## Key Results Expected

### 1.1 In 20 selected communities:

- a) 50% of families utilize appropriate care and feeding practices for child survival and growth
- b) hospitals and clinics implement safe motherhood procedures and protocols;
- c) 100% of pregnant women attend prenatal clinic during the 1st trimester;
- d) 100% of births are registered.

### 1.2 100% of school children in selected communities in Toledo benefit from improved water and sanitation facilities, parasite and Vitamin A treatment each year.

### Key Progress Indicators

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<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>a. % of infants less than 6 months exclusively breastfed</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>b. % households reached programmes that develop skills conducive to child growth and development including health nutrition and safety</td>
<td>0</td>
<td>1500</td>
</tr>
<tr>
<td>c. No. hospitals and health centers implementing Safe Motherhood guidelines and protocols</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>d. % of women accessing antenatal clinics during 1st trimester of pregnancy</td>
<td>20.8%</td>
<td>28.5%</td>
</tr>
<tr>
<td>e. % of children registered within 30 of birth</td>
<td>94.4%</td>
<td>(MICS4-2012)</td>
</tr>
<tr>
<td>a. Proportion of Toledo schools with basic sanitation</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>b. Proportion of Toledo schools with improved water source</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>c. Proportion of Toledo children suffering from parasite infestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. % of children reached with Vitamin A</td>
<td>23.8% (MICS3)</td>
<td>MICS4-2012</td>
</tr>
</tbody>
</table>

### Description of Results Achieved

- **1.1a** Capacity for Baby friendly hospital initiative adopted as an approach in hospitals; main care-givers trained and tools and guidelines provided. Data collected through MICS4 to monitor changes.

- **1.1b** Two hospitals and a poly-clinic were certified as Baby-friendly in the South. Belize City major hospital was also recertified. This brings the total number of hospitals certified as baby friendly to 5. All hospitals and clinics implementing safe motherhood procedures and protocols.

- **1.1d** Through the Birth Registration Campaign 9116 of the most disadvantaged children in 110 communities obtained a birth certificate.

### Constraints and facilitating factors

- Efforts are being made by the MOH to strengthen the network of care in the districts and to revive the work of the community health workers to support integration.

- The ongoing challenge is the absence of an accessible and affordable integrated system for improving health, nutrition and early childhood development and birth registration. Distance and poor transportation links, and traveling costs are the principal barriers to women’s early and timely access to health care. In addition, cultural factors and absence of the father at the time of registration are also barriers.

- Limited parental involvement, adequate school management and limited school budgets affect the proper implementation of WASH in schools. Water contamination due to poor practices in some schools, insufficient use of chlorine despite high level of knowledge WASH. A C4D campaign will be launched in 2012.
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<tr>
<td>2.1 60% of schools certified child-friendly;</td>
<td>a. Net enrolment rate/ratio (boys/girls, by district, urban/rural, ethnicity)</td>
<td>2.1 The Quality Child Friendly Schools Initiative (QCFSI) standards and framework are being piloted in 35 schools reaching a total of 4,709</td>
<td>The reduction in net enrolment is due largely to the cost of education to poor households. The risk increases where the head of the household has a low level of education.</td>
</tr>
<tr>
<td>2.2 50% of schools integrating early assessment and remedial teaching;</td>
<td>b. % of children passing BJAT&amp;PSE tests (gender, ethnicity, region, urban/rural)</td>
<td>2.2 Teachers trained in early literacy assessment in 22 schools in Belize and Dangriga. 35 pre-school teachers in Toledo trained in special needs assessment.</td>
<td></td>
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<tr>
<td>2.3 Children in 20 villages benefit from early stimulation and school readiness practices</td>
<td>c. Proportion of children benefiting from early stimulation and school readiness;</td>
<td>2.3 The Roving Care Givers Programme expanded to (14) Rovers covering seven communities in the Toledo District; (6) Rovers in Southside Belize conducting early childhood stimulation to over three hundred fifty (350) children and providing parenting skills to over three hundred (300) families.</td>
<td></td>
</tr>
<tr>
<td>2.4 All teachers benefit from training in alternative disciplinary techniques</td>
<td>d. No. of schools using corporal punishment to discipline children</td>
<td>2.4 Education and Training Act 2010 prohibiting corporal punishment signed by the MoE. Additionally, a school improvement plan for implementing Positive Discipline in implementation.</td>
<td></td>
</tr>
<tr>
<td>2.5 All school aged-children receive disaster preparedness training</td>
<td>e. No of schools conducting disaster preparedness training</td>
<td>2.5 Disaster preparedness training for 4200 children, and 420 peer educators conducted. Red Cross also complemented this effort.</td>
<td></td>
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<tr>
<td>2.6 500 adolescents trained as peer educators in pre- and post disaster preparedness and response</td>
<td>f. No. of adolescents certified as peer counselor in pre and post disaster situations.</td>
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# CONSOLIDATED RESULTS REPORT

