. 2000 .Chapter 4, Revised Edition of the Laws of Belize.

Government of Belize. Section 47(1) of the Criminal Code.

Government of Belize. Section 60 of the Criminal Code (addresses child victims under 5 years old, section 62 addresses child victims under 9 years old).

Government of Belize. Section 31 of the Criminal Code (allows for use of force or harm); Section 39(1) of the Criminal Code (allows for use of force extending to a wound or grievous harm for the purpose of correcting a child under 16 for misconduct or disobedience).

Government of Belize. Section 6 of the Summary Jurisdiction Act

Government of Belize. The Education Acts. 27.

Government of Belize, Section 144 of the Families and Children's Act (FACA).

Town Council Act, Chapter 87 and Village Council Act, Chapter 88 of the Revised Edition of the Laws of Belize, 2000.

3. Interview, Focus Group References

Focus Group with youth in Belize City, October 15th, 2010.

Focus Group (Police)- CIB, DVU officers – October, 2010.

Focus Group Discussion with children and adolescents on October 24, 2010, Belize City.

Interviews with representatives of the Ministry of Health and the Epidemiology Unit, October 2010.

Interview with Director of Public Prosecutions – October 2010, Belize City.

Interviews with children at the Dorothy Menzies Children's Home, 2009

Interview with Ministry of Health, October, 2010.

Interview with Social Workers from the Department of Human Services, August 2010, Belize City.

Interview with House Mother of Residential Facility, November 2010.

Interview with social worker- November 2010.

Interview with Magistracy- October 2010, Belize City.

Interview of social services practitioners attached to the DHS.

Interview with an adoptive family from the Cayo district in July 2010.

Personal communication: Ellajean Gillett, Ministry of Education; 5 May 2011

Presentation by Carol Babb, Deputy Chief Education Officer, GOB Ministry of Education.

Proposal for Secondary Financing Reform Stakeholder Discussion, August 2010.

Workshop with Cayo district managers and principals – September 2, 2010, Belmopan.

Workshop with teachers, Cayo district, Belize, August 2010.

Workshop with Cayo district managers and principals – September 2, 2010, Belmopan.

APPENDIX 2: MDG Review Summary

At the beginning of the new millennium, world leaders made commitments to strengthen a global partnership to improve the lives of the world's poor in the course of one generation, from 1990 to 2015. This partnership was consolidated through the newly established MDGs which are now an integral component of the international development agenda of the United Nations. The agenda includes quantitative targets to improve results in poverty reduction efforts, health, education, gender equality, and the protection of the environment through stronger partnerships between developed and developing countries and amongst developing countries, as well as partnerships with the private sector. The MDGs have become a platform for galvanizing international efforts to reduce poverty and hunger and advance the agenda of human development in all countries.

The MDGs are a set of quantifiable, time-bound goals that articulate the social, economic and environmental advances that are required to achieve substantial gains in human development. Goals 1 to 7 are committed to raising the poor out of poverty and hunger, getting every child into school, empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases, and ensuring environmental sustainability. Goal 8 explicitly recognises that eradicating poverty worldwide can only be achieved through international cooperation. The challenges associated with the achievement of the MDGs cut across a vast array of interlinked issues – ranging from gender equality, through health and education, to sustainable development of the environment. The achievement of all the MDGs will result from government policies and the involvement of the private sector, civil society, and the local communities.

Belize is slowly making progress toward integrating the MDGs into national development frameworks by creating MDG-based national, sectoral and local development strategies, and by using the MDGs to guide monitoring efforts. In supporting the country efforts, the United Nations Offices are committed to providing assistance through tracking progress towards the goals, assessing policy dimensions, building awareness, galvanizing public support for action and supporting specific strategies to address key constraints that limit MDG achievement.

1.1 *Belize MDG Progress at a Glance*

Poverty has been increasing in Belize long before the current global crisis and the country's development strategy has not been sufficiently conducive to economic growth and poverty reduction. In spite of social protection programmes and new initiatives to widen the reach of the Belize safety net³⁷⁸, the number of poor people in Belize continues to rise. The current global crisis is likely to have additional negative impacts on the economic and social fabric of the country. This will further strain poverty reduction initiatives and efforts to achieve the MDGs.

