

SITUATION ANALYSIS FOR CHILDREN WITH DISABILITIES IN BELIZE 2025

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Ministry of
**Human Development,
Family Support, and
Gender Affairs**

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Acronyms	Meaning
BCVI	Belize Council for the Visually Impaired
IDB	Inter American Bank
CARE	Community Agency for Rehabilitation and Education
CRC	Convention on the Rights of Children
CRPD	Convention on the Rights of Persons with Disabilities
CWD	Children with Disabilities
DIPAS	Disability Inclusion Policy and Strategy
DYS	Department of Youth Services
ECD	Early Childhood Development
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
FGD	Focus Group Discussion
GOB	Government of Belize
IDRM	Integrated Disaster Risk Management
KII	Key Informant Interview
MICS	Multiple Indicator Cluster Surveys
MHDFIPA	Ministry of Human Development, Families, & Indigenous Peoples' Affairs
MoEST	Ministry of Education, Science and Technology
MOHW	Ministry of Health & Wellness
NaRCIE	National Resource Center for Inclusive Education
NGOs	Non-Governmental Organization(s)
SDGs	Sustainable Development Goals
SEU	Special Education Unit
SIB	Statistical Institute of Belize
SitAn	Situation Analysis
UNDIS	United Nations Disability Strategy

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CWD	Children with Disabilities
DIPAS	Disability Inclusion Policy and Strategy
DYS	Department of Youth Services
ECD	Early Childhood Development
UNDIS	United Nations Disability Strategy
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

GLOSSARY AND KEY DEFINITIONS

- **Assistive product (or assistive device):** Any item, piece of equipment, or product (including devices, control devices, and software) used to increase, maintain, or improve functional capabilities of people with disabilities (e.g., wheelchairs, hearing aids, eyeglasses, communication devices).
- **Ableism:** Discrimination, prejudice, or social bias against people with disabilities, implying they will not be able to perform or achieve something based on the assumption that non-disabled bodies or minds are the norm.
- **Child / Children:** Refers to persons aged 0–17 years
- **Child Functioning Module (CFM):** A standardized set of questions developed by the Washington Group and UNICEF to measure functional difficulties in children across domains such as seeing, hearing, walking, understanding, learning, behavior, and emotions; designed for use in censuses and household surveys.
- **Community-Based Rehabilitation (CBR):** A multi-sectoral approach within communities to ensure rehabilitation, equalization of opportunities, social inclusion, and community participation for people with disabilities.
- **Comprehensive Community Care and Support Services:** Integrated community-based health, education, rehabilitation, social protection, and psychosocial support services designed to address individuals' and families' needs holistically, promoting inclusion, wellbeing, and autonomy.
- **Convention on the Rights of Persons with Disabilities (CRPD):** International human rights treaty that sets out the obligations of States to ensure the rights of persons with disabilities, including children (see relevant Articles for education, health, participation).
- **Disability prevalence:** 15% — inclusive estimate representing any level of functional difficulty (used for broader planning and universal design).
- **Disability inclusion:** Policies, practices and actions to ensure that persons with disabilities have equal access to services, opportunities, and participation across society, including removal of barriers and provision of reasonable accommodation.
- **Disability registry/certification/ database:** An administrative system or dataset that records individuals identified with disabilities for the purpose of planning, service provision, and monitoring. (Note: registries should ensure privacy and avoid exclusionary practices.)
- **Disabled Persons' Organization (DPO) / Organization of Persons with Disabilities (OPD):** Civil society organizations led by and for persons with disabilities that advocate for rights, accessibility, and policies.
- **Early Childhood Development (ECD):** A holistic approach to support child growth and development (0–8 years), encompassing health, nutrition, protection, early learning, and responsive caregiving.
- **Inclusive Education:** An approach where all children — regardless of disability—attend local schools, learn together, and receive the supports and reasonable accommodations needed to access the curriculum and participate fully.

GLOSSARY AND KEY DEFINITIONS

- **International Classification of Functioning, Disability and Health (ICF):** A WHO framework for measuring health and disability at both individual and population levels, focusing on body functions/structures, activities, participation, and environmental factors.
- **Key Informant Interview (KII):** A qualitative data collection method involving interviews with individuals who have specialized knowledge or experience relevant to the study (e.g., ministry officials, service providers, DPO leaders).
- **Multiple Indicator Cluster Surveys (MICS):** Household surveys developed by UNICEF to provide internationally comparable data on the situation of children and women, sometimes including disability modules.
- **Programmatic planning:** Short- to medium-term operational planning oriented to service delivery targets (e.g., number of teachers trained, assistive devices distributed), as oppose to legislative advocacy or broader policy objectives.
- **Reasonable accommodation:** Necessary and appropriate modifications and adjustments that do not impose a disproportionate or undue burden, to ensure persons with disabilities can enjoy equal rights and access (e.g., flexible assessment formats, ramps, sign language interpreters).
- **Rights-based approach:** Framing policy and programs in terms of human rights obligations (e.g., CRPD), emphasizing participation, non-discrimination, accountability, and empowerment.
- **School readiness / early identification:** Systems and practices to detect developmental delays or functional difficulties early, and to provide interventions (early stimulation, therapy, referral to specialist services) to support learning and inclusion.
- **Service mapping:** Systematic listing of existing services (health, education, rehabilitation, social protection), their providers, geographic coverage, capacity, and gaps.
- **SitAn (Situation Analysis):** A structured analysis that examines the current situation, needs, services, gaps, actors, and recommendations in a sector — here focused on children and youth with disabilities.
- **Social protection:** Programs designed to reduce poverty and vulnerability (cash transfers, in-kind benefits, fee waivers), including measures targeted or adapted for households with children with disabilities.
- **Washington Group (WG):** An expert group on disability statistics that developed short sets and modules (including WG-CFM) to measure functional difficulty in censuses and surveys.

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This Situation Analysis (SitAn) assesses the current situation of children with disabilities in Belize with the purpose to contribute with inclusive public policy and programmatic action. Building on UNICEF's SitAn guidance, DIPAS, UNDIS, and the CRPD, a mixed-methods design study combined with desk research, primary interviews, and triangulation of data collected was conducted in the final months of 2024 and early 2025. The analysis identifies some of the most emerging rights-realization gaps across education, health, the social and cultural environment, accessibility, and participatory outcomes. Drawing on available data, policy reviews, and qualitative testimony from families, service providers, OPD, and community actors, this SitAn highlights some of the key determinants—limited data, high incidence of poverty, isolation, stigma, fragmented service delivery, scarce human resources and lack of coordination and governance of the disability sector—that constrain inclusive outcomes for children with disabilities. The analysis introduces recommendations for priority policy and programmatic actions, emphasizing the need to use the new Disability Act as an opportunity to improve data collection, intersectoral coordination, disability-inclusive budgeting, and strengthened governance mechanisms. The intended use of these recommendations is to inform the Government of Belize, its development partners and civil society and mobilizing social change towards the realization of the rights of children with disabilities in Belize.

EXECUTIVE SUMMARY

This Situation Analysis (SitAn) provides an expanded review of the situation of children with disabilities (CWD) in Belize. Based on the (limited) information available on the subject, the report integrates primary qualitative data from key informant interviews (KIIs), focus group discussions (FGDs), and stakeholder dialogues, with secondary statistical data and reports from government policy documents, sectoral plans, and donor evaluations. The analysis is anchored in UNICEF SitAn guidelines and the human rights frameworks of the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). Additionally DIPAS and UNDIS, UNICEF's strategies are considered, both for analysis and recommendations.

Key findings highlight the lack of awareness of children with disabilities as subjects of equal rights, ableism and structural inequities, workforce shortages, lack of specialized personnel in key service delivery, insufficient financing, lack of disability data system, and persistent stigma, while also recognizing significant facilitators such as strong civil society engagement, policy alignment with CRPD principles, and donor support. Several sources flagged the lack of reliable disability data and the need to integrate sources and disaggregate information. The analysis identifies actionable policy implications and programmatic recommendations for government, donors, and civil society organizations.

Strategic implications: The need to strengthen the rights-based approaches in Belize cuts across all public policies and social actors. According to information collected within the framework of this SitAn, welfare practices are expressed in the provision of specific aid and benefits and continue to be one of the main references in terms of the expectations of the population. This is a structural factor that must be addressed within the framework of the new Disability Act and requires strategies for change on both sides of this supply and demand equation. Most stakeholders agreed on the large discrepancy between the established legal framework in Belize and the reality experienced by children with disabilities. Changing this situation implies the challenge of overcoming "specialized" views on the issue, which are present in the way programs on the field understand and address disability issues, sometimes leaving the task in the hands of those who are assumed to be responsible.

