

**Combined Third and Fourth Periodic Reports  
on the  
Convention on the Rights of the Child**

**Belize**

## ACRONYMS

ARI	Acute Respiratory Infection
CAB	Children’s Advisory Body
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CET	Center for Employment Training
CMEU	Child Marriages and Early Unions
CPTWG	Child Protection Technical Working Group
CRC	Convention on the Rights of the Child
CRD	Community Rehabilitation Department
CSEC	Commercial Sexual Exploitation of Children
DOTS	Directly Observable Treatment Short Course
GOB	Government of Belize
GDP	Gross Domestic Product
GSDS	Growth and Sustainable Development Strategy
HDR	Human Development Report
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	Infant Mortality Rate
MACR	Minimum Age of Criminal Responsibility
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MHD	Ministry of Human Development
MOH	Ministry of Health
MMR	Maternal Mortality Rate
MND	Ministry of National Development
NAP	National Apprenticeship Program
NCA	National Children’s Agenda
NCFC	National Committee for Families and Children
NGO	Non-governmental Organization
NHDAC	National Human Development Advisory Committee
NHI	National Health Insurance
NHISU	National Health Information & Surveillance Unit
NHRI	National Human Rights Institute
NPA	National Plan of Action for Children and Adolescents

PAHO	Pan-American Health Organization
PAR	Poverty Assessment Report
PLWHA	Persons Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
PSE	Primary School Examination
SDG	Sustainable Development Goals
SEU	Special Education Unit
SIC	Social Indicators Committee
SICA	Central America Integration System
STI	Sexually Transmitted Infection
U5MR	Under-Five Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
VCT	Voluntary Counselling and Testing Centre
VSU	Vital Statistics Unit
WHO	World Health Organization

## Introduction

This report, covering April 1, 2005, to December 31, 2019, represents Belize's Third and Fourth Combined Reports, under Article 44 (1) (b) of the Convention on the Rights of the Child (CRC). The form and content conform to the Guidelines the Committee adopted at in 2014.

At the end of 2018, Belize's population was approximately 398,050<sup>1</sup>, with 46.3% under 18 years. One significant demographic change over almost the past two decades is an increase in adolescents aged 15-19. The adolescent population between 2000 and 2010 increased by 44.9% and is expected to increase by at least 58% between 2010 and 2020.<sup>2</sup>

### A. General measures of implementation

#### Recommendation in paragraph 8 of the Committee's concluding observations:

**The Committee urges that the State party address the unimplemented recommendations in the concluding observations on the initial report and concerns contained in the present concluding observations on the second periodic report.**

During the reporting period, Belize undertook a combination of legislative, judicial, administrative, and other measures to promote and protect the rights of its children, in accordance with the CRC. While the Families and Children's Act continues to be the legal pillar for CRC implementation, these measures attempt, *inter alia*, to bring the domestic legislation into full compliance with the CRC provisions and to address some other Committee recommendations. These include the prohibition of corporal punishment, the adjustment to raising the minimum age of criminal liability, child protection against all forms of abuse, and the best possible assurance that children with disabilities enjoy all human rights.

Belize also became a State Party to the following supportive international instruments:

- UN Convention against Transnational Crime and its Protocol to prevent, suppress, and punish trafficking in persons, especially women and children<sup>3</sup>.
- CRC Optional Protocol on the involvement of children in armed conflict (with declaration) and Optional Protocol on the sale of children, child prostitution, and child pornography<sup>4</sup>.
- UN Convention on Protection of Rights of Persons with Disabilities<sup>5</sup>
- Optional Protocol of the UN Convention Against Torture<sup>6</sup>

#### Paragraph 10 of the Committee's last concluding observation (CRC/C/15/Add.252)

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<sup>1</sup> Statistical Institute of Belize, 2019

<sup>2</sup> *ibid.*

<sup>3</sup> September 2003

<sup>4</sup> December 2003

<sup>5</sup> May 2011

<sup>6</sup> September 2015

**The Committee recommends that the State party continue strengthening efforts towards full conformity of its domestic law with the Convention, e.g., by enacting one comprehensive children’s code.**

The merits of enacting one comprehensive children’s rights code are acknowledged. The barrier continues to be the significant financial and human resources to engineer such legislation through the requisite participatory process. In 2003<sup>7</sup>, The National Committee for Families and Children (NCFC) completed a comprehensive review of the Laws of Belize, assessing for CRC compliance and gaps. This has since served as a roadmap for legislative reform. Therefore, the State believes in that same goal to ensure that the CRC rights of children in Belize will be upheld by domestic legislation. Moreover, until more resources can be identified to implement the Committee’s recommendations, using the NCFC roadmap makes this goal achievable.

The following legislative changes that protect children rights and interests were made, with each elaborated correspondingly in this report:

- 2005 amendments to the Criminal Code in 2005 to raise the minimum age of criminal responsibility (MACR) to 12 years
- 2005 amendment to the Marriage Act to raise the age for marriage with parental consent to 16 years
- A revised Domestic Violence Act, 2007 which expands the categories of persons that may be protected and strengthens the powers of the court in domestic violence proceedings.
- A revised Education and Training Act, 2010 which abolished corporal punishment in schools
- A revised Trafficking in Persons (Prohibition) Act, 2013 which inter alia, increased penalties, expanded protections and of a multi stakeholder Council
- Commercial Sexual Exploitation of Children (Prohibition) Act, 2013
- 2014 amendments to the Criminal Code to offer better protection against sexual offense to both girls and boys.
- 2017 amendment to the Criminal Code to abolish life imprisonment as a sentence for children convicted of murder or other serious crimes
- 2017 amendment to the Married Persons (Protection) Act that increased the age to which child maintenance could be awarded during divorce proceedings to 18 years.
- 2017 amendment to the Evidence Act that allows for testimony via video links or other electronic means

### **National Plan of Action**

#### **Recommendation in paragraph 12 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**Provision of adequate human, financial, and technical resources to comprehensively effectuate the National Plan of Action for Children and Adolescents in Belize 2004-2015 (NPA):** The Committee recommends that the State party ensures a rights-based, open, consultative, and participatory process. Additionally, the State party should involve children and non-governmental organizations (NGOs) in the NPA implementation and the development

<sup>7</sup> Owen, Sara, “Towards Compliance with the CRC: A Review of the Laws of Belize.”, 2003, NCFC.

of specific indicators for periodic monitoring and evaluation. Moreover, it should continue to seek technical assistance from, among others, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO).

The first NPA provided an excellent coordinated framework that initially scaled up implementation and coordination efforts. This was not sustained throughout the plan’s life, and 2015 NPA evaluation<sup>8</sup> concluded mixed results due in part to a lack of sustained efforts and a very nascent coordination and monitoring and evaluation culture.

The evaluation informed the development of the National Children’s Agenda 2017-2030 (NCA). The NCA sets out the Government’s 14-year agenda and for children and adolescents aged 0-19 years. It is underpinned by Government’s international commitments to children and adolescents, including the CRC, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Sustainable Development Goals (SDG); the Belize’s national development strategy “Horizon 2030”, the Growth and Sustainable Development Strategy (GSDS), the Early Childhood Development Policy, the National Youth Policy and the National Parenting Framework, Curricula, and Implementation Plan.

The NCA was developed through a participatory process engaging all stakeholders, including civil society and the two major political parties. Focus group meetings, e-consultations, and stakeholder meetings at national, district and community levels were held. Special attention was given to the engaging children and adolescents through a qualitative survey, competitions and existing structures, such as the Children’s Advisory Body (CAB) “Kid O’Rama<sup>9</sup>”, and CRC Ambassadors,<sup>10</sup>

Six subcommittees have been established for participatory NCA implementation. An M&E sub-committee oversees the monitoring and evaluation of the NCA, based on the accompanying M&E plan. The NGO community is represented on the NCFC executive, various committees, and subcommittees with some leadership roles.

GOB continues to benefit from NCA technical and financial assistance through its partnership with UNICEF.

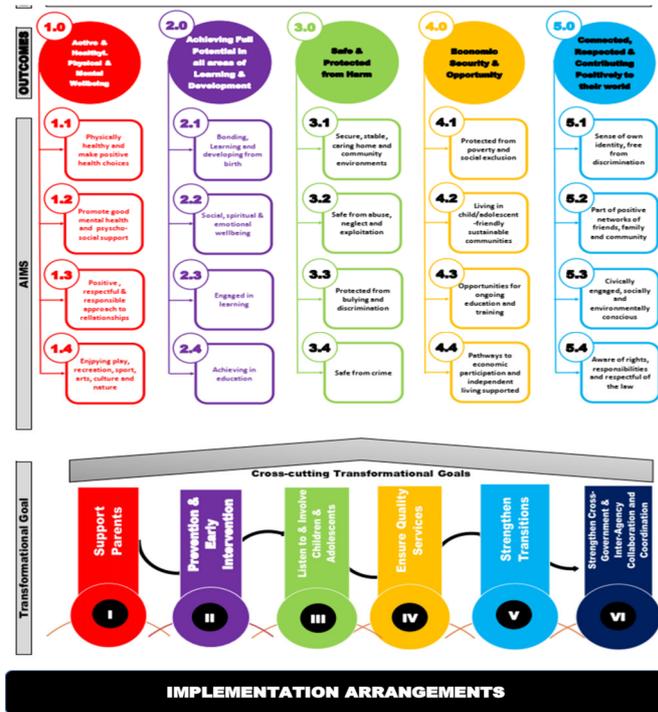
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<sup>8</sup> Belize Environmental Technologies. “Evaluation of the National Plan of Action for Children and Adolescents, 2004 -2015,” NCFC, 2015.

<sup>9</sup> Kid O’ Rama is an award-winning weekly radio show hosted by children which provides information on children’s rights and services available to children.

<sup>10</sup> CRC Ambassadors are a group of young people who conducted CRC public awareness in their communities.

Graphic Summary of National Children’s Agenda 2017-2030



**Independent monitoring**

**Recommendation in paragraph 14 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party prioritize establishing, as soon as possible, the independent monitoring body in line with the Committee’s general comment No. 2 (2002) either as a separate entity or as a division within the existing ombudsman’s office. It also recommends that the State party ensure that this monitoring body is provided with sufficient human and financial resources to perform its mandate.

The establishment of an independent monitoring body is an outstanding matter, but the GOB continues to work towards the establishment of an Ombudsman for children. This re-commitment is outlined in the NCA, and the process has commenced with a committee of the NCFC, the Ministry of Human Development (MHD), and the Ombudsman, and research conducted on models in the Caribbean to explore their adaptability and application to Belize. Stronger communication links between the NCFC and the Ombudsman’s Office facilitate effective transmission of information.

In 2019, with Commonwealth technical support, existing human rights bodies, including the Ombudsman Office, were assessed conducted to ascertain their viability to assume the roles

and functions of a national human rights institute (NHRI). Recommended models placed an expanded Ombudsman's Office at the centre of the structure, noting that legislative reforms and additional resource allocations would be needed to ensure compliance with the Paris Principles.<sup>11</sup> It is imperative that this assessment is used to inform decisions leading to the establishment of an NHRI in Belize, itself a recommendation that Belize made and accepted during two rounds of UPR. The State needs to accelerate concrete steps towards this goal.

