CHILD-FRIENDLY REGIONAL PROFILE

Region Eight (8)

Potaro-Siparuni





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

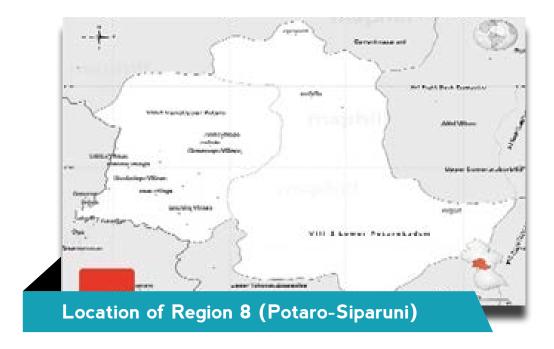
Region 8

Potaro-Siparuni

The Potaro-Siparuni Region gets its name from the Potaro and Siparuni Rivers, which are tributaries of the Essequibo River.

Predominantly forested Highlands with a small portion of Hilly Sand and Clay, this region is home to the famous Kaieteur and Orinduik Falls. The Kaieteur is one of the highest single-drop waterfalls in the world and it is one of the major tourist sites in Guyana. The other waterfalls of this region are also great tourist attractions.

The people of this region, merely 11,077 in number and mostly Indigenous Guyanese, are involved in gold and diamond mining and forestry. Mazda Mining Company Ltd has the largest operation in this region. Many of these mining companies are heavily impacting the rivers they work in especially the Essequibo and Konawaruk Rivers. The Iwokrama Rainforest Project is partly located in this region. The project studies how the rainforest can be used in the country's development (for example, by providing sustainable timber).



Background

Context

The national and local governments of Guyana and the United Nations Children Fund (UNICEF) are committed to the wellbeing of Guyanese children. This commitment is demonstrated through the development of plans, policies, projects and programmes to address the many issues affecting children in the focal areas of health, education, early childhood development, child protection, reproductive health and their general wellbeing.

The national and local governments are committed to 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).

The co-custodian indicators are fully immunized children, sexual violence against women and girls by intimate partner, sexual violence against women and girls by a person other than intimate partner, safely managed water, safely managed sanitation and handwashing, child labour and birth registration. The local and national governments of Guyana are committed to the achievement of these SDG indicators.

Need for Developmental Data

Development of effective actions and interventions is premised on the ability to determine where data is needed. Disaggregated data of social indicators are an essential component of policies, plans, projects and programmes, and necessary for monitoring and evaluating progress toward national and international goals and commitments.

Regional data supports national and sub-national governance structures to focus their interventions on areas of needs thereby reducing inequities; support the formation of effective policies, plans and programmes; and identifying capacity deprivations for corresponding capacity building initiatives.

This regional profile compiled by the Government of Guyana through its Ministry of Communities, with support from UNICEF, will provide current information for developmental actors involved in child-related activities in an accessible format. This data can be used for planning, project implementation including baselines and monitoring and evaluation of projects and programmes.

The development of this initiative is an important demonstrable action of the Government of Guyana's commitment to the decentralisation of decision-making and to equip, train, retool and empower local organs to better serve their communities.

Potaro-Siparuni

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 also assists in supporting the achievement of the SDGs in the region and nationally.

Participatory and Consensual Process of Data Gathering

The process of developing this profile for Potaro-Siparuni was participatory and involved stakeholders of all levels. Using the Multiple Cluster Indicators Survey (MICS) 2014 as the main sources of data as well as other national surveys, consultations were carried out with the Regional Administration and others to explain the findings and seek their inputs.

The data presented and the profile prepared represent a commitment by the Regional Administration and stakeholders to sustainable community development that is child friendly. The profile indicates areas of achievements and areas for attention, 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: Early Child Development Indexi



Fig. 1.2: Availability of Playthings



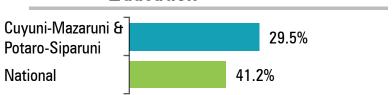
Fig. 1.3: Father's Support for Learning



Fig. 1.4: Mother's Support for Learningiv



Fig. 1.5: Attendance to Early Childhood Education



Achievements / Areas for Attention

74.1 percent of the children of the region are developmentally on track.

65 percent of the region's children had things for playing. This achievement should be encouraged for the educational and social development of children.

15.3 percent of fathers supported learning in their children and suggests a high number of matrifocal households, which are also linked to poverty.

55.6 percent of mothers supported learning in their children. This is more than three times higher than the father's support for learning and the national average which is just over 53 percent.

29.5 percent of the region's children had access to children's books. This indicator is linked to children with higher IQs and school performance.