A summary of MDG achievement as of 2009, and related challenges, is provided in Table 1.1. The reference years for the baseline data are indicated where possible. The available evidence suggests that Belize is making progress to achieve four (4) of the 8 time-bound goals by 2015. Moreover, all of the on-track performances relate to the health MDGs and the environment:

MDG1 - ERADICATE POVERTY AND HUNGER³⁷⁹

- The poverty rate increased from 33% in 1995 to 41.3% in 2009 - not on track to achieve the target of 16.8% by 2015.
- The poverty gap fell marginally from 10.9% in 2002 to 10.8% in 2009, representing only insignificant adjustment - not on track to achieve the target of 5.5% by 2015.
- The indigence rate increased from 10.8% in 2002 to 15.8% in 2009 - not on track to achieve the target of 6.7% by 2015.
- The GINI coefficient of inequality increased significantly from 0.4, rounded up in 2002, to 0.42 in 2009 – not on track to support the targeted reduction of the poverty rate to 16.8% by 2015.

MDG2 - ACHIEVE UNIVERSAL PRIMARY EDUCATION

- The net enrolment rate fell from 90.3% in 1992 to 83.7% in 2009 - not on track to achieve the target of 100% by 2015.
- The proportion of students starting Grade 1 who reached the last grade of primary school increased from 87.2% in 2002 to 91.9% in 2009 - not on track to achieve the target of 100% by 2015.

³⁷⁸The roll-out of the National Health Insurance Scheme aimed at reaching poor and vulnerable populations in Southside Belize City and Toledo District as well as the expansion of pension benefits to non-contributing elderly males and females from the Belize Social Security Board have contributed to widening the reach of the safety net.

³⁷⁹Data for the poverty indicators are from the Final Report Belize Country Poverty Assessment, 2009, prepared by the Halcrow Group Limited for the Government of Belize and the Caribbean Development Bank, June 10 2010.

MDG3 - PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

- The ratio of girls to boys in primary school increased from 0.939 in 1995 to 1.01 in 2009, indicating that while the target for girls has been surpassed, there has been slippage with respect to boys. The ratio of girls to boys in secondary school increased from 1.105 in 1995 to 1.13 in 2009, also indicating that while the target for girls has been surpassed, there has been serious slippage with respect to boys. The ratio of females to males in tertiary school increased from 1.49 in 2002 to 1.73 in 2009, again indicating that while the target for females has been surpassed, there are serious lags with respect to males. Belize is not on track to achieve the target of parity by 2015.
- The share of women in non-agricultural wage employment increased from 38.7% in 1995 to 41.7% in 2007 - not on track to achieve the target of 50% by 2015.
- The percentage of women in the Lower House of the Belize Parliament fell from 3.45% of the seats in 1993 to zero in 2009 - not on track to achieve significant improvement by 2015.
- The literacy rate of 15-24 year-olds increased from 70.3% in 1992 to 94.7% in 2006, surpassing the literacy target of 90.6% for 2009 - on track to meet the target of 100% literacy among persons 15-24 years by 2015.

MDG4 – REDUCE CHILD MORTALITY:

- Belize was on track to reduce its under-5 mortality, from 23.7 per 1000 live births in 1990 to 22.5 per 1000 in 2009 – indicating very slow progress towards the target of 8 per 1000 live births by 2015.
- The infant mortality rate increased from 17.6 per 1000 live births in 1990 to 17.9 per 1000 live births in 2009 - not on track to achieve the target of 8 per 1,000 live births by 2015.
- The percentage of children immunized against measles increased from 69% in 1992 to 96.6% in 2009 – on track to achieve the target of 100% by 2015.

MDG5 – IMPROVE MATERNAL HEALTH:

- The Maternal Mortality Rate has increased from 41.7 per 100,000 live births in 1990 to 53.9 per 100,000 in

2009 – not on track to achieve the target of 10.4 per 100,000 live births by 2015.

- The proportion of births attended by skilled personnel increased from 79% in 1995 to 95% in 2008 - on track to achieve the target of 100% by 2015.