### **Allocation of Resources**

Recommendation in paragraph 16 of the Committee's last concluding observation (CRC/C/15/Add.252)

**Considering the CRC's article 4, the Committee urges the State party to allocate considerably more resources to children, especially to vulnerable groups: children with disabilities, living in extreme poverty, being abused and neglected, and minorities and indigenous children, such as Maya and Garifuna children. The Committee appreciates the development of an investment project with a component on rights-based budgeting involving the finance minister, the NHDAC and the NCFC, yet further recommends expediting this process and ensuring effective implementation. Equally, prioritizing budgetary allocations is to be the maximum extent possible. For budgetary evaluation purposes, the State party should identify the yearly budgetary amount and proportion spent on persons under 18 years.**

A child-focused social public expenditure analytic review provides a preliminary overview on investments in children, drafted with technical support from UNICEF. The State acknowledges that additional work is needed to make public information on child budgeting available in Belize, including generating periodic data on social sector spending and childhood investments.

### **Data collection**

Recommendation in paragraph 18 of the Committee's last concluding observation (CRC/C/15/Add.252)

**Reiterating its previous recommendation on the data collection mechanism, the Committee recommends that the State party strengthen systemic data collection and indicators formulation, collaborating with the M&E Subcommittee of the NCFC to assess progress achieved in realising children's rights and to help design policies for CRC implementation. The data should cover all children below the age of 18 and be disaggregated by sex and by group of those needing special protection. The State party should also allocate adequate human, financial and other resources to the Social Indicators Committee to develop indicators to effectively monitor progress, seeking assistance from international agencies and NGOs.**

**Triennial "State of the Nation's Children's" report:** Positive strides exist in strengthening data collection systems, particularly through the NCFC's M&E Subcommittee. The NPA lessons learnt have been used to strengthen the M & E framework Cabinet mandated the M&E in 2017 to oversee, monitor and evaluate the NCA, resulting in an M&E system outlining 87 indicators across the 5 NCA National Outcome areas with the cycles for the development of

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<sup>11</sup> Walter, J. "Report on the Institutional Assessment of Existing Viable Institutions with a Human Rights Mandate in Belize." GOB, 2019.

implementation plans over the 14-year life of the NCA. It includes cyclical implementation plans over NCA's 14-year life, inclusive an annual progress report and a three-year evaluation report.

**Children's Agenda Data Management System:** This captures and monitors all national and municipal data related to the NCA, using Data for All (formerly: Dev Info). Furthermore, M&E frameworks have been developed to support the implementation of Sustainable Child Friendly Initiatives, facilitating localized monitoring and evaluation of actions for children. Discussions are underway to ensure that standard surveys such as UNICEF's Multiple Indicator Cluster Survey (MICS) and the Government's Labour Force Survey capture municipal and national data and support System synchronization.

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The Government of Belize (GOB) periodically conducted several other child-related studies, research, and reports on indicators, as did other agencies such as the Child Activity Surveys 2006 and 2013, conducted with ILO support. Also, the Child Labour and Youth Well-Being Study in the Sugar Industry was conducted with European Union support. UNICEF's Situational Analysis of Women and Children 2011 and 2018, among other more focused studies, provide invaluable data for evidenced-based decisions.

The establishment of the Belize Health Information System (BHIS), Belize Education Management Information System (OPEN EMIS), FAMCARE, and the Single Information Beneficiary Registry have contributed significantly to available on children's issues.

#### Dissemination of the Convention

#### Recommendation in paragraph 22 of the Committee's last concluding observation (CRC/C/15/Add.252)

**Development of creative and child-friendly methods to promote the Convention:** The State party is encouraged to make a multilingual Convention available, including indigenous and minority languages. Further systematic training of professional groups working with and for children is recommended. Also recommended is that the State party seek technical assistance from, among others, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNICEF.

As the lead entity mandated in promotion of the CRC, the NCFC has partnered with organisations using various mediums. Annually, it collaborates to commemorate several CRC-associated international awareness day activities, including International Children's Day, International Children's Day of Broadcasting, International Human Rights Day, and International Day of the Family. Its Kid O'Rama radio show and CRC Ambassadors provided CRC outreach, and the CRC educational campaign is infused into the parenting curricula used by COMPAR and relevant NGOs.

In 2005, the NCFC held a sector-wide conference entitled "*Towards Complete Compliance with the CRC*" to socialize and discuss the newly raised Concluding Observations from the Committee and to plan the way forward. The highlight was a presentation from former Committee member Rosa Maria Ortiz.

**Incorporation of CRC within the education system:** Since 2005, CRC has been in the primary-level Social Studies Curriculum. Since 2007, with UNICEF support, a Rights Education Training Manual, with accompanying resource guide, was developed to standardize

CRC teacher training. To date, 100% of primary school teachers have been trained on the CRC through the MOE's Continuous Professional Development Training (CPD) for teachers. Since 2001, CRC has been in the national university's curriculum for social workers and included in the in-service training for relevant stakeholders.

The NCFC, the MHD, and other civil society organisations have, over the past 15 years, developed several public service announcements on children's rights and anti-violence and exploitation, aired nationally with media partnership.

Despite these efforts, most CRC information is in English and to a lesser extent Spanish. Due attention must be given to providing such in indigenous and minority languages (in visual and oral forms).

Additionally, examples of human rights education include YES campaigns, "My Future is Not for Sale," "My Body is Precious) and "No Means No, Use Your Voice" and the Productive Organization for Women's Campaign "Reidiebi"<sup>12</sup> (Stop it, in Garifuna).

## **B. Definition of the child**

### **Recommendation in paragraph 24 (a) of the Committee's last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party continue and strengthen its efforts:

**(a) To raise the minimum age of criminal responsibility to an internationally acceptable level;**

In 2005, the minimum age of criminal responsibility (MACR) was raised to 12 years and 14 years where the judge is of the opinion such "*person has not attained sufficient maturity of understanding to judge the nature and consequences of his conduct in the matter in respect of which he is accused.*"<sup>13</sup> Therefore, Belize's MACR aligns with the recommendation of the Committee's General Comment 10. More recently, stakeholders have advocated for the increase to 14 years. However, sharp increases in murders and gang related crimes in the past years involving adolescents as alleged perpetrators make this unpopular.

A 2017 Amendment to the *Criminal Code* provides that a person under 18 years who commits murder shall be sentenced to detention "at the court's pleasure".<sup>14</sup> The offender becomes eligible for court revision of his detention at a specified time. The court may order that the child be restrictively released or establish a further period (which must not be more than 5 years) after which the offender can return for detention review or apply for case review if there are "special reasons."

The amendment was also retroactive. Thus, those serving life imprisonment for murder at the time of entry into force of the amendment, and those under eighteen at the time of the commission of the offence shall be resentenced.

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<sup>12</sup> Reidiebi means "Stop it" in the Garifuna language

<sup>13</sup> Criminal Code (Amendment) Act, No. of 2005, s.25

<sup>14</sup> Criminal Code Amendment Act, No. 22 of 2017, s.106 (2)

**Recommendation in paragraph 24 (b) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**(b) Raising of the minimum age for admission to hazardous work to 18 years:** This is still a pending and needs to be prioritise, with the greatest challenge being to achieve stakeholder consensus on a hazardous work list. Competing priorities in the labour sector has delayed this lengthy process that has been delayed by competing priorities in the labour sector. The National Child Labour Committee is finalizing a draft hazardous work and light work list.

**Recommendation in paragraph 24 (c) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**(c) Raising the minimum legal age of marriage for both girls and boys and undertaking awareness-raising campaigns:** The legal age of marriage in Belize is 18 years. However, the Marriage Act allows for marriage at 16 years with parental consent.

The age of marriage with parental consent for both girls and boys was raised from 14 years to 16 years in 2005. In 2018, the GOB, with support from the UN and the Inter-Agency Regional Joint Programme to End Child Marriage and Unions in Latin America and the Caribbean, hosted a two-day workshop with over 80 stakeholders, including adolescents and youth, drafting a Road Map to end Child Marriages and Early Unions (CMEU) in Belize. The road map, informed by a Country Profile of CMEU, outlines the comprehensive strategic actions. One key legislative action is the removal of the parental consent clause in the Marriage Act.

2019 saw additional consultations with over 400 adolescents and stakeholders to validate the roadmap’s actions, leading to a communications strategy about the negative consequences of CMEU. The NCFC’s Child Protection Technical Working Group (CPTWG) will provide oversight and coordination.

**Recommendation in paragraph 24 (d) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**(d) Regulating for legal and medical counselling without parental consent for age-restricted children:** No specific legislation exists prohibiting sexual and reproductive health information or services to adolescents under 18 years. Defining the age of full legal capacity has challenged service provision, with the Ministry of Health (MOH) spearheading efforts to address this in partnership with the Attorney General’s Ministry, the MHD and the NCFC.

**Recommendation in paragraph 24 (e) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**(e) Aligning minimum age provisions with the Convention:** The Families and Children’s Act (FACA) establishes that a “child” is, “unless provided otherwise in any law, a person below the age of eighteen years”; the Education and Training Act defines “child” as a person below the age of eighteen; the Juvenile Offenders Act defines “child” as any person under the age of sixteen years (s.2); and both the Labour Act (s. 2) and the Summary Jurisdiction (Procedure) Act (s. 2) define “child” as a person under the age of fourteen years.

Minimum legal ages continue to be:

- 5 to 14 years for compulsory education (s. 2 Education Act);

- 16 years for sexual consent (s.47 Criminal Code)
- 18 years for voluntary enlistment in the Armed Forces (s.16 (2) Defence Act);
- 12 years for part-time and 14 years for full-time employment (s.169 and s.54 of the Labour Act)

### C. General principles

#### Convention on the Rights of the Child

##### Non-discrimination

##### **Recommendation in paragraph 26 and 27 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**Considering CRC’s article 2, the Committee recommends that the State party adopt appropriate legislation towards implementing existing laws regarding non-discrimination, and to adopt a proactive and comprehensive strategy to eliminate all discrimination, especially with vulnerable groups of children.**

**Moreover, periodic reporting on Convention measures and programs regarding the 2001 World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance is recommended. Note the-Committee’s general comment No. 1 on the aims of education (2001):**

- No person shall be refused admission to any school on account of religion, race, ethnicity, language or political affiliation.
- No person shall be refused admission to any school on account of sex, except where such schools are historically non-coeducational.
- The Ministry shall ensure equitable access for both sexes to education at all levels, and that provision of education is sensitive to the particular needs of both males and females, and caters to the special needs of challenged pupils.
- Managing Authorities shall ensure that schools under their management are free of gender, racial and other biases, and shall be managed in such a way that all students shall, as far as may be applicable, co-exist as peacefully and harmoniously as possible.”<sup>15</sup>

The framers of the 1981 Constitution included the principle of the inherent equality for all. The Preamble requires elimination of economic and social privilege and disparity among the citizens of Belize whether by race, ethnicity, colour, creed, disability, or sex and that ensure gender equality. Section 16 (1) and (2) further provides that no law shall make any provisions discriminatory. Section 16 (3) defines “discriminatory” as affording different treatment to different persons attributable to their sex, race, place of origin, political opinions, colour, or creed.

The Families and Children Act also guarantees equal status to all children under Belize’s laws, regardless of parental marital status and may also protect the child's right to exercise free choice.