For UNICEF and its UN partners, internal work is also needed to strengthen capacities and integrate the disability approach into all programs in operational and budgetary terms in pursuit of a truly cross-cutting, inter-programmatic, and two-way approach. In the spirit of collaboration and with the aim of fostering a more inclusive development future where no child is left behind, this is recommended in conjunction with a Disability Act implementation plan.

FOREWORD

This **Situational Analysis of Children with Disabilities in Belize** provides an essential evidence base to guide national efforts toward full inclusion and the realization of every child's rights. The report highlights persistent gaps in disability-disaggregated data across sectors, which continue to limit visibility, hinder effective planning, and contribute to unequal access to services for children with disabilities.

Belize has made important progress most notably through the ratification of the Convention on the Rights of Persons with Disabilities and the enactment of the Disability Act (2024). These commitments establish a strong legal foundation for inclusion. However, the SitAn demonstrates that implementation challenges remain, particularly in establishing integrated information systems, harmonizing administrative data, and ensuring that policy commitments are translated into accessible health, education, and protection services.

Reliable data is central to overcoming these challenges. Without consistent and disaggregated information, children with disabilities remain invisible in national planning, and the barriers they face; ranging from stigma and limited specialist services to geographic inequities, cannot be adequately addressed. The evidence presented here gives us an opportunity and a responsibility to change this trajectory. It underscores the need for a comprehensive national disability data system and stronger intersectoral coordination so that policies and investments are guided by accurate, timely information.

UNICEF remains fully committed to supporting the Government of Belize in advancing disability-inclusive policies and programmes. This includes strengthening data systems, building capacities across sectors, promoting inclusive education, and supporting the operationalization of the Disability Act in partnership with organizations of persons with disabilities and civil society. By grounding action in evidence, Belize can accelerate progress toward ensuring that no child is left behind.

As Belize charts its path forward, this publication serves as both a mirror and a roadmap. It reflects where we are and illuminates where we must go. This publication provides a clear path forward: invest in data, invest in inclusive systems, and invest in every child. With sustained commitment, the rights of children with disabilities can be fully realized, and their contributions recognized as integral to Belize's development.



Sajid Ali

UNICEF Representative for Belize a.i.



PRESENTATION OF STUDY

UNICEF was honored to partner with the Government of Belize – Ministry of Human Development, Family Support, and Gender Affairs (MHDFSGA) to conduct a Situation Analysis on Children with disabilities.

The SitAn is guided by the UN Convention of Persons with Disabilities (CRPD), UNICEF's Disability Inclusion Policy and Strategy (DIPAS), United Nations Disability Inclusion Strategy (UNDIS), and the global UN strategy for Disability Inclusion. Both strategies focused on advancing a more inclusive world by 2030. They suggested a plan for increased intersectorial collaboration across different sectors and actors to make disability inclusion a central part of each country's SDGs, with the goal of better meeting the needs of persons with disabilities.

Since the publication of UNICEF's State of the World's Children in 2013 on Children with Disabilities, the institutional approaches to disability inclusion have evolved towards a comprehensive, rights approach that is based on the Convention on the Rights of Persons with Disabilities and the social model of disabilities, leading to a process of increased collaboration across sectors and programs. (UNICEF, 2013).



In its Disability Inclusion Policy and Strategy, (DIPAS, 2023) UNICEF has renewed its focus on children aged 0-17 years living with disabilities and outlined six key, cross-sectoral priorities:

- prevention of stigma and discrimination;
- improvement of disability-inclusive services, programs, and workplaces;
- access to comprehensive community care and support services;
- access to assistive technology;
- disability-inclusive action in humanitarian, emergency, and fragile contexts;
- full and meaningful participation of persons with disabilities.

Also, UNICEF's Country Programme must play a role in supporting and accelerating these recommendations through increased technical assistance, resources, webinars, and specific studies to address the unfulfilled rights entitlements and quality of life of children with disabilities.

“UNICEF will support the Ministry of Education, Science and Technology, the Ministry of Human Development, Family Support, and Gender Affairs, and relevant non-governmental and community-based organizations, including indigenous organizations, in identifying and addressing inequities and building capacities and knowledge for the full implementation of education policies and services, including for children with disabilities and their families.”
(UNICEF Belize Country Program, 2022)

While this SitAn report does not seek to be exhaustive, it aims to introduce the main challenges, trends, priorities, and opportunities for action in the country. While it is necessary to understand and recognize the complexity of the challenges faced by children with disabilities in Belize, it is also important to identify some of the most promising practices, opportunities, and available capacities that can guide future improvement processes.

In these challenging times for human and disability rights, it is crucial to demonstrate a commitment and a focus on the needs of the most vulnerable children and their families. By doing so, UNICEF will contribute to advance diversity and inclusion in everything it advocates and continues amplifying equal opportunities for all children in Belize.

To improve the current situation of children with disabilities in Belize, it is essential for all UNICEF programs to accelerate disability inclusion and implement tangible actions with the state and civil society within the framework of its institutional mandate. This is the most tangible way to put into practice what is expressed in the Disability Strategy and Policy:

“inclusion begins with each one of us, with me, with you, with everyone”
(DIPAS, 2022, UNICEF, 2014, 2018, 2019).

METHODOLOGY

Purpose and Scope

The Belize Situation Analysis on CWD designed to gather available information about girls and boys 0-17 years old living with disabilities in the country. It also aims to contribute to the implementation of a forthcoming Disabilities Bill, signed on December 3rd of 2024, by providing recommendations on policies, programs, services, and integrated approaches to promote their rights and welfare.

The data collection methodology was mixed, gender-sensitive and action-oriented. The consultant sought to include disaggregated information considering variables such as types of disability, sex, geographic location, and ethnicity variables. (Situation Analysis Guidelines Children with Disabilities, UNICEF (2021))

A qualitative data collection methodology was used to give a better picture of the experiences of children of different conditions and genders. Additionally, participatory approaches were used to ensure the data reflected their realities and priorities. Opportunities were provided for communities to validate the information and analysis based on their own experiences and realities. (McNeilly, Macdonald and Kelly, 2021)

It was the aim that this study will serve as a comprehensive and updated tool for guiding policy decisions, enhancing programmatic interventions, and improving outcomes for children with disabilities and their families, across the country.



Study Areas and Key Questions

The Situation Analysis (SitAn) of children with disabilities in Belize answer a number of questions that could be grouped into four key areas:

- (a) what were the gaps in statistical information on children with disabilities
- (b) what are the main challenges in accessing health, education, early diagnosis and treatment,
- (c) what are the social and institutional assets (capacities, resources, etc.) and
- (d) what are the primary barriers to the exercise of human rights.

The SitAn sought to identify existing assets as much as needed to provide a roadmap of possible solutions and improvements for the coming years.

(Situation Analysis Guidelines Children with Disabilities, UNICEF (2021).

As mentioned above, in order to integrate the data emerged from the Desk Research, a series of interviews and focal groups was conducted, directly with key informants; some in-person, some virtually, followed participant's conveniences. This expanded analysis synthesizes interview evidence from focus group discussions (FGDs) and key informant interviews (KIIs) to examine the situation of children with disabilities (CWD) in Belize through a human rights lens and in line with UNICEF's guidelines for Situation Analysis. It deepens five domains—barriers, facilitators, rights, financing, and policies—while articulating policy implications for duty-bearers and partners.

The SitAn aims to inform national policy reforms, medium-term expenditure frameworks, and program design related to CWD in Belize. The intended audience includes the Government of Belize—particularly the Ministries of Education, Health, and Human Development, Family Support—as well as donors, development partners, and civil society organizations. The analysis is designed to strengthen evidence-informed policymaking and accountability.

Summarizing, the methodology included five phases:

- Desk research and preparatory activities: Feb-March, 2025
- Fieldwork: June 24 to July 11, 2025.
- Analysis of sources and triangulation: July 11-August 22, 2025.
- Validation's Focal group with Belize's Office: August 29,2025.
- Full report: September, 2025.

a) Desk Research and Preparatory activities:

Desk research: A desk review and preliminary analysis of key documents was conducted for this report. The desk review included UNICEF disability publications, annual reports and routine statistics from the Statistical Institute of Belize and other partners, reports from the Government of Belize, reports from internationally agreed treaties, studies and program reviews and evaluation reports.