Child Protection

Fig. 2.1: Birth Registrationvi



Fig. 2.2: Child Labourvii



Fig. 2.3: Marriage Before Age 18 [Female]

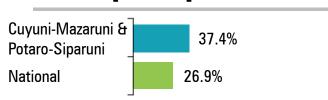
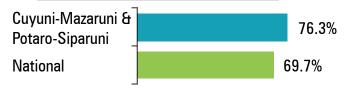


Fig. 2.4: Violent Disciplineix



Achievements / Areas for Attention

82.6 percent Birth Registration is slightly lower than the national average of 88.7 percent. Efforts should be made to realise 100 percent.

Child labour is 35.3 percent which is almost double the national average. Child labour is linked to poor attendance to school and or school dropouts.

Child marriage is an issue for the region. Marriages before age 18, is 37.4 percent. This is the second highest in the country. Early marriages affect the educational attainment of girls.

Violent discipline of children is high at 65.1 percent and presents an area of work for all actors.

Water and Sanitation

Fig. 3.1: Use of Improved Drinking Sources^x



Fig. 3.2: Water Treatment^{xi}



Fig. 3.3: Use of Improved Sanitationxii



Fig. 3.4: Availability of Soap or Other Cleaning Detergents****

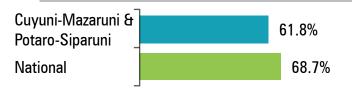
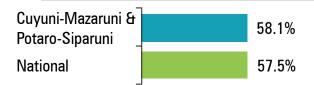


Fig. 3.5: Place for Handwashingxiv



Achievements / Areas for Attention

65.2 percent of the region's population have access to improved drinking water sources.

22.2 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.

Although the use of improved drinking water is reasonably positioned, the region places second to last, out of the ten administrative regions, on the use of improved sanitation. 61.8 percent of its population were found to be having soap or any other cleansing agents available for hand washing, at the time of the survey.

More than 40 percent of the region's population have no provisions for a place for handwashing. This number must increase for the achievement of this SDG.

Vaccinations

Fig. 4.1: Polio Immunisation Coverage^{xv}



Fig. 4.2: Tuberculosis Immunisation Coverage^{xvi}

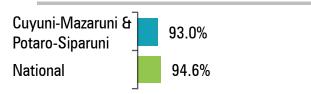


Fig. 4.3: Diphtheria, Pertussis and Tetanus (DPT) Immunisation Coverage (Pentavalent)**

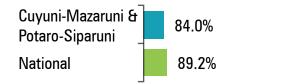


Fig. 4.4: Measles Immunisation Coverage****

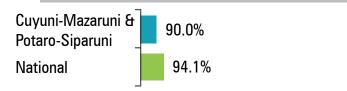
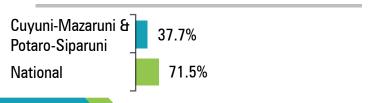


Fig. 4.5: Yellow Fever Immunisation Coverage^{xix}



Achievements / Areas for Attention

Childhood immunisation against Polio is 84 percent and lower than the national average. Efforts should be made to achieve the goal of 100 percent.

Tuberculosis Immunisation is high at 93 percent, but is still slightly below the national average.

DPT immunisation in the region is 84 percent, which is less than the national average.

At 90 percent, measles immunisation is lower than the national average and some ways away from the goal of 100.

Yellow fever immunisation is 37 percent. The region places last in this area and it is more than double times lower than the national average of 71 percent. This is an area in need of urgent attention.

Nutrition

Fig. 5.1: Child Ever Breastfed**



Achievements / Areas for Attention

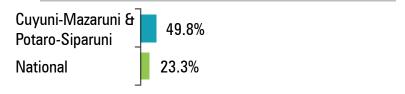
95.3 percent of the population of infants in the region were breastfed at least once. However, breastfeeding overall is an area in need of attention.

Fig. 5.2: Early Initiation of Breastfeeding*xi



Early initiation of breastfeeding is at 62 percent. This needs some intervention as the goal is 100 percent.

Fig. 5.3: Exclusive Breastfeeding Under Six Months***ii



The region places second in the country for Exclusive Breastfeeding at 49.8 percent which is more than double the national average, but still below 50 percent and in need of interventions.

Fig. 5.4: Age-appropriate Breastfeeding*xiv



Age-appropriate breastfeeding is at 58.3 percent which is above the national average, but still relatively low.

Reproductive Health

Fig. 6.1: Antenatal Care Coverage***



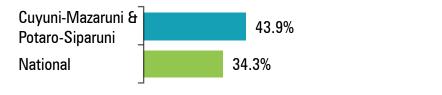
Fig. 6.2: Postnatal Health Check for Newborns***



Achievements /Areas for Attention

The indicators show the region is 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 relatively high but below the national average. Postnatal health check for newborn is also high at 82.6 percent but below the national average.