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<sup>15</sup> Belize Education and Training Act 2010 pp 48,49

## Best interests of the child

### Recommendation in paragraph 29 of the Committee’s last concluding observation (CRC/C/15/Add.252)

**Notwithstanding the existence of the child’s best interest some laws, e.g. in the Families and Children Act (FACA), the Committee recommends that the State party review its legislation and administrative measures to ensure that Article 3 of the Convention is duly reflected and considered in decisions.**

The best interest of the child, a CRC pillar, guarantees that children’s welfare remains paramount in legislative, judicial, and administrative arenas.

The best interest of the child arose from FACA, and the principle gradually permeated other legislation; it can now be argued that the principle is implied even when not expressly written. In 2013, the principle was expressly included in a mediation amendment to the Supreme Court of Judicature Act. The law now requires that mediators encourage the parties to consider the interests of the children, and “*to examine, apart from their own desires, the separate and individual needs of such children*” with respect to the issues being mediated<sup>16</sup> (s. 10 ).

Another example is the 2017 amendment to the Evidence Act regarding oral evidence by electronic means. This allows a witness to hear and see and be heard and be seen, without the need to be physically present at the proceedings, giving the same weight to evidence so given. This innovation allows for child testimony without the fear and intimidation.

The Education and Training Act (ETA), May 2010, CAP 36:01 of the Substantive Laws of Belize R.E. 2011 also protects the best interest of the child. It gives the Chief Education Officer the right to make an urgent application to the Courts for an order to close any non-compliance school with a notice to adequately address any deficiencies in or any breaches of the Act or regulations, which threaten the health or well-being of students or staff (s. 45).

The ETA repealed and replaced the Education Act. It creates important guarantees to all children of school age, including the right not to be refused admission (pre-school, primary school and secondary school) on the basis of religion, race, ethnicity, language, political affiliation, or sex. The only exception is for historically non-coeducational schools (s.48). The ETA mandates the MOE to give equitable all-level access to both males and females, making provision for the manner of providing such education and emphasizing it be provided in a manner that is sensitive to children’s particular needs, and caters to the special needs of challenged pupils [our emphasis].

Likewise, the ETA mandates Managing Authorities to ensure that their schools are free from gender, racial, and other biases (s. 49) and that pupils are free from physical, sexual, and other harassment and from any moral, mental, or physical harmful activities (s.50). Breach of the Act or Regulations can attract a notice from the Chief Education Officer for corrective action and associated penalties for non-compliance (s. 45).

Similarly, the ETA places on the parents and guardians of school-aged children the duty to send them to school on a regular basis (s. 59), with failure constituting an offence (s. 62)-that can attract the admittedly low a penalty of one hundred dollars.

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<sup>16</sup> Supreme Court of Judicature Amendment Act, 2017, s. 10

Importantly, this new ETA gives equal importance to both academic education and vocational training.

#### **Respect for the views of the child**

##### **Recommendation in paragraph 31 of the Committee's last concluding observation (CRC/C/15/Add.252)**

**The Committee recommends that the State party strengthen efforts in promotion of respect for all children's views, especially girls, facilitating overall participation. Furthermore, the State party should introduce public awareness campaigns and education programmes for parents to strengthen children's participation in all spheres of life. The State party should seek international assistance from UNICEF and other agencies.**

The GOB has made consistent efforts to strengthen children's participation. Children and adolescents nationwide participated in developing the National Children's Agenda through a variety of platforms, with all efforts to incorporate recommendations into the NCA.

Since 2015, the Ministry of Labor, Local Government and Rural Development (MLLGRD), the Belize Mayors' Association, NCFC, UNDP, and UNICEF have been supporting all nine municipalities to be child friendly. The establishment of Child Advisory Bodies (CAB) in each municipality occurred, consisting of children to assist in developing and implementing child-centred plans for access to school and health services; disaster risks and emergency preparedness; exposure to violence, vulnerability to abuse, exploitation and neglect; increased pollution; and road traffic accident vulnerability. The local governments are committed, having set aside financial resources with supportive policies and plans.

Another important platform is the Student Council. One hundred percent of secondary schools has a peer-elected student council, representing students on the School Board and organizing school-based activities.

#### **D. Civil rights and freedoms**

##### **Birth registration, name, and nationality**

##### **Recommendation in paragraph 33 of the Committee's last concluding observation (CRC/C/15/Add.252)**

**The Committee recommends that the State party implement an efficient free-of-all-charge system, which covers its territory fully, including introducing mobile birth registration units and awareness-raising campaigns to reach the most remote areas. Particular attention is requested for improved access to an early registration by immigrant parents and parents whose children were born out of wedlock. Additionally, establishing cooperation between the birth registration authority and maternity clinics and hospitals, midwives, and traditional birth attendants is recommended. Meanwhile, children without official documentation should be allowed to access basic services while waiting to be properly registered.**

Birth registration is free of cost for all children who are registered within one year of birth. The Data from the Vital Statistics Unit (VSU) show that 95.7% of Belizean children are registered.

Indicator	Value, Source, Year		
	SIB MICS		
	2006	2011	2015
Birth Registration	94.4	95.2	95.7

To increase the number of children registered at birth, the VSU partnered with the MOH in 2017 to introduce bedside registration. This allows for children to be registered before leaving the hospital. Since 96.4% of deliveries are done in institutions, this new policy has increased pre-hospital departure registrations, with a VSU sub-office now at each district hospital.

Only a small percentage of deliveries are done by traditional birth attendants, primarily in Toledo, with the VSU appointing a community leader duly authorized to accept and channel registration applications.

In Toledo, an annex hosts women from very rural communities for at least a week before delivery. This increases the number of safe hospital deliveries and timely birth registrations.

**The small percentage of unregistered children, including children born to immigrant parents:** The VSU partnered with UNICEF from 2011 to 2013, to implement the “Make Your Child Count” Birth Registration Campaign. Over 15,000 children and families were reached, with the highest percentage from migrant communities. Information gathered on birth registration barriers was used to conduct a UNICEF-supported process flow analysis of the birth registration system in 2016, yielding recommendations for the development of a plan for full coverage and for improving customer service in the civil registration system.

Children are not denied their right to services while awaiting registration to be properly registered. Children born out of wedlock can be registered at birth, with the proviso that the father must be physically present to consent to his name on the birth certificate.

One of the main registration impediments for children born to parents who are irregular migrants is the parents’ fear of interacting with the legal system. Providing birth registration services at community level effectively addresses this barrier.

Belize law provides for the right for children to acquire nationality. The Nationality Act at Section 17 (2) provides for children to be included on a certificate of citizenship by registration. Moreover, the certificate can now be amended to include the minor children of the applicant. Section 17 also provides for citizenship if his parent has included the minor’s name in that parent’s Belize citizenship registration certificate. Section 5 (2) of the Nationality Act also addresses citizenship by descent. 113. The Immigration Act at Section 10 states that a minor who has been in Belize at least 10 years legally or illegally can apply for permanent residency; this was amended through Immigration (Amendment) Act No. 1 2014 to allow for other considerations when applying for permanent residency.<sup>17</sup>

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<sup>17</sup> CCPR pg. 41 pp. 236

## **Freedom of thought, conscience, religion and peaceful assembly**

### **Recommendation in paragraph 37 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

#### **Provision of concrete, updated and detailed information, in the next periodic report, on the implementation of article 14 of the Convention on the right of the child to freedom of thought, conscience and religion and on religious intolerance at schools:**

Section 11 (1) -(4) of the Constitution guarantees the freedom of conscience, including freedom of thought and religion, with various religious denominations coexisting peacefully in Belize.

The ETA provides for worship and religious instructions. Sections 54 and 55 speak to corporate worship, singing of the National Anthem, and flag raising ceremonies at the government and government-aided preschool, primary and secondary schools. The Education Rules 2000 provides for religious instructions and observance in the faith of the denominational schools. However, in all cases, no child is obliged to undertake such, with written objection noted.<sup>18</sup>

## **Corporal punishment**

### **Recommendation in paragraph 41 (a-c ) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**Reiteration of previous recommendation, further urging the State party to:** (a) Critically review its current legislation towards abolishing force for correction and to introduce legislation prohibiting all forms of child corporal punishment in the family and within all institutions; (b) Extend and strengthen public education and social mobilization campaigns on alternative non-violent forms of discipline and child-rearing, child participation towards changing public attitudes and strengthening cooperation with the NGOs in this respect; and (c) Seek international technical assistance from, among others, UNICEF in this regard.

The 2010 ETA and the regulations for residential care facilities for children prohibit corporal punishment in schools<sup>19</sup> and in institutions<sup>20</sup>. To support schools’ adherence to the law, the MOEYS, with UNICEF’s support, implemented the “Positive Discipline Programme” in 2009. One hundred percent of primary school teachers were trained using a self-developed manual on alternative forms of discipline. The positive discipline training remains a part of the annual Continuing Professional Development (CPD) programme for teachers. Likewise, institutional caregivers are trained in alternative discipline forms during capacity building training.

Corporal punishment is still permissible in the home. Deeply rooted social norms perpetuate its use to discipline. The most recent MIC5 (2015) indicates a decrease from 70.5% in 2011 to 65% in 2015 of children experiencing any form of violent disciplining. However, the number of children experiencing severe physical punishment increased by 1.5% to 6.5%.<sup>21</sup>

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<sup>18</sup> Belize report on the CCPR, 2017 pp. 178-179

<sup>19</sup> Education and Training Act, No 36 of 2010, s.50 (1) and s. 51 (4).

<sup>20</sup> Social Services Agencies (Operators of Residential Care Facilities for Children ) (Registration, Licensing and Minimum Operating Requirements) Regulations, 2004, s.17(2)(a)

<sup>21</sup> UNICEF Belize PBR Strategy Note, Safety and Justice for Children pg. 3 pp.1

The NCFC, UNICEF and other stakeholders have been active in media campaigns to end child violence, including identifying alternative forms of discipline methods. In the “*Time Out*” mass media Campaign, UNICEF has been working with some CBOs, inclusive social media, and education sessions in the community on positive discipline. The Child Development Foundation also trained over 100 CAB members in child protection actions and advocating for peer protection.

#### **E. Family environment and alternative care**

##### **Parental responsibilities**

##### **Recommendation in paragraph 43 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

##### **Provision to parents and children of adequate knowledge, skills, and support services, reviewing implementation towards eliminating the use of “uncontrollable behaviour” of children, preparing for gradual “deinstitutionalization”:**

Parenting instruction continues to be State prioritized. The Community and Parenting Empowerment Programme (COMPAR), which started as a UNICEF-supported project, has been institutionalized within the MHD, responsible for parenting programmes countrywide since 1995. COMPAR provides community-level training and court-ordered sessions for affected parents. During the reporting period, over 36,000 parents were reached directly and an average of 1000 annually through public educational materials.

Other government agencies and NGOs are targeting parenting education programmes, such as RESTORE-Belize, targeting southside Belize City parents in high gang activity areas, and the MOH through its Maternal and Child Health (MCH) and Health Education and Community Empowerment Programme. Many schools also conduct such programmes. Moreover, the NCFC sought to engage fathers through fatherhood groups in marginalised communities, with religious organizations, community police, and several community groups supporting.

A National Parenting Conference held in 2013 highlighted that parenting instruction needs harmonisation and standardisation. NCFC commissioned a National Parenting Task Force to develop a curriculum and resource guide for parents, leading to the training of facilitators commencing in 2018.