The previous UNICEF SitAn on Children with Disabilities in Belize (2013) was reviewed by George Washington University (2018), and revisited through the lens of the new DIPAS and UNDIS priorities. Valid recommendations of that report were maintained within the scope of this report as they contribute to a national inclusion strategy.

- **Preparation of Bilateral and Multilateral Meetings:** The Senior Consultant participated in two online meetings with the Technical Management Committee and several exchanges with UNICEF staff, and a preparation meeting for the fieldwork with technical representatives from the various GOB Ministries (MoEST, MHDFIPA, MET).
- **Development and Validation of Research Instruments:** All data collection instruments were prepared based on the Situation Analysis Guidelines Children with Disabilities, UNICEF (2021)¹.
- A matrix was prepared and shared with the SitAn Committee in order to (a) organize a detailed list of questions, (b) facilitate the classification of possible sources of information and (c) gather contact information of potential key informants (see Annex II).

Questions for in-depth interviews and Focus Group Discussion (FGD) are included in annexes to this report. (See Annex III, IV, V)

Draft data collection instruments were pre-tested to validate the questionnaires and provide a basis for an ethical appraisal before fieldwork. This was done with support from the Ministry of Health and Wellness.

As a preliminary activity, several interviews were conducted for instrument validation:

- A group interview with 11 Parents and caregivers of autistic children was held December 16 2024. The participants review the questions and propose several improvements in the way that topics were organized and introduced.
- A group interview with 9 representatives of the Special Education Unit at the MoECST reviewed the questionnaire for education front liners and contributed to preparing a checklist of key topics to be explored.

These exchanges were also useful in clarifying the need to ask children and their families about their awareness and knowledge of children's rights, which is perceived as not predominant. All suggested adjustment were made to the instruments, and a special session with children and youth with disabilities was included in the design of the SitAn.

¹<https://www.unicef.org/documents/unicef-guidelines-disability-situation-analyses>

b) Fieldwork:

In June 2025, a SitAn mission was conducted in Belize. The mission aimed to gather first-hand information and perspectives from key disability stakeholders in the country. This involved site visits to Safety and legislative/Judicial, education, sports, and health services, individual and group interviews with key informants, national authorities, community members and organizations of persons with disabilities, and consultations with children, adolescents, parents, and indigenous communities.

The methodologies used in the interviews and discussions were designed to be accessible and inclusive of all groups. Support was provided for those requiring accessible transportation, sign language interpreters, and other reasonable accommodations.

Some additional interviews were conducted virtually, due to constraints in access for participants to attend the sessions during the fieldwork. Annex VIII introduces the list of focus groups, interviews and participants. All questionnaires and interview checklists used in interviews and group discussions are included as annexes in this report.

Limitations

The current situation analysis of children with disabilities in Belize (2025) has significant limitations and constraints. These include inadequate and outdated data on disability, lack of reliable disaggregation for children, and limited time and resources for data collection on the field. As a consequence of this, very important topics such as access to water, sanitation and hygiene (WASH) or contact with the law authorities, violence cases (e.g. mistreatment and bullying) have not been covered or are under-represented in this report.

Limited Disability Disaggregated Data: National administrative systems (education, health, child protection, security and judicial, social protection) and survey data sets reviewed do not consistently include standardized disability markers for children. This hinders the generation of reliable estimates of prevalence, service coverage, and outcome comparisons between children with disabilities and their peers. Consequently, quantitative statements on service gaps and coverage must be regarded as indicative rather than definitive².

Absence of Age and Impairment-Specific Breakdowns: where disability is referenced, it is typically aggregated across ages and impairment types (e.g., “persons with disabilities”). Consequently, child-specific and impairment-specific needs (e.g., sensory, intellectual, physical) are underrepresented in this report.

Questions such as income security and access to inclusive social protection are not addressed in this report and would need additional data collection and analysis.

²BEMIS recently introduced a section to collect data on students with Disabilities but it will take some time to gather and Parent Consent is still required.



INTRODUCTION

Children and adolescents with disabilities have the same basic needs and rights as everyone else: a family environment capable of providing them with love and protection so that they can grow up healthy and a social environment that includes them and promotes their personal development (UNICEF 2018).

Very often, the limited availability of data translates into invisibility of their situation and needs hindering progress in implementing actions to ensure their access to rights, a challenge that UNICEF has encountered worldwide.

The main cause in data scarcity is related to complexities within the very definition of disability, traditionally restricted to a medical or functionalist perspective, and the lack of a standardized and integrated data and systems collection methodology. This absence of reliable statistics on children with disabilities has historically been a structural barrier to access to opportunities and inclusive development.

The consequences of such exclusion are intertwined with several social and economic determinants: the high incidence of poverty among families of children and adolescents with disabilities, low levels of education and skills for developing independent living, physical, communicational, and attitudinal barriers that prevent their social participation, and a persistent stigma that diminishes their opportunities and expectations for inclusion (UNICEF, 2018; UNICEF, 2023).



*“When I used to go in primary school, I used to get bullied when I was younger”
(FG, Young).*

Over the years, Belize's understanding of disability evolved to encompass its complex, multidimensional and dynamic nature. Such evolving perspectives provided critical insights into the key issues surrounding disability and its far-reaching impact on families, communities and children with disabilities.

A major milestone was reached in 2011 when Belize signed the Convention on the Rights of Persons with Disabilities, but it took almost 13 years for a new achievement: a Disabilities Act signed by General Governor on December 3rd, 2024. At the time of preparing this report the Bill is still pending to be enacted, due to a petition from several actors for one year preparation and dissemination of information among all Belize society. (KI, Judicial sector)

While the Disability Act represents a significant opportunity for improving the access to rights of children with disabilities in Belize, the fact that the last comprehensive situation analysis of its situation was conducted over a decade ago indicates a standoff in terms of visibility and public interest on the topic. Such impasse resulted in few new initiatives or programs emerging within this recent period to address the needs of children, making existing gaps and challenges to remain unchanged. Furthermore, the impact of the COVID19 pandemic on most vulnerable groups and particularly on children with disabilities and their families (CEPAL, 2020; UNICEF, 2023) indicate the likelihood that some of the challenges have become now more complex and tough to tackle.

Such delays and impasses further underscored the need for renewed efforts in data collection, policy development, and resource allocation to ensure that children with disabilities in Belize received the support and care they needed to thrive.

Previous reports and appraisals from UN agencies

UN Reports on the implementation of the CRC and CRPD always provide a glimpse on key indicators of children with disabilities' access to rights. In Belize, latest Report of the CRC expressed a concern “about the situation of children with disabilities and regrets that de facto discrimination against them still exists”. The Committee also notes “the lack of specific legislation which would ensure full and equal participation in social life, including access to social and health services, education, training, information and communication, rehabilitation, recreation and care, for children with disabilities”. (CRC/C/15/Add.252, 2005)

The Committee was also concerned about “the lack of basic services supporting children with disabilities and of adequate financial and human resources partially caused by the closing of the Disability Services Division, resulting in a situation in which the non-governmental organization CARE-Belize can only provide very limited services” as well as “the lack of statistical data on children with disabilities”.

It is interesting to see that most of the recommendations included in this now 20 years old report are still valid:

- To allocate the necessary financial and human resources for disability inclusion in all services;
- To disseminate information concerning the rights and potential of children with disabilities and to raise public awareness of disability.
- To collect adequate statistical data on children with disabilities, allowing for disaggregated analysis of the problems facing children with disabilities⁴.

With regards to the Committee on the Rights of Persons with Disabilities, the last available report on Belize dates from 2013, after Ratification of CRPD in 2011. In preparation for this SitAn, some informants indicated that in 2018, the Government of Belize was asked by the Committee to prepare an initial Country Report on the implementation of CRPD; however, this information is not confirmed. Several KI express concerns about this situation during the interviews.

Statistical Information on CWD in Belize

The availability of data on children with disabilities has been severely lacking especially in the less-developed countries. UNICEF estimated that nearly 240 million children were living with disabilities around the world (2021). According to the World Health Organization (WHO), the number of people requiring assistive devices is expected to exceed two billion by 2050. This growing global need for data and inclusive responses indicates the urgency of addressing disability-related issues, especially for vulnerable populations such as children (WHO-UNICEF, 2022)

UNICEF's Strategic Plan 2026-2029 also emphasizes that around the world, the most vulnerable children and adolescents “remain invisible and unattended due to a lack of data on their needs” and “two-thirds of them are far from achieving the SDGs proposed for 2030”.³

The number of children with permanent disabilities in Belize today is unclear. In conducting this SitAn it was found that sources provide different figures on the prevalence of childhood disabilities, making gaps and inconsistencies pervasive and determining an accurate total figure uncertain. Several KI confirmed that the number of children with disabilities in Belize is unidentified.