MDG6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

- The HIV prevalence among the population 15-24 years was officially established at 0.77% in 2009. No assessment of performance is possible until the next count.
- The incidence of malaria cases per 1,000 persons in the population fell significantly from 49.3 in 1994 to 1.7 per 1,000 persons in 2008 - on track to achieve the target of halting the spread of malaria by 2015.
- The infection rate of tuberculosis fell significantly from 49 cases per 100,000 persons in the population in 1990 to 24.7 cases per 100,000 in 2009 - on track to achieve the target of halting the spread of tuberculosis by 2015.
- The prevalence rate of tuberculosis in the population fell from 78 per 100,000 persons in 1990 to 26.7 per 100,000 cases in 2009 - on track to achieve the target of halting the spread of tuberculosis by 2015.

MDG7 - ENSURE ENVIRONMENTAL SUSTAINABILITY

- The current proportion of the land covered by forest is approximately 58% and the deforestation rate for Belize is approximately 0.6% per year – not on track to halt and reverse the proportion of land covered by forest by 2015.
- The country is poised to meet the implicit target of 100% access to improved water source for both urban and rural communities.
- Per capita emissions have increased more than 4-fold since 1994. It should be noted, however that the country's emission remains negligible when compared to global recorded levels of CO₂.
- Preliminary data on carbon emissions (CFCs) for 2008 indicate consumption of 0.780 metric tons. This figure is 2.92 metric tons, or 78.9%, less than the ceiling awarded to Belize.

- Official data from the SIB indicate that the share of the population with an improved water source increased from 43.6% in 1995 to 76.4% in 2006 – on track to achieve the target of 100% access in 2015. Indeed, alternative estimates suggest that access to safe drinking water nationally grew to 99.5% in 2008, though rural areas lag behind at 90%.
- The share of the population with access to improved sanitation facilities increased from 41% in 1995 to 64% in 2007, and approximately 70% in 2008 –showing slow progress to the goal of 100% by 2015.

MDG8 - DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

- As the economy shifts to greater reliance on the service sector, which is less vulnerable to the type of exogenous price shocks that characterize the traditional specialist exports of goods, Belize's debt

service as a percentage of gross exports has recently been falling fairly steadily from 17% in 2006 to 11.4% in 2008, becoming more sustainable in the process.

- The number of telephone landlines has been declining as individuals and households turn to more efficient means of continuous and on-demand cellular or internet communication. Cellular subscribers have been growing rapidly from 6.7 persons per 100 in 2000 to 53.2 per 100 in 2008.
- The number of persons with Internet connection has increased slowly, from 6 per 100 in 2000 to only 11 per 100 in 2008. Faster progress is needed to meet the goal of rapid global information sharing and communication that characterises the process of poverty reduction through expansion of opportunity in education, health and efficiency.
- Information access in disasters:

Possible Secondary Information	Data Source	Documents
Demographic	Statistical offices, regional databases	Census reports
Housing, household and family status	Statistical offices	Census reports, household surveys, time and allocation study reports
Economic status	Statistical offices	Poverty assessment reports, status of women reports
Employment	Statistical offices	Census reports, labour force survey reports
Education and literacy levels	Statistical offices	Census reports
Ethnic and cultural patterns	Community and social development, departments/division, institutes of higher learning	Community development reports, special study reports
Health status	Statistical offices	Census reports, quarterly statistical reports, health sector reports
Communications	Public utility, departments/agencies	Industry reports
Social and political structure	Government information division, institutes of higher learning	Division reports, study reports
Policy framework for gender and development and natural disaster management	Disaster agencies, women's and gender departments, community and social development agencies	Policy document, legislation, guidelines, state of emergency legislation and legal guidelines
Disaster impacts	News organizations, disaster agencies, NGOs, internet	Situational disaster reports, news articles, web pages, hospital records, hotline records

Source: Author's elaboration

APPENDIX 3: WEB ADDRESS FOR IMPORTANT HUMAN RIGHTS CONVENTIONS

The following are key human rights frameworks referred to in this document and which provide a framework for UNICEF's work in Belize:

The Convention on the Rights of the Child

<http://www2.ohchr.org/english/law/crc.htm>

The Convention on the Elimination of All Forms of Discrimination against Women

<http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

The Convention on the Rights of Persons with Disabilities

<http://www.un.org/disabilities>

NOTES

[illegible]



unite for children

United Nations Children's Fund, Belize
#1 Coney Drive, Gordon House 3rd Floor
P.O. Box 2672
Belize City
Belize, Central America

Website: www.unicef.org

©The United Nations Children's Fund (UNICEF)
July 2011