##### **Recovery of maintenance**

##### **Recommendation in paragraph 45 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

##### **Regarding Convention article 27, paragraph 4, the Committee recommends that the State party take further measures towards full implementation of legislation on maintenance payment as well as to ensure equal right to the recovery of maintenance for all children, irrespective parental marital status. Furthermore, the State party should finalise bilateral agreements for reciprocal enforcement and reconsider a fund to support ~~to~~ parents awaiting court decision on maintenance.**

All children, regardless of parental marital status, are ensured equal rights to maintenance. In 2017, the Married Persons (Protection) (Amendment) Act, extended the age for which a child

born of a marriage is entitled to maintenance from age 16 to 18.<sup>22</sup> Under the said Act, separated men with custody of their children can now seek maintenance.

Belize has not established bilateral agreements for reciprocal enforcement of maintenance order and there are no specific funds to provide support to parents awaiting decision regarding maintenance. However, the court may refer, such as to MHDFIPA, for public assistance.

### Adoption

#### Recommendation in paragraph 47 of the Committee’s last concluding observation (CRC/C/15/Add.252)

**The Committee recommends that the State party reinforce its foster care and domestic adoption efforts to ensure that its laws, regulations and practices regarding domestic and intercountry adoptions fully comply with the Convention’s article 21 and ratify The Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption of 1993.**

Belize ratified the said Hague Convention in 2005. Regarding adoption, in tandem with the implementation of Hague guidelines, children are matched with local families before consideration of international adoption. International families are usually recruited for children who are more difficult to place locally, sibling groups, older children, and children with special needs.

A concerted effort has occurred over the past decade to reduce institutionalising children. Between 2016 and 2018, there was a steady decrease in residential-care children. However, between 2015 and 2016, a 68% increase in foster care and adoption placements occurred. The Department of Human Services (DHS), under the MHDSTPA, has been implementing it through the Give Your Heart to a Child Campaign for over two decades. Annual objectives include increasing public awareness of foster care, broadening the pool of potential foster families, and providing support. Fostering options include respite, emergency, and short and long-term care. The guiding principle is that children thrive in a family environment.

#### Foster Care and Adoption 2016-2018

Category	2016	2017	2018
<b>Number of Children in Approved Foster Care</b>	127	93	106
<b>Number of Approved Foster Homes</b>	78	122	108
<b>Adoption Processed: Total</b>	18	12	46
<b>Adoption Requested: Total</b>	58	12	66
<b>DHS Approved Adoptions (ward)</b>	26	8	39
<b>Private Adoptions (Local)</b>	20	3	17
<b>Private Adoptions (International)</b>	7	0	6
<b>Expressed Interest: Foster Homes</b>	64	258	68
<b>Approvals: Expressed Interest</b>	22	30	18
<b>Placements: Respite</b>	89		48

<sup>22</sup> Married Persons (Protection) (Amendment) Act, 2017

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Source: Department of Human Services, 2019

Regarding adoption, the screening process ensures that families can provide financial support, although assistance may be provided for associated legal procedures. Recruited families recruited are also screened for financial stability. However, the DHS provides a foster-care gran and is capacitated to support further financially based on special needs.

Notably, while the FACA allows for private adoption, the DHS involvement in finalizing all adoption cases is mandatory.

Existing challenges include the current economic environment which affects families' willingness to foster and adopt. Additionally, there has been an observed increase in child mental health and behaviour challenges. These require adequate training for parents and families to manage behaviours.

There is also a need to continue to sensitize magistrates to implement best interest of the child rather than best interest of the parents in cases where the state applies for full custody of children. A final challenge is the limited human resource to manage case numbers.

An issue that needs cultural contextual consideration is adoption by LGBT couples.

#### **Abuse and neglect, maltreatment and violence**

##### **Recommendation in paragraph 49 (a) of the Committee's last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party take all necessary measures:

- (a) **To effectively implement the Families and Children (Child Abuse) (Reporting) Regulations and conduct timely and adequate investigations of child abuse cases and violence to bring perpetrators to justice;**

##### **Recommendation in paragraph 49 (b) of the Committee's last concluding observation (CRC/C/15/Add.252)**

- (b) **To introduce awareness-raising campaigns, involving children themselves, to prevent all forms of violence against children and to combat child abuse, including sexual child abuse, and to change associated public attitudes and prevailing cultural practices;**

##### **Recommendation in paragraph 49 (c) of the Committee's last concluding observation (CRC/C/15/Add.252)**

- (c) **To ensure due adherence to all relevant protocols, policies and procedures regarding child abuse case management;**

##### **Recommendation in paragraph 49 (d) of the Committee's last concluding observation (CRC/C/15/Add.252)**

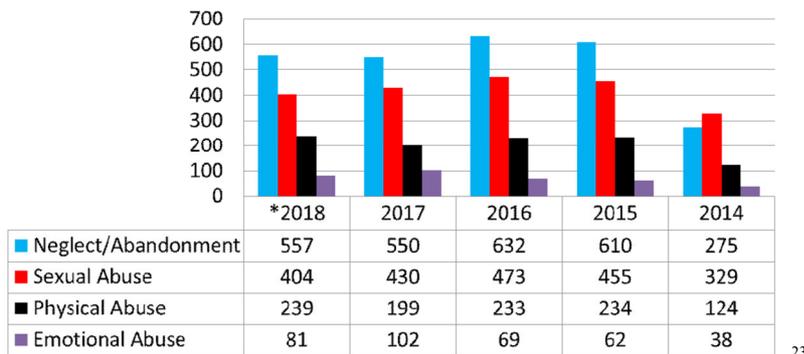
**(d) To ensure that child victims have access to “one-stop service” and adequate counselling and multidisciplinary assistance with recovery and reintegration.**

In 2015, the MHD entered into an agreement with the National Organization for the Prevention of Child Abuse and Neglect (NOPCAN). NOPCAN has been partnering with the DHS to systematically and sensitize on mandatory reporting to teachers, administrators, and other relevant personnel. Sessions have been conducted in all six districts. Additionally, the DHS conducted training sessions with Ministry of Health personnel, and the Child Development Foundation with children and community groups.

The Child Protection Technical Working Group developed and is revising a standardized reporting form and is being revised. Moreover, in 2014, the Ministry of Health developed guidelines for the management of gender-based violence in health care settings with protocols regarding cases of violence against children.

Data from DHS demonstrates that at the onset of sensitization and training, the number of reported cases of abuse increased. However, as awareness increased, it decreased, as supported by the 2017 and 2018 DHS data.

**Child Abuse Reports Nationally  
2014 - 2018**



23

While duty bearers report cases of abuses, as mandated by law, one of the main challenges is the fear of reporting in increasingly violent environments. Schools, particularly rural ones, have expressed concerns about reporting safety and the absence of protective mechanisms.

Regarding child abuse and violence case investigations, to bring the perpetrators to justice, the Child Protection Protocol provides details of roles and responsibilities for all agencies. The Sexual Violence Protocol is being reviewed with support from the United Nations Population Fund (UNFPA) and an Memorandum of Understanding (MOU) has been signed with the Ministry of Health to ensure a child-friendly health system for survivors of sexual abuse.

<sup>23</sup> Source: Department of Human Services, 2018

In 2013, the Criminal Code was amended to increase protection of children and provide for reforming the law regarding sexual offences against children, abduction, kidnapping, procurement, incest, the age of criminal liability, and witness protection. Some key amendments included increasing the age for unlawful sexual intercourse to 16; including “male” in the definition of victims; and defining “rape” to include oral, anal, and vaginal penetration; and increasing the maximum sentencing fine and time.

In addition to improved legislation, relevant protocols, policies, and procedures regarding the management of child abuse cases exist and are being adhered to. Efforts are currently being made to institutionalize these into the standard operating procedures and on-going training curriculums of all key agencies.

The GOB continues to partner with UNICEF to establish the child friendly courts countrywide. In 2015, the first child friendly court was established in Toledo, followed by the Belize City Family Court refurbishment in 2017. These include a room to facilitate interviews with children, designated safe waiting areas to ensure the child’s right to privacy and equipment, and one-way screens so children participate without being intimidated or traumatized.

Video-link equipment enabling children to participate in the justice process without perpetrators was installed in the court in Toledo. The DHS is working towards adopting this as a policy for all cases involving children.

Additionally, there has been ongoing capacity building All family court staff members have been trained, guided by sector-specific module. Furthermore, the US government facilitated forensic interviewing training for social workers, counsellors, police officers, immigration officers, and prosecutors. The MHDSTPA plans to increase training in this area.

The timeline for cases to come before the court will also be accelerated as the New Criminal Procedures Rules, 2016 mandates specific measures to reduce the time frame.

A national campaign “Time Out” was launched in 2015 as a part of Belize’ Road Map to End Violence Against Children. The Time Out Campaign, spearheaded by UNICEF, involved multiple stakeholders, including NGOs and children, and saw the widespread dissemination of multimedia messages calling for an end to all forms of violence against children-

The NCFC also has produced public service ads including disseminating awareness of the CSEC Bill, age of consent, and prevention of child abuse.

The Office of the Special Envoy for Women and Children developed and rolled out its “My Body is Precious Campaign” country wide in 2010. The campaign included a child friendly booklet on child abuse, theatre, music, and videos, as well as visits to schools and institutions by the Special Envoy.

Additionally, NGOs and CBOs such as YES, POWA, CDF and YATA have been engaged in ongoing outreach and education on all forms of violence against children.

The Social Services Regulations Acts, 2004, sets out the guidelines for all facilities and mandates a minimum operating standard for care and services to ensure effective recovery and reintegration of child victims of violence. An Inspectorate, under the MHDSTPA, monitors compliance with the established standards.

Children also have access to a range of wrap-around services. Cases are assessed individually based on the risk factors and a care plan is customised. Support services range from financial support, skills development training, entrepreneurship training, counselling, referral to the Building Opportunities for Our Social Transformation (BOOST) programme and pantry, and parenting training. Wrap-around services are provided through partnerships, such as with Women' Department, Community Counselling Centre, the Ministry of Health, and private counsellors.

NGOs like Child Development Foundation, Youth Enhancement Services, and the Productive Organization of Women in Action augment the government's efforts by providing psychosocial support for affected children, legal support to children in need, and awareness-raising sessions on violence and abuse with parents, children, and teachers. In 2017, these organizations reached over 5,000 children, parents, and teachers. Health care workers also benefited.

Additionally, since 2012, the RESTORE Belize programme "Metamorphosis" has worked with adolescent males from high crime areas in southside Belize City, working directly with schools and families. It identifies and addresses risk factors as well as strengthens minimizing adolescents' exposure to and involvement in crime and violence., applying a trauma-focused approach. In addition to mental health interventions, the programme provides literacy support, conflict mediation, life skills education, and referrals to relevant social agencies.

One main challenge experienced is that the level of trauma experienced by children requires longer term and sustained mental health interventions. Currently, there are not enough trained mental health professionals and counsellors to meet the mental health needs of the population.<sup>24</sup>

Another challenge is the increasing gang-related violence and crime in Belize City's southside. A 2018, Gang Assessment concluded that the intersection between gangs and guns has created an epidemic of violence in Belize City. Data from the same report shows that a large percentage of homicides in Belize between 2014-2017 were gang-related, ranging from a high of 91.3% in 2016 to a low of 72.3% in 2017.<sup>25</sup>

## **E. Basic Health and Welfare**

### **Convention on the Rights of the Child**

**Article 6:** Every child has the right to life, maximum survival and development;  
**Article 18 (3):** Take all appropriate measures to ensure the right to childcare services and facilities.