Belize lacks a centralized or comprehensive disability database with statistical information. Although some data is available for some specific disabilities (e.g. visual impairment), disaggregation is limited. Other key factors such as location, gender, ethnicity, and socio-economic status are also insufficiently disaggregated. This situation hampers efforts to identify specific groups that may be particularly vulnerable or underserved, and tailor interventions to their specific needs.

The 2022 Census (SIB) reported 2,907 children with disabilities⁴. According to this source, the majority of these children were in the Cayo District (29%), followed by Belize (17%) and Toledo (17%) Districts. The district with the lowest percentage was Stann Creek with 9%. The majority of children with disabilities were male (53%).

In 2012, MICS showed that more than one-third (36.4%) of children ages 2 to 9 were at risk for one or more disabilities, 10% more than in 2006. The highest percentage at risk was recorded in the Cayo district (59.3%), which was a change from the Toledo district in 2006. The lowest risk percentage was recorded in the south side of Belize City (23.0 percent), but was an increase from 2006, when it was 17.1 percent. The report showed that children living in rural areas are at higher risk of disability than urban children (28.3% in urban areas and 41.5% in rural areas).

³BEMIS recently introduced a section to collect data on students with Disabilities but it will take some time to gather and Parent Consent is still required.

⁴<https://www.unicef.org/documents/unicef-guidelines-disability-situation-analyses>

ECLAC and IDRM, both citing census data, report different percentages for the prevalence of disability in Belize. MICS data on disability risk and conditions also appear to differ from the census figures, probably due to differences in disability definitions and methodologies for data collection.

The International Disability Rights Monitor (IDRM) estimated that in 2000, the percentage of children aged 3-18 diagnosed with some form of disability in Belize was close to 15%. At the same time, IDRM reported that the percentage of persons with disabilities in Belize was 6.5% in 1991 and 5.7% in 2000, figures that differ from those reported by ECLAC.

Other studies, reports and documents found out that Belize information about rights, children, and disabilities are insufficient (World Bank, 2021); not updated (US report of State Department, 2023), or does not exist (Belize Census 2022).

The Economic Commission for Latin America and the Caribbean (ECLAC) reported in 2009 that there were 13,774 persons with disabilities in Belize in 2000, representing 5.9% of the total population. The report also showed a prevalence of 2.5% in the 0-4 years age group, which was the highest of the nine LAC countries surveyed. If the risks of disability remain unchanged, ECLAC estimates that the percentage of persons with disabilities in Belize will increase to 9.5% in 2025 and 14.6% in 2050.

A report on Human Rights in Belize by the US Department of State on (2023) highlighted also that there is no data about children with disabilities, (US Department of State, 2023).

Global studies (Olusanya et al, 2023) suggest that CWD in low and middle countries can range between 5 and 10% of the child population. For Belize, a country with a small population and specific rural challenges, it could be estimated that between 5% to 8% of children have disabilities.

In addition, household surveys conducted or supported by regional agencies (including the Belize Institute of Development or regional offices of UNESCO) highlight that children in rural and indigenous communities are particularly vulnerable, with several life condition- related challenges that are likely to increase the relative impact and prevalence of disabilities.

While some service providers (e.g., BCVI, CARE Belize and NaRCIE, terms mentioned by KI during interviews) maintain a database of their clients, it is not comprehensive information which does not capture children who are hidden or whose families have not reached help.

Data from the Housing and Population Census (SIB, 2022) provided an update on the total Belizean population, from where estimations can be derived. For a total population in 2025 of 422.294 habitants, numbers for CwD can estimated⁵ as in table below:

Belize – Children and Youth Population and Estimated Disabilities (Census 2022, Projection 2025)			
Age Group (Years)	Population	Estimated % with Disabilities	Estimated Number with Disabilities (2025)
0-4	35,631	15%	5,347
5-9	33,356	15%	5,050
10-14	35,831	15%	5,309
15-17	40,112	15%	6,019
Total (0-17)	14,493	15%	21,716
Calculation based on global trends for LMIC			

⁵ Wit expert advice, personal communication, 2025

Conclusion and Recommendations

Sources provide varying figures on the prevalence of childhood disability in Belize, making it difficult to determine an accurate number. The general perception in interviews was that the actual number of children with disabilities is not known and disaggregation by condition, gender and place of residence is an urgent need for future planning.

This SitAn exercise allows us to appreciate the full magnitude of the need to improve data on children with disabilities in Belize and advance mechanisms so they are made visible in development strategies, in line with the premise that “every child has the right to be counted, made visible, and included” (UNICEF 2024).

In preparing this report, we found no evidence of a clear plan from the authorities to address the need for an improved information system on children and adolescents with disabilities in Belize.

Despite the fact that the Belize Health Information System (BHIS) could ensure that children could be followed regardless of their location, inconsistencies in data were found to be the norm, preventing both government and international agencies from having a clear picture of the situation.

A possible set of recommendations for the short and medium term should include:

- Propose the creation of a Single National Registry of Persons with Disabilities (as indicated by the new Disability Act) integrating available information, as well as a certification card that facilitates identification of CWD and access to services and benefits, according with initial steps of Belize National Identification process.
- UNICEF can propose and facilitate a multi-stakeholders working group to identify opportunities for existing health, education, and social protection and child protection administrative procedures to share and integrate information they collect on children and adolescents with disabilities, disaggregating the different conditions of disability and other variables such as gender, age, and place of residence.
- Link access to diagnostic services with the disability certification process, avoiding under-registration of both undiagnosed and diagnosed but uncertified persons.
- Invite local authorities to share and consolidate information on children and adolescents identified at the community level.

LEGAL AND INSTITUTIONAL FRAMEWORK

Having a legal and institutional framework governing policies is key for implementing programs and services as well as to promoting empowerment and ensure human rights standards. Services delivery that are grounded in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC) are a starting point not only to ensure equitable access to education, healthcare, and child protection but to compel state institutions to establish robust mechanisms for inclusive implementation, monitoring, and accountability.

By integrating legislative measures with institutional mandates - ranging from ministries of education and health to specialized child protection agencies- governments are anticipated to establish coherent policy ecosystems that safeguard inclusion, equity, and participation. A comprehensive understanding of this framework is crucial for assessing the extent to which legal norms are translated into actionable policies, the level of inter-agency coordination, and the alignment of national strategies with global development agendas such as UNIDIS; DIPAS, and also the Sustainable Development Goals (SDGs).



The Disability Act 2024

In 2024, Belize enacted a Disabilities Act a landmark law that establishes a framework for promoting equal rights inclusion and treatment for persons with disabilities. The bill is currently going through a one year process of being enacted since the government sectors and private sectors petition one year notification time prior to enforcement. The act aims to protect against abuse and violence, promote inclusive education, and support employment for people with disabilities.

An important provision of the Act is the creation of a National Commission for Persons with Disabilities, which is proposed as a key resource against discrimination in employment, education and public services. The Commission is also expected to lead the implementation of measures to improve accessibility in transportation and public buildings.

However, most KI interviewed for this Sit An expressed little expectations so far on the change process that the Disability Act is aimed to trigger. "The Act is from last year, they signed it but people doesn't know about it and it seems that it is only a paper... it was like people was telling us about it. But this law doesn't have even an implementation time; it is a kind of paper that just mentioned some contents... not so strong" (KII). "The Disabilities Act and CRPD ratification exist, but practical implementation, enforcement, and resources....are incomplete. Ministries and even the National Commission have unclear roles and limited follow-through on reporting obligations to UN Committee." (KII)

Challenges and Opportunities

On the basis of the information collected for the SitAn, it seems that emphasizing rights-based approaches in public policies aimed at children and adolescents with disabilities emerge as one of the most significant challenges given the current Belizean scenario.

Like other countries in the LAC region, Belize is in the early stages of what will likely be an extended transition in changing its legal framework, institutions and public policies towards the inclusion of children and adolescents with disabilities.

Evidence of this can be seen in the gaps between the established legal entitlements and the actual access to rights, as well as the continuation of practices based on welfare-oriented practices of programs and services, which tend to perpetuate dependency and prevent progress toward equal rights.

As expressed in several interviews, “there is progress on paper – new laws and talks – but actual institutional change and service delivery are still lagging behind”. Also,

“we have the legislation coming up, but governments and institutions need time and resources to translate that into programs that reach families and children.”
(KI, Participants).

As it has been perceived throughout the various interactions with KI in this SitAn, the new Disability Act opens a new chapter and brings with it a set of challenges and opportunities for children with disabilities in Belize.