**Country:** Belize  
**Programme Cycle:** 2007-2012

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<tr>
<td><strong>3.1 50% reduction in the number of children born with HIV</strong></td>
<td>a. MTCT rate</td>
<td>3.1 UNICEF along with PAHO has provided strong technical assistance to the MOH since 2006 to improve its policies and practices in the area of PMTCT. PMTCT has been integrated into Maternal and Child Health and accelerated efforts have resulted in over 15% decrease in the MTCT rates.</td>
<td>Strong partnership and south-south collaboration as well as high quality technical expertise and strong capacity of staff have all facilitated the achievement of this result.</td>
</tr>
<tr>
<td><strong>3.2 50% increase in the number of infected children receiving ARVs</strong></td>
<td>b. % of infected children receiving ARV</td>
<td>3.2 The Government of Belize has instituted a policy of free access to ARV for all residents needing ARV medication. This has resulted in the 100% of children needing ARV accessing the drug. While some challenges still remain with adherence to ARV among children support to community based organizations working with children and families affected by HIV has resulted in stronger adherence monitoring and support.</td>
<td>The lack of data on volunteering for testing prevented monitoring and the reporting on this indicator.</td>
</tr>
<tr>
<td><strong>3.3 100% of known OVCs receive treatment and support</strong></td>
<td>c. % of OVC receiving treatment and support</td>
<td>3.3. None</td>
<td>Although all children diagnosed with HIV and needing medication are placed on ARV challenges remain in ensuring that all children on ARV are being monitored and provided with the necessary support to live full, healthy lives.</td>
</tr>
<tr>
<td><strong>3.4 50% increase in the number of adolescents volunteering for testing</strong></td>
<td>d. No of adolescents volunteering for testing (gender, region, age)</td>
<td>3.4 A comprehensive Health and Family Life Education Policy has been ratified by cabinet to mandate the provision of Life Skills based education including the provision of sexual and reproductive health education to all primary school students. The complementary HFLE Curriculum</td>
<td>Belize is also not able to afford second line ARV and as such children who are resisting 1st line medication face challenges in accessing second line medication.</td>
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**Baseline**