**Article 23:** Children with disabilities should enjoy a full and decent life in dignity and be able to achieve the greatest possible degree of self-reliance;  
**Article 24:** The child has the right to the highest standard of medical care possible;  
**Article 24:** The child has the right to benefit from social security;  
**Article 27, para. 1-3:** The right to a proper standard of living

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<sup>24</sup> Sharing the Metamorphosis Experience, 2018 pg. 16 pp 6

<sup>25</sup> Community Gang Assessment Report, 2018 pgs. 6, 49 pp. 1

**Article 33:** States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

#### **Children with Disabilities**

##### **Recommendation in paragraph 51 (a-g) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

The Committee urges the State party, taking into account the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96 of 20 December 1993, annex) and the recommendations the Committee adopted at its day of general discussion on “The rights of children with disabilities” (see CRC/C/69, paras. 310-339):

- (a) To enact special legislation dealing exclusively with disability issues, in all arenas to achieve full participation and equality for children with disabilities;
- (b) To initiate and plan a comprehensive national policy for children with disabilities, allocating necessary financial and human resources;
- (c) To consider the establishment of a disability national focal point to strengthen governmental and non-governmental cooperation;
- (d) To integrate education for children with disabilities into the national curricula, including mainstreaming where possible, with the necessary support.
- (e) To inform concerning the rights and potential of children with disabilities and to raising public awareness of disability;
- (f) To collect adequate statistics on children with disabilities, allowing for disaggregated analysis of the problems they face;
- (g) To seek international assistance from, among others, UNICEF and WHO. ~~in~~ **in this respect.**

In 2011, Belize ratified the Convention for Persons with Disabilities, and a draft National Policy exists. No exclusive legislation for disabilities has been enacted. However, the National Children’s Agenda, Education Sector Strategy, and Early Childhood Education and Development Strategy incorporate aspects of these commitments.

One of the significant achievements of Mrs. Kim Simplis-Barrow during her tenure as the Special Envoy promoting women and children was that of raising the visibility related to children with special needs, leading to The Inspiration Centre (TIC) launched in 2014 to provide low-cost, comprehensive therapy and medical services to children with disabilities (birth to 16 years old).<sup>26</sup>

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<sup>26</sup> Universal Periodic Report pg. 16 pp 93

The Families and Children Act 173 provides for support and protection of children. There is specific reference to children with disabilities (Part II-8) stating that authorities:

*“shall take appropriate steps to see that those children are (1): (a) assessed as early as possible as to the extent and nature of their disabilities and (b) offered appropriate treatment. (2) The State shall take appropriate steps to ensure that children with disabilities are afforded equal opportunities to education. A court considering any question with respect to a child under this Act may ask the Department to arrange for social services practitioner or such other person as the court considers appropriate to report to the court on such matters relating to the welfare of that child as are required to be dealt with in the report.”*

Section 49 (1). Education and Training Act (2010) makes provisions for children with disabilities. The Act states that “The Ministry shall ensure equitable access for both sexes to education at all levels, and that provision of education is sensitive to the particular needs of both males and females and caters to the special needs of challenged pupils.”

The National Resource Center for Inclusive Education (NaRCIE) is a dedicated unit for children with disabilities within the Ministry of Education. Formally known as the Special Education Unit, NaRCIE’s mandate is to “ensure that All children with disabilities are provided with equitable opportunities to achieve his/her individual best in all aspects of life”. NaRCIE assesses all children with disabilities and makes placements in the most enabling environment. After assessment, recommendations are made for students to be mainstreamed into the regular classroom, with countrywide access to special classrooms.

Ten Special Education classrooms are attached to schools nationwide; however, there are no plans to expand the number of these as Integration is the focus. Twenty-one Special Education Officers and Counsellors from NaRCIE and the Counselling Care Unit continually supports schools and families towards ensure the optimal development. A life-centred education curriculum for children with disabilities complements the core curriculum. NaRCIE provides ongoing teacher training and support to schools countrywide. and partners with the Belize Council for the Visually Impaired to provide support for children who are visually impaired.

Children who cannot be mainstreamed are referred o the Stella Maris School, the only such government-managed education. Parents make the final placement decisions. The private Cayo Deaf Institute provides education for children who have hearing disabilities.

The Belize Association for Persons with Disabilities (BAPDA) was formed in 2009 to advocate for the rights of persons living with disabilities. BAPDA networks to raise public awareness and to advocate for the rights of such persons.

Additionally, many activities are organized at various levels to afford opportunities to socialize, become involved, and develop self-esteem. These include Disability Awareness Competition ... Special Olympic Games ... Spelling Bee for the deaf ... National Festival of Arts, workplace observations, and on the job training.<sup>27</sup>

The National Census and the MICS Survey capture data, and in 2013, UNICEF conducted a Situation Analysis of Children with Disabilities and made key policy and programmatic recommendations. In 2016, the Office of the Special Envoy and UNICEF hosted a regional

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<sup>27</sup> The Situation Analysis of Children with Disabilities, pg 26 pp 7

disability conference, identifying challenges and planning for regional collaboration to address the rights of children with disabilities.

One primary challenge that remains is access to education and health services, particularly for those in rural areas. Children who are assessed and cannot be mainstreamed within the regular classrooms are not able to travel to Belize City to the Stella Maris School.

Two key recommendations emanating from the aforementioned Situation Analysis are: (a) For systems to work for children living with disabilities, a national body needs to be established to coordinate all activities ... Services offered through the three-line ministries (Education, Health, Human Development), BCVI, the Inspiration Centre, and other organizations need to be coordinated (b) A comprehensive database of all children with disabilities needs to be developed and maintained so that no child “falls through the crack.”<sup>28</sup>

### **Health and Health Services**

#### **Recommendation in paragraph 53 (a-f) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party:

- (a) Prioritize the allocations of financial and human resources to the health sector to ensure an equal access to quality health care by children in all areas and to strengthen its efforts to implement the National Health Insurance Scheme;**
- (b) Continue to improve prenatal care, including training for midwives and traditional birth attendants, and take taking all necessary measures to reduce infant mortality rates, especially rurally;**
- (c) Improve the nutritional status of infants and children, inter alia, through the SHAPES programme;**
- (d) Ensure access to safe drinking water and sanitation everywhere nationwide. in all areas**
- (e) Strengthen its efforts to implement the 1998 National Breastfeeding Policy, and encourage exclusive breastfeeding for six months after birth followed by an appropriate infant diet; and**
- (f) Seek international assistance, including from UNICEF and WHO.**

### **Financial and Human Resources for Health**

The Ministry of Health, thus the Government of Belize, commits to the vision of Universal Health Coverage for all its citizens and residents, guided by its Health Sector Strategic Plan 2014-2024. Primary health care services are cost free of cost at all public health facilities.

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<sup>28</sup> Ibid pg .52 pp 2

The general health services within Belize are both private and public. However, the Government or public institutions remain the main providers of care and pharmaceuticals. The MOH has a decentralized regional system: Western, Northern, Central, and Southern. The Northern, Western, and Southern Health Regions have a Regional and Community Hospital, a series of Polyclinics, Health Centres, Health Posts, and Mobile Units. The Central region has the exception of no available public hospital. Karl Heusner Memorial Hospital, a statutory authority, is the country's sole tertiary care referral institution.

Region	Regional Hospital	Community Hospital	Poly Clinic	Health Centre	Health Post	Mental Health Facility
Southern	1	1	4	12	25	
Western	1	1	3	3	9	1
Northern	1	1	1	11	14	
Central			3	10	4	

### National Health Insurance

Commencing 2002, Belize began reforming the health sector with the National Health Insurance (NHI) scheme, promoting three objectives: 1) separating financing from provision and introducing public sector contracting; 2) strengthening MOH's technical, normative, and regulatory capacity; and 3) sector decentralisation through the four health regions.

The NHI began as a pilot project in Southside Belize City (the poorest city area) and expanded to the north side in 2004, the Southern Health Region (Stann Creek and Toledo) in 2006, and Corozal in 2014.

The NHI pays public and private Primary Care Providers (PCPs) a monthly per capita package covering basic medical consultations, pre and postnatal care, immunizations, family planning, deliveries, growth monitoring for children under five, detection and monitoring of hypertension, diabetes, HIV/AIDS, cancers, and tuberculosis, as well as laboratory, imaging, and drugs (IDB, 2014). This has resulted in increased rural access to services. The Western Health Region remains without access to NHI.

As an adequate number of competent and highly motivated human resources is a prerequisite for an effective health system, in 2017 the Ministry of Health conducted a Human Resource for Health Situation Analysis 2015 – 2017, leading to a Human Resource for Health Strategic Plan.

The HRH Situation Analysis indicated that the total expenditure in health per capita was \$489 (2014) with 5.8% of GDP was invested in health for that same period. Government's overall percentage expenditure on health is 14% reflecting an 8% increase in health between 2013 and 2018.

Source: Ministry of Health, HRH Situation Analysis 2015-2017

The HRH Situation Analysis also indicated that one main challenge is inadequate staffing at the secondary and primary care levels. Regarding the latter, WHO recommends a minimum of 23 doctors, nurses, and midwives per 10,000 population to attain adequate intervention coverage and core SDG-related health services. Belize has further expanded primary health care services to include mental health. However, additional providers are needed countrywide.

Primary Health Care Level	Northern Region		Central Region	Western Region			Southern Region		Total
	Corozal	Orange Walk	Belize	Cayo Total	Belmopan	San Ignacio	Stann Creek	Toledo	
Medical Officers	4	2	15	6	4	2	10	10	47
Rural Health Nurses	9	7	18	7	4	3	5	5	51
Public Health Nurses	1	2	5	3	1	2	2	3	16
Psychiatric Nurse Practitioners	1	2	7	3	2	1	1	1	15
Public Health Inspectors	6	6	20	6	4	2	3	1	42
Health Educators	1	1	2	2	1	1	2	1	9
Community Health Workers	24	48	61	37	22	15	39	53	262

Source: Ministry of Health, HRH Situation Analysis, 2015-2017

Regarding Secondary Health Care, the table below shows the increase in specialists based on the WHO guidelines.

Speciality	Specialist requirements per 1,000 (WHO)	Existing number of specialists	National Specialist / population ratio X 10,000	Total number of specialists required to meet WHO Standards	Projected national specialist/population ratio x10 ,000
Gynaecology	0.9	14	0.4	22	0.6
Paediatrics	1.3	10	0.3	21	0.6
Internal Medicine	2.8	7	0.2	23	0.6

Surgery	0.9	10	0.3	14	0.4
Radiology	0.8	2	0.1	6	0.2
Anaesthesiology	0.8	7	0.2	12	0.3
<b>Total</b>		<b>50</b>	<b>1.3</b>	<b>98</b>	<b>2.6</b>
<b>Belize's population: 377,968</b>					

Source: Ministry of Health, HRH Situation Analysis, 2015-2017

In response to identified gaps in the HRH Situation Analysis, the MOH developed an HRH Strategic Plan for overall implementation (2018-2024) towards the equitable human resource distribution to achieve health outcomes in Belize, especially Belize's Health Sector Strategic Plan 2014-2024. Its strategic areas include to strengthen leadership and consolidate governance; develop human resource conditions and capacities; expand coverage with equity and quality; make funds available; improve the health of the population and contribute to national economic development; scale up education and training of health workers, strengthen health workforce partnership, and assist in reaching universal health access.