It is a historic opportunity to affirm the rights perspective in relation to children with disabilities, strengthen policies, institutions, and key actors, and begin to transcend the welfare and ableist approach through a cross-cutting implementation of a rights-based and human-centered approach in public policies and Belizean society.

“We view them as less than us because they have a disability.”
(FG- U-Reporter, Youth)

The Human Rights Report 2022 for instance, indicates that

“while legislative protections (Disability Act) exist, implementation is weak: constrained budgets, limited skilled personnel, inaccessible infrastructure, and poor outreach. These barriers affect core domains for children: education (inclusive schooling), health/rehabilitation (therapies and assistive devices), and access to social protection.”
(US Department, 2022).

While the existing legal framework does not seem to be the main weaknesses in the situation of CWD in Belize, the aforementioned report on human rights by the US Department of State (2022⁶) indicates a number of critical challenges in relation to the legal and institutional framework that protects the human rights of persons with disabilities in the country. The report highlights basic needs for strengthening the legal instruments saying for instance “there is not a clear, cross-cutting law explicitly prohibiting discrimination based on disability”. Also, it mentions “a lack of accessible and impartial mechanisms for reporting discrimination” as well as “a scarcity of disaggregated data on the victims of disability-based discrimination”.

In consultations with service providers as well as representatives of Organizations of and for Persons with Disabilities (OPDs) carried out for this SitAn, it was mentioned that a large discrepancy between the established legal framework and the reality experienced by children and adolescents with disabilities is perceived.

“They don’t obtain the academic abilities that are required for them to be successful in life. And what happens is that they get left behind because of that reason.”
(FG, Parent)

Many stakeholders mentioned the persistence of a welfare culture, ableism and low expectations (which in some cases leads to naturalization of discrimination) in the access to basic rights and services.

“They keep them so hidden and so sheltered that the child never really learns how to be independent. And then they are angry because they have a child that they have to do everything for, even when they become an adult.”
(KI, Participant)

Other key informants mentioned that the institutional capacity to respond to children’s needs is scarce, fragile, and lacks funding to operate.

“The Inspiration Center, the most emblematic institution for rehabilitation services, is nearing closure due to limited volunteer time. While it is prepared to provide a national response to early identification, certification, and rehabilitation processes, it lacks financial support from the state. Consequently, there has been a significant loss of technical and professional capacity without state support.”
(FG, Representative, NGO)

Despite the fact that the Disability Act establishes a National Commission to oversee the implementation of disability policies, coordinate efforts, and monitor compliance with international conventions, it is still unclear what will be the technical competences, work plan, budget and expected outcome that the Commission requires. This is a significant concern for this SitAn as it relies on these programmatic actions to effect genuine transformations and improvements in the lives of children with disabilities in Belize.

⁶Wit expert advice, personal communication, 2025

Policy Implications

The new Disability Act presents a unique opportunity to change the policy environment and advance the rights based approach to programs and services in Belize. Key provisions must be made to create practical mechanisms for enforcement, inclusion, and empowerment of adults and children with disabilities.

The Act's centerpiece is the creation of a National Commission for Persons with Disabilities, an independent body responsible for overseeing, handling complaints, monitoring, and public education. This transformation elevates the law from a static statute to an active force for accountability and reform. It has been 9 months since the Act was signed and there is no formal creation of this Commission.

The Act also extends nondiscrimination across crucial life domains, including employment, education, and public services. By aligning domestic law with the Convention on the Rights of Persons with Disabilities (CRPD), these protections impose substantive obligations on state actors. They are required to remove barriers and provide reasonable accommodations, ensuring equitable opportunity rather than merely formal equality.

Recognizing that rights without access are meaningless, the legislation includes concrete measures to enhance physical and transport accessibility. These measures address everyday obstacles that hinder participation. Additionally, the Act strengthens protections against abuse and violence by establishing reporting, protective, and sanctioning mechanisms for vulnerable individuals.

Finally, the Act promotes inclusion and independence through affirmative supports. These supports include inclusive education systems that keep children with disabilities in mainstream schools with appropriate support. Furthermore, active employment measures, such as vocational training, job placement, employer incentives, and self-employment supports, expand economic opportunities for individuals with disabilities. A visual schema is provided to illustrate the actions needed.

Conclusion and Recommendations

In the Belizean context, it is particularly important to ensure that A gender-sensitive rights-based approach permeates institutional practices as well as social and family spaces, so future generations of children and adolescents with disabilities grow up with equal opportunities and full access to their rights, and obtain all the tools they need to develop their life plans.

Given the new scenario created by the Disability Act, it will be relevant to review the current laws and identify possible gaps that need to be strengthened and aligned with the CRC & CRPD to ensure that no child is deprived of their rights.

There is a clear need and opportunity to review the actual implementation of spending and sustainability on programs for Disability Inclusion At the same time, the indubitable progress of having a Disability Act that protects equal rights and non- discrimination for persons with disabilities brings up the challenge of institutional transformation and a critical appraisal of current professional practices.

To this end, it is essential to work both on removing barriers (physical, communicational, attitudinal) that prevent effective access to programs and services, on changing social behaviors to transform perceptions and expectations toward children with disabilities and on ensuring access to justice when these rights are unfulfilled. These lines of action require the involvement of state institutions and OPDs, as well as, training frontline workers in programs, services, and the media and documenting experiences of inclusive local development.

Other possible recommendations within the context of improving the legal and institutional framework in Belize include:

- Conduct a comprehensive review of current budget allocations for disability inclusion and a child budgetary analysis, available human resources (centralized and decentralized) and methods of spending to explore how budget allocations can be improved and progress made in integrating capacities and public policies with a disability perspective and accountability.
- Strengthen OPDs capacity building, coordination and interaction between sectors and actors, so that they carry out effective, articulated and efficient advocacy that helps the government to implement the legal and regulatory framework, avoiding conflicts of interest.
- Conduct ongoing awareness campaigns on equal rights and the promotion of good treatment in services and institutions (health facilities, schools, transportation, and recreation in the community).

THE RIGHT TO HEALTH, EDUCATION AND CHILD PROTECTION

"Inclusion is promised in the law, but not in the classroom"
(KII)

This section highlights the main aspects of the situation that emerges from the SitAn in relation to the right to inclusive health, education and child protection services, highlighting the challenges and opportunities that arise from this situation and outlining ideas for the next period of cooperation between UNICEF and Government of Belize.



Structural barriers related to poverty, accessibility to inclusive and equitable environments within their communities, as well as attitudinal barriers and cultural factors that perpetuate negative perceptions about disability conditions impede access to and enjoyment of established health and education rights among children and adolescents with disabilities in Belize.

Interviews consistently described a landscape where services are centralized, resources are scarce, and stigma persists. Geographic inequities are pronounced: rehabilitation, diagnostics, and specialist services are concentrated in Belize City; families from Toledo and Cayo Districts face the steepest travel and opportunity costs (FGD, 2024; KII, 2024).

Human resource shortages cut across disciplines (special education, speech and occupational therapy, psychology). Schools report limited teacher preparation on inclusive teaching strategies and classroom assistants been largely untrained.

*"We need better counseling for the students... assistants must be better trained and know how to properly take care of students who aren't feeling well."
(FG, KI)*

Physical environments are most frequently inaccessible, especially older rural facilities lacking ramps, adapted toilets, and signage. Data systems are fragmented; ministries and NGOs collect non-harmonized indicators, preventing case tracking and system planning (SitAn KII, 2024).

Voices from the field underscore the accumulative character of these barriers and fundamentals the need for families to benefit from cash transfers:

*"If you live in Toledo, you have to take two buses just to get your child assessed.
By the time you get back, you've spent more than you earn in a week"
(SitAn FGD, 2024).*

*"We have one speech therapist for the entire district"
(SitAn_KII, 2024).*

Health

UNICEF's new Strategic Plan 2025-2029 emphasizes the right to health and proposes among its priorities to “combat diseases affecting all children and adolescents and improve their access to WASH and menstrual health and hygiene services, which are essential for improving their health and dignity.”

A rapid appraisal of provided documents made for this SitAn indicates some basic health needs have not been addressed for children with disabilities and their families. Input collected from KII showed that scarcity of resources and lack of a national screening program are the major barriers for CWD and their families (particularly for the poor and those living away from the urban centers) access to basic health services and ensuring early diagnosis and rehabilitation of disability conditions.

