

# CHILD-FRIENDLY REGIONAL PROFILE

*Region One (1)*

## Barima-Waini



**Ministry of Communities**  
Building cohesive, empowered and  
sustainable communities

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*There is no better investment in this world than investment in children.*

— President David Granger, August 21, 2017

# Region 1

## Barima-Waini

The Barima Waini region gets its name from its two main rivers. The region is mainly Forested Highland, bordered at the north by a narrow strip of Low Coastal Plain. There are 27,643 inhabitants in the region, who are predominantly of Indigenous descent.

The main economic activity in the region is mining followed by logging in the highland and agricultural activity. The tropical forest yields many valuable species of hardwood. Region 1 is known for its many beaches and waterways. Though several kilometers of road run through the region, the main means of transportation is by boat. Air transportation is also important to the region.



Location of Region 1 (Barima-Waini)

Shell Beach is one of the many beaches in Region 1 and is home to the Leatherback Sea Turtle the world's largest turtles.

The administrative centre is in the town of Mabaruma, sub-regional offices are at Port Kaituma and Moruca.

There are three hospitals in the region at Mabaruma, Port Kaituma, Pakera near Matthew's Ridge and Moruca.

# Background

## *Context*

The Government of the Cooperative Republic of Guyana and the United Nations Children Fund (UNICEF) are committed to the wellbeing and development of Guyanese children.

The Government at the national and sub-national levels is committed to achieving the Sustainable Development Goals (SDG). UNICEF is the custodian or co-custodian of 10 of the SDG indicators (stunting, wasting/overweight, skilled attendance at birth, under five mortality, neonatal mortality, early childhood development, early marriage, FGM/C, child discipline and sexual violence against children).

This commitment is demonstrated by their support for the generation and dissemination of evidence to inform the development of plans, policies, projects, and programmes to address equity gaps in areas of survival, lifelong learning, protection and participation of children.

## *Need for Developmental Data*

Building sustainable communities is part of the Ministry of Communities' mandate. An essential component of sustainable communities is being child-friendly. This effort to develop child-friendly regional data profiles is a repackaging of existing data, from empirical sources, in a way that is specific to a region, and can be used by decision makers, to the fullest extent possible, for the realisation of child rights. It can also assist in supporting the achievement of the SDGs.

Disaggregated data on social indicators are an essential component of evidence informed policies, plans, projects and programmes. It enables actors to effectively monitor progress toward the realisation of national and international goals and commitments and helps to measure whether these goals have been achieved and to what extent. Data supports national and sub-national governance structures to focus their interventions on the most deprived thereby reducing inequities and identifying capacity deprivations for corresponding capacity building initiatives.

This child-friendly regional profile compiled by the Government of Guyana through its Ministry of Communities, in collaboration with UNICEF, provides current information for development actors.

## *Methodology*

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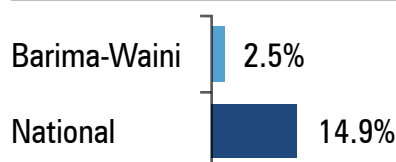
The process of developing this profile was participatory and involved varied stakeholders. Using the Multiple Cluster Indicators Survey (MICS) 2014 and other national surveys, consultations were carried out with the Regional Administration and other stakeholders to present the findings, seek consensus and validate the processes. The data presented and the profile prepared represent a commitment by the Regional Administration and stakeholders to sustainable community development in a child friendly way. The profile indicates areas of achievements and areas of deprivations, some of which are the lowest in the country. Undoubtedly the regional administration, national government, local actors and international development partners will work to address the issues the data unfolds.

# Child Development

**Fig. 1.1: Child Development Index<sup>i</sup>**



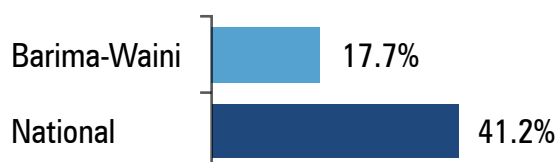
**Fig. 1.2: Father's Support for Learning<sup>ii</sup>**