- 19.6
- 82% (UNGASS 2010)
- n/a
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<td>4.1 20% reduction in reported cases of violence;</td>
<td>a. No. of reported cases of violence and abuse (gender, are, region);</td>
<td>has been rolled out to 100% (356) primary schools in Belize and over 5,000 teachers have being trained in the delivery of Life Skills Education. A Peer Education Program, Together We Can, has been rolled out to 100% (54) Secondary Schools country wide and over 500 adolescent have being trained as peer educators reaching out to over 5,000 of their peers.</td>
<td>The main challenges are related to: limited institutional capacity in the area of child protection and in monitoring; and social norms and practices that foster violence against children.</td>
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<tr>
<td>4.2 50% increase in number of successful prosecution of perpetrators of abuse, trafficking and exploitation;</td>
<td>b. Proportion of cases brought before the court that are successfully prosecuted (region);</td>
<td></td>
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<td>4.3 75% of children in conflict with the law benefit from mediation and diversion and rehabilitation strategies</td>
<td>c. Proportion of juveniles detained (age, gender)</td>
<td>Following up on the Secretary General’s Study on Violence Against Children, the Government of Belize has banned corporal punishment in schools. This has being complemented by a Positive Discipline Programme to assist teachers in identifying alternatives to Corporal Punishment</td>
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<td></td>
<td>d. Proportion of juveniles arrested that benefit from mediation and rehabilitation services</td>
<td>Successfull models for adolescent friendly spaces have been established in areas where children are exposed to violence. These spaces provide a safe environment for children where they are introduced to Life Skills, ICT, sports, music and mentoring.</td>
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<td>Comprehensive Life Skills Programme integrated into services for Juvenile Offenders</td>
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# CONSOLIDATED RESULTS REPORT

**Country:** Belize  
**Programme Cycle:** 2007-2012

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| 5.1 Child-friendly public policy formulation and implementation capacities strengthened. | a. Proportion of policies that positively impact on children  
   b. No. of public officials trained in policy formulation and implementation | 5.1 A hands-on training on HRBAM was conducted with UNCT colleagues, government counterparts and partners. | Limited institutional capacity and financial system.  
   National and sub-national capacity and coordination gaps (in the areas of sectoral and inter-sectoral strategic planning, and the generation and use of data). |
| 5.2 National budget assessed and improved targeting of social investment             | a. Proportion of national budget allocated to the social sector (by region)              | 5.2 Budget Assessment will be conducted in 2012.                                                | Gaps in the coordinated implementation of strategies and programme.  
   The planning/M&E capacities still remain limited; attempts at moving beyond lower level outputs and coalescing existing M&E functionaries into a community of practice/association has proven very challenging. |
| 5.3 Support improved data compilation, analysis and disaggregation systems           | a Proportion of key well-being indicators disaggregated by gender, ethnicity, age, region, urban rural | 5.3 Support to the data environment was accomplished through a wide range of research, analysis, surveys evaluations and reports:  
   -NPA Monitoring report complete in 2010.  
   -MICS4 survey which was completed with the support of the coordinator and guidance of the national Steering Committee.  
   -Nutrition survey conducted with partnership with the Ministry of Health Adolescent Girl survey.  
   -The General Situational Analysis and the Situation Analysis for children with Special Need and Disabilities (to be completed by February of 2012.)  
   -WASH Evaluation and Regional Framework for Children and Adolescents (which will guide child and adolescent development in the Caribbean up to 2011).  
   -Capacity Assessment of NCFC |  |
### Key Results Expected

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| **5.4 Generate and disseminate high quality research with partners** | e. No. of studies, reports that address key challenges for children | conducted. Situation Assessment and Asset Mapping Exercise in Four Urban Areas.  
5.4 Data dissemination was done through:  
- Devinfo- NPAInfo, HIVInfo, GenderInfo, BelizeInfo (projected for completion in 2012).  
- Knowledge Series- Documentation of a series of best practices; Aguacate, Julian Cho high school, Samuels Haynes, Tumul Kin.  
- Social Media- Facebook, twitter, youtube, website (launched 2012) | | |
| **5.5 Partnerships for children strengthened** | f. No. of networks mechanisms established/supported | 5.5 Partnerships include closer engagement of policy-makers (including COPPME):  
A relationship with the Pediatric Association and staff of the MCH; Key civil society organizations (TIDE, Samuels Haynes, Society, TOLCA, National Library Association, BCC, BCVI, CARE Belize, SO, RESTORE); institutions (UWI, UB) and the donor community.  
Ethnic dimension to programming through partnership with the ethnic councils including the Garifuna, Q’eqchi and Creole Councils. Relationship strengthened with UN Office for the High | |
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