*“Most of the disabled people in Belize are currently en- during poverty... they're not really well taken care of due to their poverty.”
(FG, U-Reporter, youth)*

Equity was mentioned by KIs as a huge issue as lack of access to some of the most basic services only impacts on the less privileged. Also, multidimensional barriers were mentioned in several interviews as factors hindering access to essential services.

*“When there is a national immunization drive they go to schools and clinics, but the kids who are not in school or who can't access the clinic are left out.”
(FGS-Program Coordinator).*

In Belize access to prenatal care is scarce, with a significant proportion of women delaying controls until their third trimester, which potentially hinders early detection of possible disabilities.

Early access to a quality diagnosis is one of the essential tasks of the health sector in relation to children with disabilities and part of UNICEF's commitment to children and adolescents with disabilities regardless of their particular challenges and limitations (UNICEF 2018).

Access to early rehabilitation and therapies (e.g. those offered by BCVI and CARE Belize) are very limited, particularly for those living in rural areas.

*“Many families cannot afford transport to the central clinics; parents report they miss appointments because the bus is costly or the journey is long.”
(FG, NGOs)*

The sources highlighted living in rural areas as a huge barrier for accessing specialized healthcare.

"Even where there is a rural clinic it is simply not designed to accommodate a child with a disability. Privacy and assistance are never available"
(FG, NGOs).

Main barriers include limited availability of specialists:

"We have one speech and language pathologist in the entire country. There's one occupational therapist that's operating privately in the country."
(FG, NGOs).

KIs also reported inadequate transportation, and diverse challenges related. Electricity and water are unreliable in remote areas; assistive devices requiring charging and hygiene needs are therefore difficult to maintain.

Financial constraints are very frequent barriers,

"in the rural districts people say that when you phone for an appointment at the clinic someone will tell you to come 'next week' — but for a family that week may mean missing work and losing pay."
(FG, Parent).

This restricts opportunities for early support and can lead to secondary disabilities and more severe developmental delays. Expanding prenatal services to rural women was one of the recommendations included in the SitAn of 2013.

A recent UNICEF annual report on ECD in the country indicates that inclusion of CWD in early childhood education and care, as well as expanding access to specialized services such as speech therapy, occupational therapy, and physiotherapy, is a priority for addressing current inequities and gaps.

"We have one speech and language pathologist in the entire country. There's one occupational therapist that's operating privately in the country."
(FG, Parent).

While specific national prevalence figures for CWD in Belize are less frequently detailed in publicly available databases, international surveys and UNICEF reports offer general estimates.

Attitudinal barriers in health services facilities are also reported:

"When you walk into a health clinic right now and say your child is autistic and can you get any help, they will, and have, kick them out and say wait outside because you're too disruptive"
(FG, Parent).

The overall situation in terms of access to sanitation remains a big challenge for many families and children with disabilities. In the words of a KI,

"accessible water points and sanitation are an afterthought — budgets don't account for ramps, wider stalls, or handrails."
(FG, NGO).

A technical adviser interviewed also mentioned that in Belize,

"When you do WASH assessments, you often miss the extra time and assistance that caregivers need; the indicators don't capture that".

The same KI highlighted that WASH in emergency response lacks accessibility features, resulting in high risk for displaced children with disabilities.

"In emergencies, the temporary latrines are not accessible; we set up blocks that a person with a wheelchair cannot use".
(FG- UNCT-Coordinator).

"There is no accessible latrine, no ramps, you can't take a wheelchair through the bathroom; basic sanitation is not accessible in many schools and clinics."
(KI-Parent of CWD).

KI also mentioned that emergencies are extremely risky for children with disabilities.

"They die because nobody cares, nobody knows how to evacuate them, how to protect them."
(FG— U-Reporter, youth).

Education

"Teachers tell us we should not expect much"
(FG, parent)

Worldwide, 251 million children, adolescents, and young people are not in school, and efforts to reduce these figures have been stagnant for two decades. UNICEF highlights that "children with disabilities and other marginalized groups face unequal access to learning opportunities, while conflicts, displacement, and economic, climate, and other crises disrupt education, deepen exclusion, and exacerbate the learning crisis."⁷

In Latin America and the Caribbean where between 10% and 15% of school-aged children live with disabilities, significant school attendance disparities and obstacles take place. Discrimination, poverty, and inadequate teaching and learning strategies contribute to their educational exclusion and segregation. (GEM Report, 2020; BID, 2021; UNICEF, 2023)

"If the government follows the CRPD, then schools will have to make sure children with disabilities can attend and learn."
(FG, teacher).

Over the last few years, the MoE has expanded the allocation of resources to initiatives for improving access, equity and quality of inclusive education in Belize. Still, the aspiration of most children with disabilities and their families is pending.

"I was promised that inclusive education is the standard in the country, and it is absolutely not true."
(FG, NGOs, participant).

One of the major challenges reported is the shortage of teachers trained in specialized and Universal Learning Design methodologies for teaching children with disabilities, particularly those with hearing impairments and psycho-social disabilities.

"Capacity building for teachers in inclusive education methodologies is planned but implementation has been slow"
(FG, Teacher).

Creating inclusive school environments will require addressing, attitudinal and pedagogical barriers as well.

"He was expelled from science because the physics teacher was very scared to have him in a lab."
(FG, NGO Representative, Parent of CWD).

⁷ ²BEMIS recently introduced a section to collect data on students with Disabilities but it will take some time to gather and Parent Consent is still required.

This includes ensuring the physical accessibility of school buildings, promoting positive attitudes towards disability and implementing inclusive teaching practices that cater for different learning styles. These objectives remain pending.

"We have a classroom at Stella Maris where not one of the children who are between 14 and 16 years old are potty-trained"
(FG, NGOs, parent)

NGOs reported that children with visual, hearing, and developmental disabilities are the main beneficiaries of NGO programs. For example, a key informant interview revealed that the organization currently supports over 1,400 individuals, with a strong focus on children who are blind or visually impaired.

"We provide essential services, including the production of braille textbooks, orientation and mobility training, and early intervention programs, but there is no formal national database tracking visual impairments among children."
(KI, Director).

But even when a child with visual disability wants to participate in high school, some of them are exclude; like a young blind girl who express that she wanted to attend, but school exclude her because

"she can't go to school unless somebody sit on there, close by her. Belize is not prepare for blind kids to go to high school."
(FG, young blind)

However, the number of specialized professionals, such as therapists and special educators, is extremely low. University of Belize are increasing awareness of this and planning to open training programs on inclusive education with this needs and opportunities in mind.

"If teachers are educated, they can help the students better and then those students will grow up to probably do better in society than if they didn't have the support they needed. If teachers aren't educated and don't know how to deal with students, then the students won't be able to learn"

Many children experience delayed intervention, which negatively impacts their educational and social development.

"There needs to be more support from not only the parents, but the community because volunteerism is no longer, it's difficult to ask people to volunteer their time."

A recent report on inclusive education policy and strategy in Belize¹ provides several examples of strength on legislation that contributes to disability inclusion in schools. Unfortunately barriers remain.

"If we were to have a more versatile education in Belize, then we could be tackling those programs in which we teach others to become advocates, as well as including programs that have that inclusivity for those individuals with special abilities."
(FG, National Children's Parliament)

A recent report on inclusive education policy and strategy in Belize¹ provides several examples of strength on legislation that contributes to disability inclusion in schools. Unfortunately barriers remain.

“If we were to have a more versatile education in Belize, then we could be tackling those programs in which we teach others to become advocates, as well as including programs that have that inclusivity for those individuals with special abilities.”
(FG, National Children’s Parliament)

According to the documents reviewed, many schools lack basic accessibility features such as ramps, accessible toilets and appropriate furniture. This creates barriers for blind children and children with physical/motor disabilities. Creating a policy for all new school buildings or classrooms to have ramps and bathrooms that are accessible to children with physical disabilities was also included as one of the recommendations in the 2013 SitAn. The barriers still very much persist according to what teachers mentioned in interviews.

Belize needs a national inclusive education strategy, including the development of ongoing pre-service and in- service training opportunities, mentorship and access to specialized resources for teachers and families will be necessary.

The importance of investing in teacher training and capacity building, particularly in the context of the new competency-based curriculum, is highlighted by the MoEST in its annual technical report. The report does not address whether current teacher training programs adequately address the needs of students with disabilities or whether teachers are equipped to implement inclusive teaching practices.

A recent PDIA report done by the MoEST and supported by the Harvard Kennedy School², has confirmed most of these problems: limited data on students with special education needs, children not properly diagnosed, lack of early intervention services, untrained teachers, weak household support, unsuitable education infrastructure. The MoEST has already started a number of initiatives to tackle some of these challenges and implement a double-track approach.