**Fig. 1.3: Mother's Support for Learning<sup>iii</sup>**



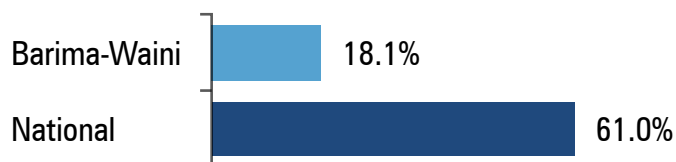
**Fig. 1.4: Availability of Children's Books<sup>iv</sup>**



**Fig. 1.5: Availability of Children's Playthings<sup>v</sup>**



**Fig. 1.6: Attendance to Early Childhood Education<sup>vi</sup>**



## Achievements /Areas for Attention

73.1 percent of the children of the region are on track. This is the lowest figure for the country.

In this region father's support for learning is only 2.5 percent, almost 6 times lower than the national average which is itself low. There is a need for an intervention.

Mother's support for learning is also low, over 19 percent lower than the national average. Again investigations and interventions are warranted.

Only 17.7 percent of the children in the region have children's books. The availability of books in early childhood is linked to higher IQs, literacy rates and higher performance in school.

Availability of playthings is also low in the region at 43.1 percent and well below the national average. Playthings in early childhood are also linked to better educational and social outcomes for children, which stands at 43.1 percent.

Only 18.1 percent of children ages 36-59 months attend an early childhood education programme. This is significantly lower than the national average (which also needs improvement).

# Child Protection

## Achievements /Areas for Attention

**Fig. 2.1: Child Development Index<sup>vii</sup>**



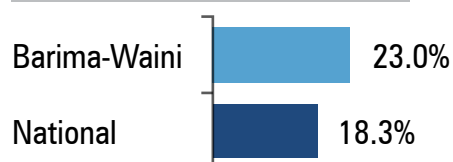
66.8 percent Birth Registration in Barima-Waini is significantly lower than the national average of 88.7 percent. Efforts should be made to realise 100 percent. This indicator requires investigations and interventions.

**Fig. 2.2: Violent Discipline<sup>ix</sup>**



Violent discipline of children is high at 48 percent and presents an area for work for all stakeholders.

**Fig. 2.3: Child Labour<sup>x</sup>**



Child Labour is at 23 percent and is higher than the national average of 18 percent and area of concern.



# Water and Sanitation

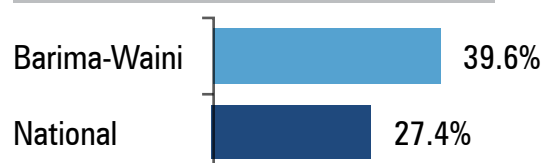
**Fig. 3.1: Use of Improved Drinking Sources<sup>xi</sup>**



## Achievements /Areas for Attention

The region has seen increased use of improved drinking water sources for the population's consumption, with 80.8 percent of its residents having access to clean and improved drinking water sources.

**Fig. 3.2: Water Treatment<sup>xii</sup>**



It is observed that less than half of the region's population (39.6 percent) undertake some form of water treatment, whether through household treatment or through the provision of water purification guidelines as well as potable water by the Guyana Water Incorporated (GWI) through the commissioning of recent ground wells in the area.

**Fig. 3.3: Use of Improved Sanitation<sup>xiii</sup>**



Although the consumption of improved drinking water is high, the region places fourth to last out of the ten administrative regions on improved sanitation within the area with 79.4 percent.

**Fig. 3.4: Place for Handwashing<sup>xiv</sup>**



More than 70 percent of the population have a place for handwashing. This number must increase for the achievement of this SDG's target.

**Fig. 3.5: Availability of Soap or Other Cleaning Detergents<sup>xv</sup>**



71.4 percent of Barima-Waini population have soap or any other cleansing agent being available to them for sanitation purposes.

# Vaccinations

**Fig. 4.1: Polio Immunisation Coverage<sup>xvi</sup>**



## Achievements /Areas for Attention

Childhood immunisation for Polio is 78 percent, 20 points below the national average of 90. The goal for polio immunization is 100 percent therefore this indicator needs some urgent attention and interventions.

**Fig. 4.2: Tuberculosis Immunisation Coverage<sup>xvii</sup>**



Immunisation for tuberculosis is high at 95 percent, 1 percent higher than the national average.