### Maternal and Child Health

The health ministry's Maternal and Child Health (MCH) Unit is primarily responsible for improved access, coverage, and quality of basic care for mothers and children. All MCH programmes are fully government-funded, and the Unit reported a 40% government investment increase between 2009 and 2018. The Unit manages pre and postnatal integrated care, Child Health including immunization vaccines and micronutrients, surveillance of immunopreventable diseases, and the prevention and control of (a) HIV transmission from mother-to-child (b) Acute Respiratory Infections and Sexual and Reproductive Health (SRH) Services.

In 2015, the Salud Mesoamerica 2015 Initiative (SM2015) was implemented in the Northern and Western Health Regions to reduce equity gaps in reproductive, maternal, and child health to improve the health status of the poorest 20% of the population.

### Infant Mortality

Under-five mortality rate is estimated at 12 deaths per 1,000 live births; Child mortality rate at 3 deaths per 1,000 children aged 1 year; infant mortality rate at 9 deaths per 1,000 live births. Post-neonatal and neonatal mortality rates are estimated at 3 and 5 deaths per 1000 live births, respectively. (Multiple Indicator Cluster Survey, 2015)

Notably, Belize' infant mortality rate decreased from 14 per 1,000 in 2011 to 9 per 1,000 in 2015. There were no rural and urban disparities, demonstrating that children in both settings have access to prevention, care, and treatment.

Neonatal mortality represents 56 percent of the infant mortality in Belize; thus, 56 percent of infancy deaths occur during the first 28 days of life. Urban levels of infant and under-five mortality are higher (25 and 29 deaths per 1,000 live births, respectively), compared to rural

areas (13 and 18 deaths ...).<sup>29</sup> Infant mortality was highest among the poorest quintile, among males (11 vs. 6) and highest among young mothers less than 20 years and mothers 35-49.

The Ministry of Health provides free, high quality antenatal care. MICS 2015 indicates that 97% of mothers who gave birth in the two years preceding the survey received skilled antenatal care. Almost 93%-received antenatal care four or more times, representing a 10% increase from 2011 to 2015. Only three percent of mothers had care less than three times; only two percent received none. Sixty-five percent of women had their first antenatal care visit during the first trimester, with urban (74%), and older mothers more likely during the first trimester than rural (59%) and younger mothers.

The Ministry of Health has increased mobile clinics, focusing on pregnant women and children under 5 years through its 60 rural health nurses.

Since 2015, the Ministry of Health has been providing obstetrics and USG training in obstetrics expanded 100% of its laboratories; consequently, all district facilities can assess acute pregnancy conditions using ultrasonography. Additionally, a WhatsApp platform is used for ongoing communication on case management.

Additionally, several policies and systems to improve child survival and health were developed, including for incident reports, quality improvement of maternal and neonatal care, hospital-based neural tube defect, and other observable congenital malformation surveillance systems.

In 2015, under the aforementioned a project spearheaded by the then Special Envoy for Women and Children spearheaded, a new neonatal intensive care unit and a paediatric intensive care unit were established at the Karl Heusner Memorial Hospital. Premature or babies coping with a range of birth complications now have access to the needed specialized and lifesaving care.

### **Maternal Mortality**

Between 2008 and 2015, Belize's maternal mortality rate fell from 94 to 28. In 2018, no maternal deaths were recorded. Belize is working towards zero maternal deaths by increasing the number of births attended by a skilled professional, providing universal access to reproductive health care for mothers, and increasing contraceptive knowledge and usage in communities.

MICS 2015 reports doctor-assisted deliveries as 71 percent of births; more than one in four (26%) of the births were as midwife-assisted, and traditional birth attendants, one percent.<sup>30</sup> The latter are not encouraged, and the University of Belize offers an accredited midwives training.

Overall, 96 percent of mothers receive a postnatal health check while in a facility or at home. Regarding PNC visits, the majority occur after the first week following birth (30%) or 3-6 days following birth (12%). The 96 percentage varies from 91 percent in Toledo to 98 percent in Orange Walk. No differences are observed among urban and rural mothers. Maternal postnatal

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<sup>29</sup> Multiple Indicator Cluster Survey 2015, pg. 28 pp 5, 6

<sup>30</sup> Multiple Indicator Cluster Survey, 2015 pg. 101 pp 5

health checks range from 93 percent among Mayan headed households to 98 percent among Mestizo/Spanish/Latino headed households.<sup>31</sup>

Pertaining to reproductive health care, the MOH is the main provider of SRH services. Guided by the Sexual and Reproductive Health Policy 2002, and its Health Sector Strategic Plan 2014-2024, the provision of free SRH services and commodities in all main facilities countrywide has expanded. The standard SRH package offered includes antenatal and postnatal care, family planning, early cervical cancer detection, prevention of mother to child transmission, HIV and STI screening and treatment, and gender-based violence counselling and referral.

The MOH reported that based on the 34.0% contraceptive use prevalence rate indicated by the MICS in 2009, it introduced user-free delivery of male and female condoms, implants, intrauterine devices, injections, and pills. This increased since 2009 from 50,000 to more than 150,000 USD/year in 2017. The rate now stands at 51.4%. In 2014, a group of OBGYNs were trained in the delivery of bilateral tubal ligation with local anaesthesia. The delivery of this service has increased at the regional and national hospitals.<sup>32</sup>

The rapid assessment identified the following SRH gaps and challenges:

- Increasing information access and open discussion in rural communities and among indigenous women to change views and attitudes towards SRH and encourage acceptance of services and commodities.
- Engaging males, specifically in indigenous communities, to ensure that women can make decisions about SRH.
- Expanding SRH services and commodities range at rural facilities and including practitioners in a monthly mobile team, itself expanding services.<sup>33</sup>

### **Immunization**

The Belize National Immunization Programme's vaccination schedule is guided by the WHO Recommended Routine Immunizations for Children and includes birth doses of BCG (within 24 hours of birth). To receive within one year: three doses of the Pentavalent vaccine containing DPT, Hepatitis B, and Haemophilus influenzae type b (Hib) antigens, and three doses of Polio vaccine. At 12 and 18 months respectively, two doses of the MMR vaccine containing measles, mumps, and rubella antigens, and those given after the first birthday. Health facilities and mobile services administer vaccines free of cost.

Seventy-eight percent of children in Belize are fully immunized, up from 62.9% in 2011. The MICS 2015 reports that approximately 98 percent of children 12-23 months received a BCG vaccination by 12 months and the first dose of DPT-HepB-Hib (Penta 1) vaccine was given to 96 percent. The percentage declines to 90 percent for the second dose of DPT-HepB-Hib (Penta 2), and to 83.4 percent for the third dose (Penta 3). Similarly, 97 percent of children received Polio 1 by age 12 months, and this declines to 83 percent by the third dose. The coverage for the first dose of

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<sup>31</sup> Ibid pg. 113 pp 1

<sup>32</sup> Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize pg. 11 pp 1-2

<sup>33</sup> Ibid pg. 5 pp 1

measles vaccine by 24 months is lower than for the other vaccines at 90 percent – 90 percent had received it by their second birthday. Consequently, those with the recommended vaccinations before the survey is only 78 percent.

Indicator	Value, Source and Year			
	SIB MICS			MOH
	2006	2011	2015	2016
Tuberculosis immunization coverage	90.2	97.5	97.6	-
Polio immunization coverage	68.6	75.2	83.1	97.7
Pentavalent immunization coverage	74.5	67.8	83.4	97.7
Measles immunization coverage	81.9	84.9	90.2	97
Full immunization coverage	56.3	-	77.5	

The HPV vaccine, introduced in the 2016 schedule, is offered annually to primary school males and females 10-14 years. During the first year, national coverage was 80%.

#### **Nutrition**

Belize steadily has been improving child nutrition. In 2015, those moderately or severely underweight was 5%, a slight decrease from 6% in 2011. Less than one percent (0.4%) of children were classified as severely underweight compared to 1% in 2011. Moderate stunting decreased from 19.3% in 2011 to 15% percent in 2015. Furthermore, the percentage of undernutrition children decreased from 3.3% to two percent during that period.

The rate of stunting decreased by 4% nationally between 2011 and 2015. Although children in Toledo still have the highest rate for stunting (33%) when compared to children from elsewhere in Belize, it represents a dramatic decrease from 41.6% in 2011.

The age pattern shows that a higher percentage of children 12-23 months suffers from undernutrition according to all three indicators in comparison to children in the different age brackets. This is expected, related to the age at which breastfeeding generally ceases.

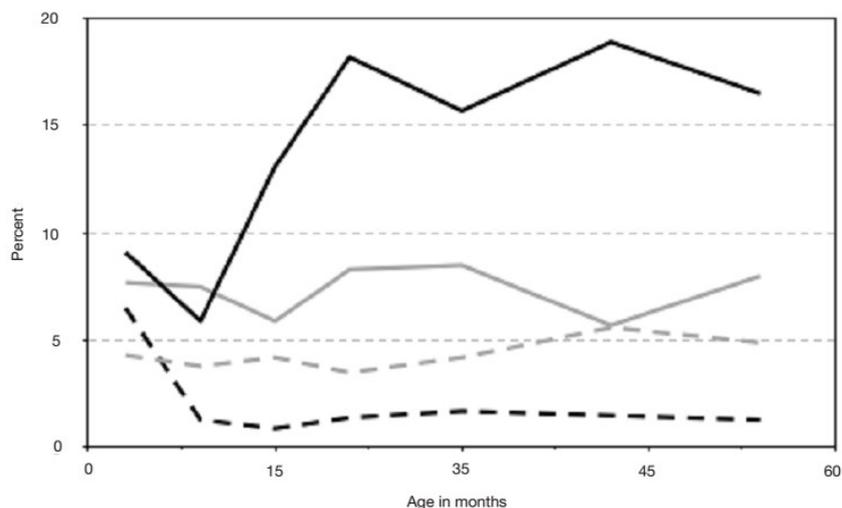


Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Belize MICS, 2015-2016

Key interventions have contributed to the improvement in nutritional status. In addition to the MICS, the MOH conducted a height census (1996 and 2009), an anaemia study among women of childbearing age (15–49 years of age) and children 6 to 59 months of age (2011–2012), and a baseline study in Toledo. All helped the MOH to implement targeted interventions.

One such intervention was the 2012 “Improving Children’s Health and Nutrition” project that addressed the issue of stunting in Toledo. The MOH implemented the Japanese Social Development Fund (JSDF) supported project towards improving children’s health and nutrition in Toledo through an early childhood development approach.

An ongoing intervention, introduced in 2011, is the provision of 20 tons of fortified food annually to children with unsatisfactory growth and to pregnant and at risk or undernourished lactating mothers. To comprehensively address the issue of poverty among families, a shift was made from individual (initially) to family treatment.

Iron, Folic Acid, and multivitamins are provided to 100% of women ages 10-49 years, and MOH conducts deworming in 100% of schools countrywide.