Fig. 6.3: Contraceptive Prevalence Ratexxviii



39.1 percent of the region's population use contraceptives; an area that needs improvement. Contraceptive use is linked to social and health benefits for mother, child and the family.



Early child bearing at 30.9 percent is double the national average and in need of interventions. Delayed child bearing has positives for the health and social well-being of mother and child as well as larger community.

Education

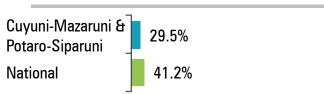
Fig. 7.1: School Readiness***



Fig. 7.2: Transition Rate to Secondary School***



Fig. 7.3: Availability of Learning Materials*****



Achievements / Areas for Attention

The indicators of education observed in the region overall is high indicating that the region is on track in meeting the exclusive goal of 100 percent. School readiness in this region is 68.3 percent while the transition rate to secondary school is 84.7 percent. Interventions are therefore necessary to ensure both school readiness and transition are increase to 100 percent.

More than 70 percent of the region's children do not have adequate children's books. The availability of children's books is linked to support for learning, higher IQs in children and higher school performance.

Health

Fig 8.1: Neonatal Mortality Ratexxxiii



Fig. 8.2: Use of Alcohol [Male]****



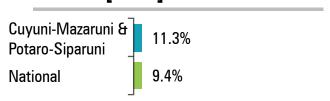
Fig. 8.3: Use of Alcohol [Female]xxxv



Fig. 8.4: Use of Tobacco [Male]xxxvi



Fig. 8.5: Smoking before age 15 [Male]******



Achievements / Areas for Attention

Neonatal Mortality Rate is 7 percent which is lower than the national average of 23 percent. However, no child dying within the first month of life is tolerable.

- 73 percent of the region's male population use alcohol which is a cause of concern as it can lead to unwanted social consequences including violence against women and children. Alcohol use among males below 15 years of age is also high at 24.2 percent.
- January 30 percent of the region's female population use alcohol, which is slightly higher than the national average. The use of alcohol, (and worst during pregnancy) results in many health challenges.
- Use of tobacco among males is high at 35.7 percent. Which is much higher thanthe national average.

Smoking before age 15 among males (essentially children) is also high at 11.3 percent and more than the national average which is 9.4 percent.

Conclusions

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 this resource will be used by all actors 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 age 36-59 months.
- ii. Number of children under age 5 who play with two or more types of playthings. Total number of children under age 5.
- iii. 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 age 36-59 months.
- iv. 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 age 36-59 months.
- v. Number of children age 36-59 months who are attending an early childhood education programme. Total number of children age 36-59 months.
- vi. Number of children under age 5 whose births are reported registered. Total number of children under 5.
- vii. Number of children age 5-17 years who are involved in child labour. Total number of children age 5-17 years.
- viii. Number of women age 20-49 years who were first married or in union before age 18. Total number of women age 20-49 years.
- ix. Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month. Total number of children age 1-14 years.
- x. Number of household members using improved sources of drinking water. Total number of household members.
- xi. 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.
- xii. Number of household members using improved sanitation facilities which are not shared. Total number of household members.

- xiii. Number of households with soap or other cleansing agent. Total number of households.
- xiv. Number of households with a specific place for hand washing where water and soap or other cleansing agent are present. Total number of households.
- xv. 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.
- xvi. Number of children age 12-23 months who received BCG vaccine by their first birthday. Total number of children aged 12-23 months.
- xvii. 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.
- xviii. Number of children age 24-35 months who received measles vaccine by their second birthday. Total number of children aged 24-35 months.
- xix. Number of children age 24-35 months who received yellow fever vaccine by their second birthday. Total number of children aged 24-35 months.
- xx. 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.
- xxi. 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.
- xxii. Number of infants under 6 months of age who are exclusively breastfedTotal number of infants under 6 months of age.
- xxiii. The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day.
- xxiv. Number of children age 0-23 months appropriately fed during the previous day. Total number of children age 0-23 months.
- xxv. 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.

xxvi. 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.

xxvii. 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.

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

xxix. 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.

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 grade of primary school.

xxxi. 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.

xxxii. Number of children under age 5 who have three or more children's books. Total number of children under age 5. Number of children under age 5 who play with two or more types of playthings. Total number of children under 5.

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

xxxiv. Number of men age 15-49 years who had at least one alcoholic drink at any time during the last one month. Total number of men age 15-49 years.

xxxv. Number of women age 15-49 years who had at least one alcoholic drink at any time during the last one month. Total number of women age 15-49 years.

xxxvi. 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 age 15-49 years

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

xxxviii. 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.

xxxix. 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.

Potaro-Siparuni

Notes