**Fig. 4.3: Diphtheria, Pertussis and Tetanus (DPT) Immunisation Coverage (Pentavalent)<sup>xviii</sup>**



DPT immunisation has not attained the goal of 100 percent but is 11 percentage points lower than the national average.

**Fig. 4.4: Measles Immunisation Coverage<sup>xix</sup>**



Measles immunisation is relatively high, 82 percent, but below the national average.

# Breastfeeding

**Fig. 5.1: Child Ever Breastfed<sup>xxi</sup>**



**Fig. 5.2: Early Initiation of Breastfeeding<sup>xxii</sup>**



**Fig. 5.3: Exclusive Breastfeeding Under Six Months<sup>xxiii</sup>**



## Achievements /Areas for Attention

97.1 percent of the population of infants in the region were breastfed at least once. However breastfeeding overall is an area in need of urgent attention. Further investigations needs to be conducted and the relevant interventions developed. Breastfeeding is linked to children with higher IQs and overall development skills. It also has positive health outcomes for both mother and child.

Only 29.9 percent of the population had early initiation of breastfeeding. This is 22.9 points less than the national average.

Only 28.6 percent of the region's population practices exclusive breastfeeding. Whilst this is five points greater than the national average it is of concern since some parts of the region are remote and access to adequate and acceptable replacements may not be readily available.

# Reproductive Health

**Fig. 6.1: Antenatal Care Coverage<sup>xxiv</sup>**



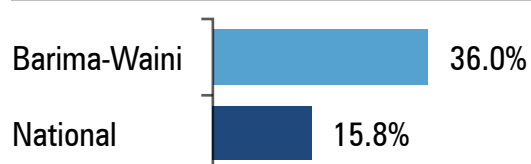
**Fig. 6.2: Postnatal Health Check for New-born<sup>xxv</sup>**



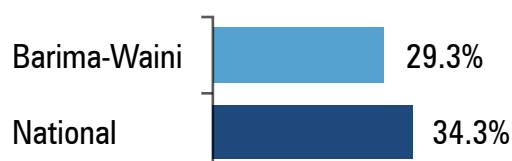
**Fig. 6.3: Adolescent Birth Rate<sup>xxvi</sup>**



**Fig. 6.4: Early Child Bearing<sup>xxvii</sup>**



**Fig. 6.5: Contraceptive Prevalence Rate<sup>xxviii</sup>**



## Achievements /Areas for Attention

The indicators show the region is not on track with its reproductive health capacities in both its prenatal and postnatal care of children.

Antenatal care coverage, which has an impact on both the health of the woman and child is significantly low and below the national average. Postnatal health check for newborn is at 83.3 percent and below the national average.

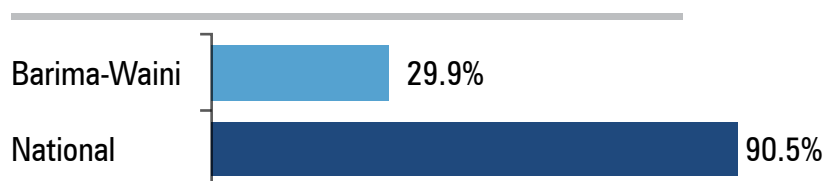
Adolescent birth rate at 5.6 percent is above the national average of 3.9 percent.

Early child bearing is the highest in the country at 36 percent is more than twice the national average of 15.8 percent. This indicator needs urgent attention. Early child bearing has consequences for the health of both mother and child. Early child bearing also affects the educational attainment of girls, which leads to other negative social outcomes.

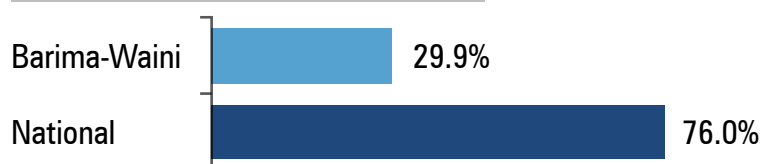
There is room for improvement in the prevalence of contraceptives in the region (which stands at 29.3 percent).