The MOH has ensured the placement of a fulltime Nutritionist or Nutrition Advocate in all six districts. Additionally, a nutrition counselling curriculum was developed and implemented, helping to reduce stunting as lack of counselling of caregivers was a barrier. The MOH also developed and widely disseminated Food Based Dietary Guidelines.

In addition to MOH initiatives, Nutrition is one of the four themes in the Health and Family Life Education Curriculum and is taught in all secondary schools.

Additionally, the MOE implements school feeding and nutrition programmes in targeted primary schools. Currently, 1,100 students in 35 primary schools are participating, with MOE investing \$700,000 annually. Additional schools have been identified for inclusion, although sourcing finances remains a challenge.

The MHD also provides nutritional support through its Food Pantry social assistance programme. Through this, 3,400 households, accounting for 17,000 individuals in Cayo, Belize, Stann Creek, and Toledo have access to a monthly basic food basket.

NGOs and community groups have also been establishing school gardens to decrease reliance on store bought food and to increase reliance on locally produced, healthy foods. Plenty Belize, Humana People to People Belize, and the Maya Leaders Alliance have been at the forefront of this initiative in Toledo.

An emerging challenge is childhood obesity, largely attributed to poor food choices. MICS data, 2015, show that seven percent of children are overweight or too heavy for their height, only a slight decrease from 7.9% in 2011. Belize (excluding Belize City Southside) and Belize City Southside presented the highest percentages of overweight children (11% and 9%, respectively).

In 2018, the Minister of Health announced that the MOH would push for a ban on the sale of all sugary drinks in schools to combat, one of the contributing factors of Chronic-Non-Communicable Diseases among children. Lack of enforcement remains a challenge.

### **Breastfeeding**

The percentage of children exclusively breastfed within the first six months has steadily increased. In 2015, 33.2% were exclusively breastfed, up from 0.6% in 2005 and 14.7% in 2011.

Indicator	Value, Source and Year		
	SIB MICS		
	2006	2011	2015
Early initiation of breastfeeding	50.6	61.5	68.3
Children ever breastfed		91.1	92.7
Exclusive breastfeeding under 6 months	10.6	14.7	33.2
Predominant breastfeeding under 6 months		34.3	50.1
Introduction of solid, semi-solid or soft foods		67.4	78.8
Minimum dietary diversity			66.3

Belize has had a National Breastfeeding Policy since 1997, assisting with promoting exclusive breastfeeding for the first six months. Breastfeeding and child nutrition programming are integrated into the National Strategic Plan for Sexual and Reproductive Health Services. Since 2012, all seven hospitals have been certified as “Baby Friendly” through partnership with PAHO/WHO and UNICEF.<sup>34</sup>

Education on breastfeeding is conducted with 100% of women who attend antenatal clinics and Breastfeeding Week is celebrated annually in August.

<sup>34</sup> National Breastfeeding Assessment, Belize 2016, World Breastfeeding Initiative, pg. 13 pp1.

No Belize private facility is certified as Baby Friendly and there is room for improved monitoring of the International Code of Marketing of Breast Milk Substitute.

### Safe Drinking Water and Sanitation

Belize continues to maintain a high rate of access to improved sources of drinking water and sanitation facilities. Ninety-six percent of the population uses an improved source of drinking water and 87 percent of the household population is using an unshared improved sanitation facility. Only six percent of households use an improved toilet facility that is public or shared with other households. Urban households (4%) are slightly less likely than rural households (8%) to share an improved-type toilet facility.

Open defecation in Belize is generally very low (1%). However, eight percent of Toledo residents practice open defecation. Open defecation correlates with household wealth and educational level of the household head; six percent of households where the head has little or no education practice open defecation.

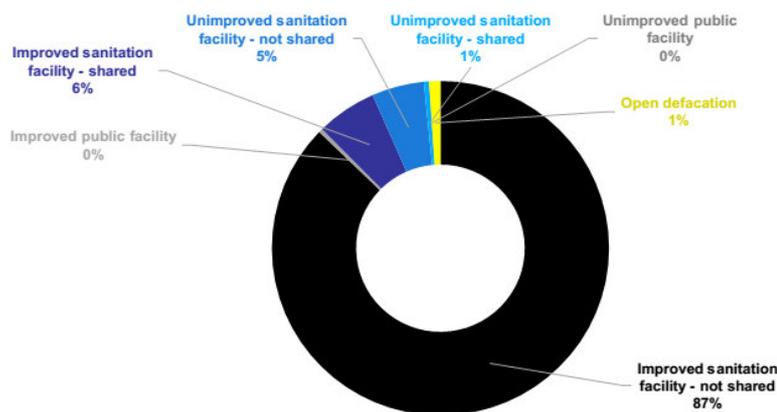


Figure WS.2: Percent distribution of household members by use and sharing of sanitation facilities, Belize MICS, 2015-2016

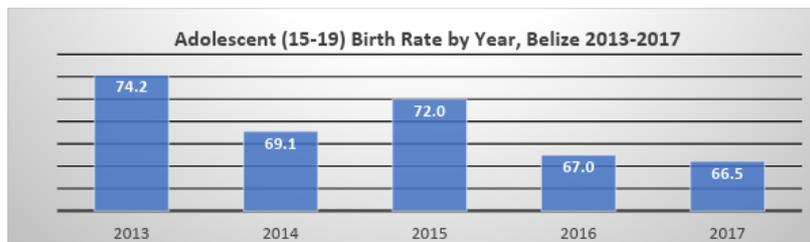
The MOE works closely with UNICEF and the Belize Social Investment Fund to improve water, sanitation, and hygiene in schools (WASH). A WASH working group, established with UNICEF support, targeted schools countrywide to improve sanitation, and hygiene facilities. During 2012 and 2018, MOH implemented two projects: JSDF and the Banana Accompanying Measures Project (BAM). These included a WASH component of education materials, training, and upgrading sanitation facilities in schools in Toledo and Stann Creek schools. Under the BAM project, 50 children ages 10-12 from 10 target schools, were trained and equipped as peer educators.

## Adolescent Health

**Recommendation in paragraph 55 of the Committee’s last concluding observation (CRC/C/15/Add.252)**

**Considering the Committee’s general comment No. 4 (2003) on adolescent health and development in the context of the CRC (CRC/GC/2003/4), the Committee recommends that the State party strengthen its efforts to implement the SRS Policy towards ensuring adolescent access to services. The State party should also provide adolescents with accurate and objective information on the harmful consequences of drug and alcohol abuse and increase the availability and accessibility of counselling and support service. Furthermore, the State party should collect adequate data on substance abuse.**

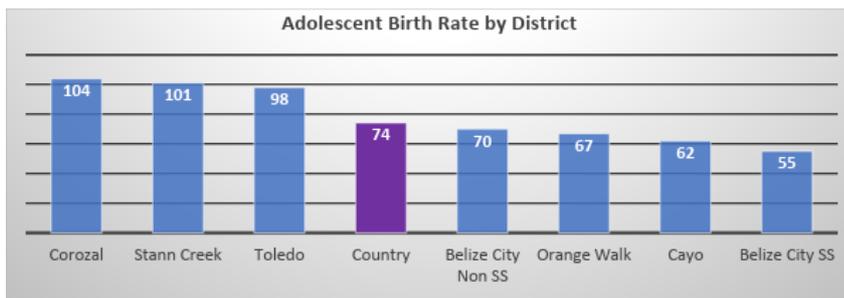
The adolescent birth rate decreased slowly between 2013 and 2017.

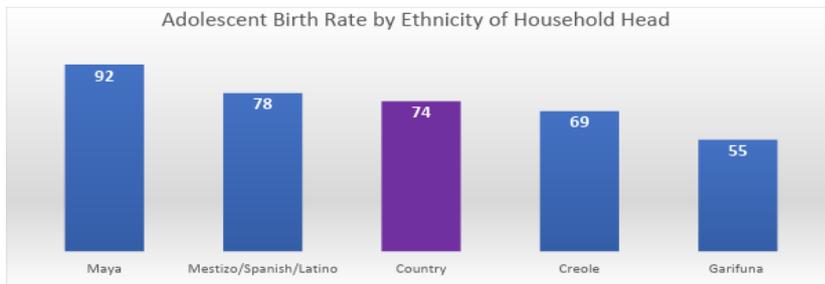


*Adolescent Birth Rate per 1,000 Women*  
*Source: Ministry of Health*

In 2015, the MICS5 reported the country’s Adolescent Birth Rate (ABR) at 74/1,000 females 15-19 years. However, geographic disparities exist, with Corozal, Stann Creek and Toledo having the highest ABR and by ethnicity with adolescents of Maya and Spanish/Mestizo/Latino descent having the highest ABR.

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Some disparity factors include low contraceptive use among adolescent females 15-19 (39%); limited availability of adolescent-friendly services, particularly in rural areas; limited uptake of SRH services and commodities; lack of parental-adolescent SRH discussion, especially in indigenous communities; and limited CSE exposure, especially those out of school.<sup>35</sup>

The MOH collaborates to address disparities and remove barriers preventing access to comprehensive, adolescent friendly SRH access. In 2018, within the framework of the global accelerated action for the health of adolescents [AAHA!], the MOH, with UNFPA and UNICEF support, completed a Situation Analysis of Adolescents, leading to Belize’s first Adolescent Health Strategy. Developed through extensive consultations with adolescents and service providers countrywide, it complements the SRH policy.

Consistently providing adolescent SRH outreach services are MOH, MOE, the Department of Youth Services (DYS), and four NGOs: Belize Family Life Association (BFLA), The Productive Organisation for Women in Action (POWA), GoJoven / Go Belize, and Youth Enhancement Services (YES).

The MOH provides free SRH services and commodities countrywide through hospitals and clinics and SRH health education through its Health Education and Community Participation Bureau (HECOPAB). HECOPAB has a staff complement of one technical officer and nine Health Educators attached countrywide. Health Educators support a network of nationwide Community Health Workers (CHW). CHW provides SRH education and information through home and school visits. Both groups collaborate on outreach activities.

MOH also introduced the concept of Community Platforms to increase the number of persons in health education and information sharing, recruiting, and training key community leaders.

MOE delivers comprehensive sexuality education through the Health and Family Life Education Programme in Primary Schools and the Positive Youth Development Curriculum in Secondary Schools. The Health and Family Life Education (HFLE) programme, introduced in 2006, is based on the CARICOM Framework for HFLE. HFLE is in all primary schools (children 5-14 years).

<sup>35</sup> Rapid Assessment of SRH Services among Vulnerable Populations pgs 20-21

The Positive Youth Development Curriculum (PYDC) was introduced to secondary schools in 2014. Prior, secondary schools taught life skills, with no standardized life skills curriculum. PYDC ensured that all secondary schools, regardless of management structure, implemented a standardized life skills programme.

The DYS also conducts SRH education sessions in and out of school. However, no structured curriculum exists. The Department has a compilation of lesson plans covering HIV and AIDS, self-esteem, and teenage pregnancy, developed in partnership with Go Joven, that guides a three-day training program.

The BFLA provides adolescent friendly SRH services. BFLA also implements a peer education programme in targeted secondary schools, primarily in Belize City. Its specific curriculum for peer education is based on the Its All One Curriculum and BFLA's locally developed manual, focusing exclusively on comprehensive sexuality education. Trained and certified peer educators implement with BFLA, which also supports the MOE's annual CPD training in CSE.