The documents reviewed describe instances where children with disabilities are denied access to education, employment and social participation due to discriminatory attitudes and practices. The need for the MoECST to make operational the inclusion policy so that schools can and are obligated to accommodate students with disabilities was one of the recommendations of the 2013 SitAn.

A UNICEF report (2015) indicates that one of the main challenges faced by families of children with developmental delays and disabilities is finding a preschool that is willing to accept and work with their children.

Stigma and parental denial are often intertwined: stigma surrounding disability can lead to delays in seeking diagnosis and treatment, as parents may deny or downplay their child's needs. Especially with minorities groups,

*"There remains a cultural hesitation to acknowledge disabilities, particularly in rural communities, where conditions may be hidden due to stigma."
(KI, Maya Leader).*

Lack of participation in the decision making process is also highlighted.

*"We are never asked what we think will help us."
(FG, Youth)*



Child Protection

Discrimination and ableism have shown to add significant risk factors to the development of children and adolescents with disabilities, in addition to frequent exposure to mistreatment, violence and abuse (UNICEF, 2022).

A case mentioned in an interview about a young Maya woman with a cognitive disability who had been repeatedly raped by a violent man in the village illustrate the challenges many children and adolescents with disabilities face. Accessing effective protection and justice becomes not possible due to lack of reasonable accommodations of reporting procedures and absence of supportive mechanisms in social services.

*“A newborn child from this situation was later adopted, while the survivor remained trapped in a cycle of violence. This case highlights a severe violation of basic rights in remote communities and no access to protection”
(KI, Judiciary).*

But not only violence and abuse were reported. Another case involves a deaf woman charged with robbery who was unable to communicate adequately with court-appointed interpreters. The communication barrier resulted in the case being dismissed, as the court’s obligation to provide effective interpretation was not met. This incident underscores systemic failure to ensure accessible justice for individuals with disabilities.

Conclusion and Recommendations

While some actions to reduce barriers and improve access to health and education rights and expand child protection are sectoral (or specific in line with the dual-track approach), others are cross-cutting and require the articulation of legal and sectoral measures and changes in social behavior.

- Together with the MoHW and MoEST, UNICEF and other UN Agencies can carry out an inventory of available capacities (doctors and health personnel that are trained in and committed to disability inclusion, teachers trained in special education, accessible infrastructure, SLI, assistive technologies) to determine their distribution, needs, and current tasks.
- UNICEF can support the transformation of special education schools into resource and service centers for inclusion, promoting measures to expand currently available services. It can also attract the interest of the private sector to create incentives, accredit inclusive schools, and offer awards, scholarships, and other incentives to teachers and processes of change in institutions.
- UNICEF can support the MoE in strengthening teacher capacities (both in special education schools and in schools in the basic education subsystem) in UDL strategies and accessible materials for the inclusion of children and adolescents with disabilities.

MoE must strengthen The Belize Education Management System (BEMIS) with disaggregated data and enrollment, attendance, achievement and transition rates for students with disabilities in order to monitor and assess the effectiveness of existing programs and identify areas for improvement.

Propose the creation of inter-institutional protocols that link the health system with educational institutions, facilitating the zoning of children and adolescents with disabilities to the most appropriate school and health centers, taking into account their support needs and place of residence. Similarly, ensure the medical assessment of disability in the school environment to facilitate the disability certification process.

SOCIAL AND CULTURAL ENVIRONMENT

"Some families are reluctant to even seek help due to misconceptions about disability"
(FG, NGOs)

Negative perceptions, prejudice and ableism are well known factors influencing the situation of children with disabilities globally affecting the attitudes and behaviors of families, service providers and CWD themselves (UNICEF, 2018).

In its Strategic Plan 2025-2029 UNICEF places children, families, and communities at the center of actions for equity in access to rights. Within this framework, a key commitment to children and adolescents is proposed "to support their empowerment as agents of change" (UNICEF, 2025). Similarly, UNICEF LACRO promotes work with OPDs and the meaningful participation of children and adolescents with disabilities and their families in a strategy it has called "part of the solution".

There is little systematized information available to assess public awareness on disability to explore the most common attitudes towards disability in Belize. However, successive reports by the Committee on the Rights of Persons with Disabilities have highlighted this problem and expressed the need to address social and cultural determinants of access to rights for children and adults with disabilities.

"We don't have social culture for them. Should I die tomorrow, there will be nothing to protect him, nothing at all."
(FG, Parent).



Other KI commented on the many different ways of these negative attitudes:

*"we realized that disability doesn't mean inability, and we must break these stigmas among young people."
(FG, U-Reporter).*

The UNICEF SitAn report in 2013 already recommended the collection and dissemination of success stories of children with disabilities, to combat ableism and change social behaviors. However, the perceptions gathered from key informants seem to indicate very little progress in this area. UNICEF Youth reporters expressed,

*"There is no consolidated record of youth with disabilities taking leadership roles or engaging in decision-making spaces."
(FG- Youth, U-Reporter).*

Negative perceptions and narrative are still in peoples' minds.

*"There remains a cultural hesitation to acknowledge disabilities, particularly in rural communities, where conditions may be hidden due to stigma."
(FG, Maya Leader).*

In FGD held for this SitAn, youth reporters (U-Report), expressed their commitments about children and young people with disabilities.

*"People find it embarrassing to socialize with them, when you speak to them, so you just go up and talk to them, everybody will look at you weird after."
(FG, UNICEF Champion, Youth in Belize).*

Additionally, they mentioned that there are no opportunities to participate, or spaces

*"where they are given the chance, to show the same enthusiasm and talent of other children."
(FG, Youth, National Children's Parliament.)*

Inadequate support and lack of access to ECD services as well as financial constraints, limit parents' ability to advocate for their children's rights and access to necessary services.

*"Parents and caregivers are the main advocates for their children, often learning therapy techniques on their own due to the absence of professional support. Emotional and financial strain are common themes."
(FG, Parent)*

Some caregivers expressed feelings of frustration and helplessness due to the limited availability of inclusive programs and the lack of support from institutions. There is also emotional strain as families navigate stigma and discrimination.

*"We view them as less than us. I just mentioned how I feel that as a Belizean society, we tend to belittle individuals with special abilities."
(FG, National Children's parliament).*

The previous UNICEF SitAn on children with disabilities (2013) already mentioned this challenge and recommended implementing programs for parents to cope with having a child with a disability, but we have not found evidence on developments in this aspect. KI remarks,

"parents play a huge role. I think education has to start to be a part of what happens with parents too. They have to be educated on what exactly the disability is. And what are some of the key points of it. Parents have to be taught how to work with their kids."

Both abandonment experiences and excessive overprotection are detrimental to families and the development of children's lives. Longterm negative coping mechanisms can arise from overprotection. UNICEF has identified a number of recommended interventions based on evidence, to help parents cope with the challenges of caring for children with disabilities. The list of interventions covers areas such as parent education, peer support, home-based intervention, mental health support, cash transfers, respite care, information hubs, training for frontline workers, assistive technology, inclusive education, community awareness, and legal aid (UNICEF, 2019, 2020, 2021, 2023, 2024).

Conclusion and Recommendations

In Belize, negative attitudes towards disability are absorbed in the social and cultural fabric, posing the ultimate barriers to changing the situation of children. Lack of awareness on disability rights and negative perceptions on children with disability conditions was mentioned as tied to limited parental empowerment and involvement. Some recommendations to improve the cultural environment and change social behaviors towards children with disabilities include:

- Creating a multi-stakeholder working group for awareness raising and social behavior change, involving representatives from the government, private sector, OPDs and media. The group should be given 6 months to identify entry points for awareness raising and propose a 3 years long term plan with specific outcomes in this area.
- UNICEF can form a small group of children and adolescents with and without disabilities and prepare them to collaborate with the aforementioned group and engage in actions to raise awareness and change social behavior, especially in relation to inclusive education, equal rights without discrimination, good treatment, and the prevention of violence.
- Conduct awareness raising activities within UNICEF staff and other UN Agencies. Request all UNICEF staff to complete the AGORA training on disability inclusion.
- Design a national SBC strategy to renovate social perception of People with Disabilities, focusing on diversity, equal rights, and questioning ableism, discrimination and stigma.

FINAL REMARKS

It is more than ten years since Belize ratified the Convention on the Rights of Persons with Disabilities (CRPD). Since then, the country has made some progress in its legal framework and has made efforts to include children and adolescents with disabilities in education and other public policies. However, attitudinal barriers, ableism and discrimination continue to be part of the cultural matrix as well as public and private practices.