# Literacy and Education

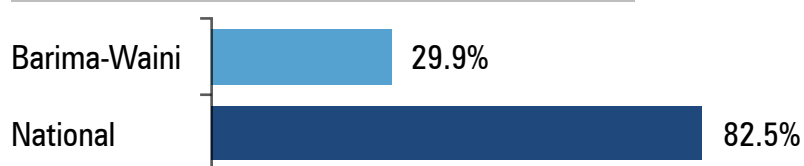
**Fig. 7.1: Literacy Rate Among Young Women<sup>xxix</sup>**



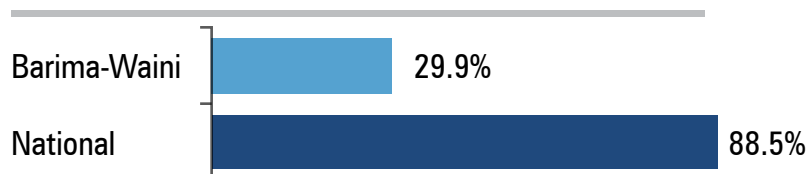
**Fig. 7.2: School Readiness<sup>xxx</sup>**



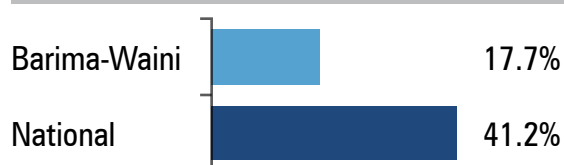
**Fig. 7.3: Primary Completion Rate<sup>xxxi</sup>**



**Fig. 7.4: Transition Rate to Secondary School<sup>xxxii</sup>**



**Fig. 7.5: Availability of Children's Books<sup>xxxiii</sup>**



## Achievements /Areas for Attention

There is a significantly low literacy rate of the young women in the Region (<30 percent). Net intake in primary education, however is also low, being less than 30 percent and below the national average.

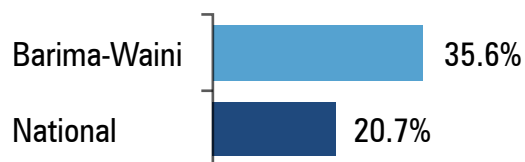
School readiness and school completion rates are extremely low with both being about 30 percent.

Transition rate from primary to secondary is 29.9 percent. Just about a third of in school children are transitioning.

Only 17.7 percent of the region's children had playthings. Region 1 ranked last in this indicator. Playing is associated with increased cognitive and social development in children.

# Health

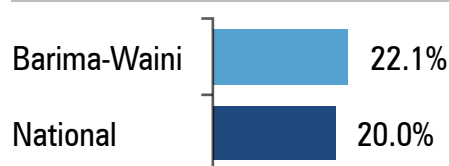
**Fig. 8.1: Use of Tobacco [Male]<sup>xxxiv</sup>**



**Fig. 8.2: Smoking Before Age 15 [Male]<sup>xxxv</sup>**



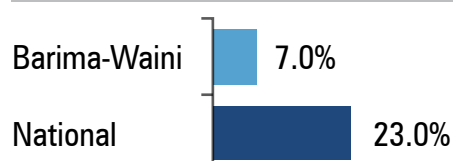
**Fig. 8.3: Use of Alcohol Before Age 15 [Male]<sup>xxxvi</sup>**



**Fig. 8.4: Use of Alcohol [Male]<sup>xxxvii</sup>**



**Fig. 8.5: Neonatal Mortality Rate<sup>xxxviii</sup>**



## Achievements /Areas for Attention

/ Use of tobacco among males is significantly high at 35.6 percent and above the national average.

/ Smoking before age 15 among males stands at 9.3 percent.

/ The high incidence rates of alcohol use among the males below 15 (22.1 percent) is a cause of concern as it can lead to unwanted health and social consequences including violence against women and children.

/ Alcohol use among males above the age of 15 years of age is also high at 49.5 percent.

/ The neonatal mortality rates are relatively lower at 7 percent than the national averages of 23 percent.

# Conclusions

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This child-friendly profile represents an important first step in the presentation of regional aggregated indicators of women and children.

It can be an important addition to the resources on the achievement of national goals and policies.

It is hoped that the resource will be used by all development actors and other stakeholders in the achievement of a more child-friendly society.

As this is a first step, the Ministry of Communities welcomes your feedback and response to the document. Feedback will allow us to improve future editions.