The conditions of vulnerability and risk that this implies call for a rethinking of strategies for change and action in consultation with intersectoral actors and organizations of persons with disabilities themselves. This is essential in the context of UNICEF's technical assistance and cooperation objectives based on its Disability Inclusion Policy and Strategy 2022-2030 (DIPAS, UNICEF Belize Country Program).

In preparation of this report, we collected information from key stakeholders, parents, advocates and NGOs, and CSO of Indigenous Communities in relation to the recently signed Disability Act and remarks on the fact that very little is known on an implementation plan.

Several KI flagged data gaps on the lack of reliable disability data and the need to integrate sources and disaggregate information both for improving national policy and international reporting.

Both service providers and representatives of families agreed on the large discrepancy between the established legal framework in Belize and the reality experienced by children with disabilities, highlighting the persistence of welfare culture in access to basic rights and services.



Changing this situation implies the challenge of overcoming “specialized” views on the issue, which are also present in the way programs and teams in the field understand and address disability issues, sometimes leaving the task in the hands of those who are assumed to be responsible for the issue.

To overcome this historical inertia, internal work is also needed to strengthen capacities and integrate the disability approach into all UNICEF programming in operational and budgetary terms, aligning the perspectives and toolkits of teams in pursuit of a truly cross-cutting, inter-programmatic, and two-way approach.

Likewise, as UNICEF Belize advances in this task of mainstreaming and implementing a rights-based approach to disability, it will have the opportunity to lead processes of change through its collaboration and technical assistance to national authorities, interacting with United Nations agencies in the LNOB space and calling for the construction of a network of social actors (OPDs, the private sector, and children and adolescents with and without disabilities) to spearhead actions for change that must reach every Belizean institution, community, and family.

Belize has reached a critical juncture in its disability inclusion agenda. While the enactment of the Disability Act represents a significant legal advance, the SitAn findings demonstrate persistent gaps between legislation and implementation, particularly in data availability, service delivery, financing, and institutional capacity. Addressing these requires moving beyond welfare-based practices and embedding a rights-based approach across all levels of governance. This includes developing reliable disability-disaggregated data, aligning laws with CRC and CRPD provisions, strengthening institutional accountability, and ensuring that attitudinal barriers and ableism are systematically addressed in education, health, and social protection systems.

The immediate next step is for the Government of Belize, with the support of UNICEF, UN agencies, and civil society partners, to design and fund a five-year national implementation plan for the Disability Act. Priority actions include establishing a national registry of children with disabilities, creating district rehabilitation hubs, implementing universal developmental screening, reforming teacher training on inclusive education, and enforcing accessibility standards across facilities. In parallel, mechanisms for inter-ministerial coordination, strengthened OPD participation, and sustainable financing must be institutionalized to ensure continuity and accountability. Taken together, these measures can provide a coherent pathway for Belize to move from policy commitments to operational results, ensuring that children with disabilities are fully included in national development strategies and protected by enforceable rights.

POSSIBLE NEXT STEPS

UN agencies and UNICEF described plans to use this SitAn as well as other disability inclusion action plans and documents to convene stakeholders, advocate with the government, and advocate for implementation. With the leadership of the National Committee and the support from the UN agencies and local stakeholders the Government of Belize could prepare a 5 year plan to support implementation of the new Disability Act as well as allocate human and financial resources for its implementation.



1. Systems-Level Actions

- a) Establish a national CWD registry or certification of disability integrated with health, education, and social protection information systems (based on ICF,2007);
- b) Create district rehabilitation hubs with multidisciplinary teams for all users;
- c) Implement universal developmental screening at primary care and during school entry;
- d) Reform teacher training to include mandatory inclusive education modules and practicum both pre-service and in-service;
- e) Enforce accessibility standards with funded retrofits;
- f) Formalize an Inter-Ministerial Disability Coordination Council;
- g) Build a sustainable assistive technology programme (assessment, procurement, maintenance, replacement). (KII,2025; KII,2024; FGD,2025; FGD, 2025).

2. Service Pathways and Case Management

Introduce standardized referral pathways with a unique child identifier to reduce duplication and loss-to-follow-up, coordinated by the Office of the PM or the National Commission. Embed social workers and inclusion coordinators in schools and clinics to support families navigating services. Consider several modalities based on distances and rural areas. (IR, 2025).

3. Community Engagement and Stigma Reduction

Co-design media campaigns with youth and parents to shift narratives from charity to rights and capability. Partner with faith leaders and community health workers to normalize early screening, therapy and parents advocacy skills. (SITAN_FGD, 2025; SITAN_FGD, 2025).

4. Front Line Workers Awareness

Awareness of disability rights is limited among health care professionals.

"Parents sometimes face hostility in health facilities — they are accused of neglect or bad parenting when their child exhibits challenging behavior."
(KI, Parent).

KII conducted for this SitAn showed that health care professionals also often lack the knowledge and skills to identify and diagnose disabilities early on, particularly those that are not immediately apparent.

"There are no accessible health outreach programs that target children with disabilities, specifically."
(NGO, Representative).

Key Provisions	Significance
Organizing the National Commission for Persons with Disabilities	This is a critical institutional mechanism. A dedicated commission provides an independent body responsible for: • Overseeing the implementation of the Act. • Monitoring compliance across government ministries and the private sector. • Receiving complaints and investigating alleged violations. • Advising the government on disability policy. • Promoting public awareness and education on disability rights. • This moves from a purely legislative framework to an active enforcement and advocacy structure.
Discuss the creation of a National Disability Benefit for families of children with disabilities	• UNICEF supported MHD to develop a National Social Protection Policy and Strategy which includes a disability benefit to cover social assistance, rehabilitation and protection of children. • Conditionalities (eg therapies and schooling) must be included and supported to avoid reinforcing dependency and to promote comprehensive approaches to inclusive child development.
Protection against discrimination in employment, education, and public services	This is foundational to disability rights, aligning with Article 5 (Equality and non-discrimination) and other specific articles of the CRPD. Education: mandates inclusive education, preventing segregation and ensuring support for students with disabilities in mainstream settings. Public Services: ensures equal access to government services, healthcare, social programs, etc., without discriminatory barriers.

Key Provisions	Significance
Measures to improve accessibility in public buildings and transportation	Addresses physical barriers, aligning with CRPD Article 9. Public Buildings: implies requirements for ramps, accessible restrooms, elevators, clear signage, etc., in government offices, hospitals, schools, and possibly private establishments open to the public. Transportation: suggests provisions for accessible buses, taxis, and public transit infrastructure (e.g., accessible bus stops). This is vital for full participation in society.
Protection against abuse and violence	Addresses a critical vulnerability, aligning with CRPD Article 16 (Freedom from exploitation, violence and abuse). Persons with disabilities are disproportionately susceptible to various forms of abuse. Provide reporting mechanisms, reasonable accommodations in protective services, access to justice and penalties for perpetrators.
Inclusive education	Reinforces the right to education in mainstream settings, ensuring that children with disabilities are not isolated, but receive the necessary support (e.g., specialized teachers, assistive technology, adapted curriculum) within the regular school system.
Working and life skills for young people with disabilities	Vocational training programs. Incentives for employers to hire young persons with disabilities. Support for self-employment. Economic empowerment and independent living.

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Endnotes

¹<https://www.unicef.org/documents/unicef-guidelines-disability-situation-analyses>

²BEMIS recently introduced a section to collect data on students with Disabilities but it will take some time to gather and Parent Consent is still required.

³<https://www.unicef.org/executiveboard/media/31221/file/2025-15-Add-1-Strategic-Plan-2026-2029-Draft-results-framework-EN-2025-05-19.pdf>

⁴<https://sib.org.bz/census/2022-census/>

⁵ Wit expert advice, personal communication, 2025

⁶ https://www.state.gov/wp-content/uploads/2023/02/415610_BELIZE2022-HUMAN-RIGHTS-REPORT.pdf

⁷ <https://www.unicef.org/executiveboard/media/30576/file/2025-15-Strategic-Plan-2026-2029-Draft-for-review-EN-2025-05-08.pdf>

Annexes

Annex I.

Questionnaire for online group interviews with parents, caregivers and education officials

Annex II.

Invitation Letters for Individual and Group interview

Annex III.

Invitation Letter for Parents of CWD to be interviewed

Annex IV.

Questions and Checklist of topics to be covered in the interviews to education officials and teachers.

Annex V.

Questions for children

Annex VI.

List of participants Field Work

Annex VII.

Conceptual and analytical processing of Interviews and FG

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