# Annex

- i. Number of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning. Total number of children aged 36-59 months.
- ii. Number of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days. Total number of children aged 36-59 months.
- iii. Number of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days. Total number of children aged 36-59 months.
- iv. Number of children under age 5 who have three or more children's books. Total number of children under age 5.
- v. Number of children under age 5 who play with two or more types of playthings. Total number of children under age 5.
- vi. Number of children age 36-59 months who are attending an early childhood education programme. Total number of children aged 36-59 months.
- vii. Number of children under age 5 whose births are reported registered. Total number of children under age 5.
- viii. Number of women age 15-49 years who were first married or in union before age 15. Total number of women aged 15-49.
- ix. Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month. Total number of children aged 1-14 years.
- x. Number of children age 5-17 years who are involved in child labour Total number of children age 5-17 years.
- xi. Number of household members using improved sources of drinking water. Total number of household members.
- xii. Number of household members in households using unimproved drinking water who use an appropriate treatment method. Total number of household members in households using unimproved drinking water sources.
- xiii. Number of household members using improved sanitation facilities which are not shared. Total number of household members.
- xiv. Number of households with a specific place for hand washing where water and soap or other cleansing agents are present. Total number of households.
- xv. Number of households with soap or other cleansing agents. Total number of households.
- xvi. Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday. Total number of children aged 12-23 months.
- xii. Number of children age 12-23 months who received BCG vaccine by their first birthday. Total number of children aged 12-23 months.
- xiii. Number of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday. Total number of children aged 12-23 months.
- xix. Number of children age 24-35 months who received measles vaccine by their second birthday. Total number of children aged 24-35 months.
- xx. Number of children age 24-35 months who received yellow fever vaccine by their second birthday. Total number of children aged 24-35 months.
- xxi. Number of women with a live birth in the last 2 years who breastfed their last live-born child at any time. Total number of women with a live birth in the last 2 years
- xxii. Number of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth. Total number of women with a live birth in the last 2 years.
- xxiii. Number of infants under 6 months of age who are exclusively breastfed Total number of infants under 6 months of age.
- xxiv. Number of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth



(a) at least once by skilled health personnel and

(b) at least four times by any provider. Total number of women age 15-49 years with a live birth in the last 2 years.

xxv. Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery. Total number of last live births in the last 2 years.

xxvi. Age-specific fertility rate for women age 15-19 years.

xxvii. Number of women age 20-24 years who had at least one live birth before age 18. Total number of women aged 20-24.

xxviii. Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method. Total number of women age 15-49 years who are currently married or in union.

xxix. Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education. Total number of women aged 15-24 years.

xxx. Number of children in first grade of primary school who attended pre-school during the previous school year. Total number of children attending the first year of primary school.

xxxi. Number of children of school-entry age who enter the first grade of primary school. Total number of children of school entry age.

xxxii. Number of children attending the last grade of primary school (excluding repeaters). Total number of children of primary school completion age (age appropriate to final grade of primary school).

xxxiii. Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year. Total number of children attending the last grade of primary school during the previous school year.

xxxiv. Number of children under age 5 who have three or more children's books. Total number of children under age 5.

xxxv. Number of men age 15-49 years who smoked

cigarettes, or used smoked or smokeless tobacco products at any time during the last one month. Total number of men aged 15-49 years.

xxxvi. Number of men age 15-49 years who smoked a whole cigarette before age 15. Total number of males aged 15-49.

xxxvii. Number of men age 15-49 years who had at least one alcoholic drink before age 15. Total number of men aged 15-49.

xxxviii. Number of men age 15-49 years who drank alcohol, or used alcohol products at any time during the last one month. Total number of men aged 15-49 years.

xxxix. Probability of dying within the first month of life.

xl. Number of men age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television. Total number of men age 15-49 years.

xli. Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television. Total number of women age 15-49 years.

xlii. Number of young men age 15-24 who used the internet during the last 12 months. The total number of men aged 15-24 years.

xliii. Number of young women age 15-24 who used the internet during the last 12 months. The total number of women aged 15-24 years.

xliv. Number of men age 15-24 years who are very or somewhat satisfied with their life, overall. Total number of males aged 15-24.

xlv. Number of women age 15-24 years who are very or somewhat satisfied with their life, overall. Total number of females aged 15-24.

## Notes

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