BFLA's weekly radio programme "Big Chatz" provides a platform for engaging young people on SRH issues, as does an active youth arm, Youth Advocacy Movement (YAM).

Since 2004, GOJoven has been capacity building to create positive change in Adolescent Sexual and Reproductive Health (ASRH) in Belize, Honduras, Guatemala, and Quintana Roo, Mexico. In 2011, the GOJoven Belize Alumni Association (GOBelize) was established with 42 youth leaders. GoJoven and GoBelize have significantly contributed to SRH leadership capacity building for in and out of school and rural youth.

POWA is a community-based organisation with a broad cross-section of women who collectively responded to HIV rapidly escalating in their communities. Members of POWA have received training as peer educators and work on a range of relevant outreach campaigns. These campaigns reach out through door-to-door visits and innovative "satellite carts and tables," with drop-down menus for services. POWA empowers women and communities to control their own sexual and reproductive health, also providing marketable skills.

YES is an NGO which has operated in Belize since 1989 to empower young women and girls through education, skills training, outreach, and advocacy. It has its Centre for Teenage Mothers in Belize City, a Training Centre that provides alternative education for at-risk young women, and an Outreach and Advocacy Department.

TMWC is an NGO working with adolescent girls 10 -19 years in rural Toledo. Through its programme, *Girls Creating Opportunities for a Brighter Tomorrow*, TMWC has strengthened the social, health, and economic assets of rural indigenous girls in 10 communities.

One main barrier is gatekeeper-blocked access to sensitive information (condom use) and blocking or limiting SRH content. Additionally, even after receiving training on HFLE delivery, many teachers still express discomfort in teaching many of the topics addressing sexuality and sexual health. Consequently, although the curriculum has been rolled out to 100% of schools, it is not being taught in 100% of schools.<sup>36</sup>

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<sup>36</sup> Draft National Strategy to end Child Marriage and Early Unions, pg. 23, pp.3

Out of school youth are at a greater disadvantage to access comprehensive sexuality education, with no national agency providing consistent SRH education and information to them. Although organizations such as Go Belize, TMWC, BFLA, YES, and POWA are reaching them, such interventions are geographically limited.

The districtwide DYS does not have a comprehensive SRH curriculum, concentrating on the in-school population. Furthermore, very few organizations provide user friendly technology access to accurate SRH information, although young people have repeatedly expressed this preference. Many with internet access use Google; no anonymous interactive platforms for youth exist.

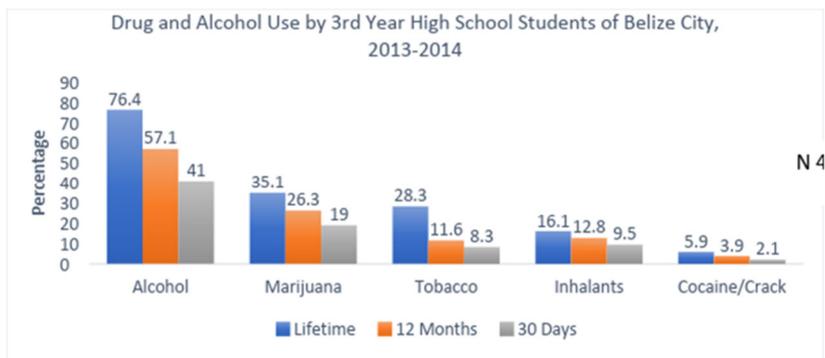
Additionally, parent-adolescent communication on SRH issues is lacking. Many parents are reluctant to discuss nor are they willing to face the reality of sexually active adolescents in need of SRH information and services. Furthermore, many parents lack adequate SRH knowledge to guide adolescents.

**Drug and Alcohol Abuse**

The National Drug Abuse Control Council (NDACC) is a policy agency, mandated under the Misuse of Drug Act to enact for reduction of demand for drugs. Six core NDACC areas exist: public education, community empowerment, rehabilitation and treatment, school programmes, research and information, and legal reform.

Increasingly, evidence on substance abuse among children continues to inform policy and programme development, such as the biennial National High School Survey, the biennial Global Youth Tobacco Survey, the Global Survey on Alcohol and Health and Prevalence and Pattern of Drug Use among high school students in Belize City 2012-2013, and NDACC’s annual reports.

Studies and reports point to a generally high pattern of alcohol and marijuana consumption, trending increasingly among young women. Studies indicate a direct link between substance abuse and mental health and a link between bullying and consumption of alcohol and marijuana, as well as an increasing use of over the counter medications.



NDACC's School and Community Programme Unit comprises eleven staff members countrywide who focus on prevention education from preschool to tertiary level. Standardized materials have been developed to support program delivery through primary and secondary level curricula.

Additionally, NDACC implements an onsite school programme addressing alleged substance consumption. A trained team assesses and implements prevention programs, assigning needed case workers. The assessment method does not discriminate as affected students get these services as part of a larger group. NDACC has been supporting schools to avoid suspension or expulsion as a first response. NDACC's intervention helps to decrease stigma and to introduce service and support as the first line of response rather than the prevailing practice of involving the police. NDACC reports that schools are slowly changing attitudes and understanding the need for NDACC services in the education process.

NDACC conducts annual training for school counsellors, ensuring strong partnership and building first-responder capacities, using a human rights perspective.

The GOB is drafting a National Alcohol Policy increasing the legal drinking age to 21, and a National Substance Abuse Policy.

NDACC benefits in technical capacity building from CICAD (OAS), PAHO, UNODC, CARICOM, Consortium of Latin American Drug Council (COPOLAD) and others.

## **HIV**

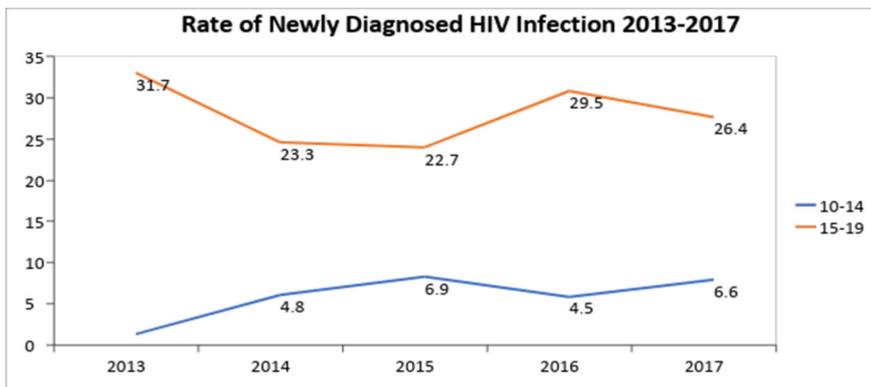
### **Recommendation in paragraph 57 (a-e) of the Committee's last concluding observation (CRC/C/15/Add.252)**

**With reference to the need to implement the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I), the Committee recommends, in particular, that the State party:**

- (a) Strengthen its efforts to combat HIV/AIDS, including preventive programmes and awareness-raising campaigns, and to prevent HIV/AIDS discrimination against children;**
- (b) Undertake a comprehensive study assessing the prevalence of HIV/AIDS, including the number of children infected with and affected by HIV/AIDS, and devise a comprehensive national plan such children, and for orphans and vulnerable children, using to the extent possible this relevant 2004 study results;**
- (c) Ensure access to child-sensitive and confidential counselling without parental consent when necessary;**
- (d) Continue strengthening prevention of mother-to-child HIV transmission;**
- (e) Seek international assistance from, among others, UNAIDS and UNICEF.**

Belize has advanced in halting the Human Immunodeficiency Virus (HIV) spread: In-2013, the estimated prevalence rate was 1.4%, a decrease of 40% from the previous 2.4% estimate, directly attributable to the concerted programmes the MoH and its social partner provide.<sup>37</sup>

The HIV adolescent infection rate is low compared to other age groups. The rate increases with age. Male adolescents 10-14 years are more affected than females. In the age group 15-19, females have a higher rate than males.<sup>38</sup>



Early sexual debut, low condom use, multiple partners, drug and alcohol use, and commercial and transactional sex contribute to adolescent HIV infection. Guided by the National HIV Strategic Plan 2016-2020 and the National Adolescent and Youth Prevention Strategy, reducing adolescent infection rates continues through HFLE and PYDC curricula, partnerships with faith-based organizations, communal edutainment and outreach programmes, and mass and social media campaigns. Additionally, the MOH and the National AIDS Commission (NAC) have an ongoing “Know Your Status” campaign encouraging testing, inclusive a NAC testing App.

Regarding stigma and discrimination, in 2013, the NAC conducted a Stigma Index among persons living with HIV, indicating still unacceptably high levels, with the majority of PLHIV indicating close family members as the source: 33.1% indicated exclusion at some time from social gatherings, 15.8% from religious activity, and 34% from family activity; 50.9% reported experiencing verbal abuse, and 37.9 % physical harassment, 44% by family members. The NAC, in partnership with UNDP, launched a national anti-stigma campaign in 2018, also promoting the rights of persons living with HIV. Other agencies such as the MOH, BFLA, Hand in Hand Ministries, and the MOE implement ongoing social media and physical outreach activities, multilingual awareness campaigns, presentations, and health fairs.

Consistent with Belize’s commitment to the UNAIDS 90 90 90 goals, the GOB revised its HIV treatment guidelines to adopt the ‘Treat All’ Policy for immediate access to Antiretroviral Treatment (ARV) treatment regardless of CD4 counts and viral load. In December 2016, there

<sup>37</sup> CCPR Belize, pg 15, pp 50

<sup>38</sup> Adolescent Health Situation 2018 pg. 68 pp 1

were 1,353 individuals, including 71 children, on ARV. GOB continues to improve access to screening, diagnostic and follow up laboratory works, and the availability of adherence counsellors. The provision of ARV remains free for all.<sup>39</sup>

<b>Total children and adults on Antiretroviral Treatment, 2017</b>			
	Female	Male	Total
Adult	627	655	1282
Children	41	30	71
Grand Total	668	685	1353

No national plan of action for orphans and vulnerable children exists. However, children benefit from several interventions. The MHD implemented orphans and vulnerable children (OVC) BOOST in July 2012 within the national social protection scheme. OVC BOOST is a conditional cash transfer (CCT) program targeting HIV-affected OVCs. It models empowerment, social capital development, and shared responsibility between the state and its citizens. It integrates equity, social protection, poverty reduction, and social risk management, maintaining beneficiaries' confidentiality and preventing discrimination. The OVC BOOST aims to increase school attendance, primary health care, immunization rates, and antenatal visits among Belize's most vulnerable families. Households with OVC ages 0-17 from programme districts are eligible for the OVC BOOST. In addition to the cash transfer, households receive the aforementioned "wrap around services."

One challenge regarding children living with HIV is ensuring adherence to ART medication. Hand in Hand Ministries, an NGO, has been working with 85% of children living with HIV to provide adherence counselling and support adherence to ART. Additionally, it provides direct education and housing support to those affected.

The GOB continues to successfully implement the Prevention of Mother to Child transmission Programme. Since 2007, the number of pregnant women newly diagnosed with HIV has sharply decreased. In 2014, approximately 92% of pregnant women underwent screening for HIV, and 49 of the 51 HIV positive women received ART. HIV infection occurring in late pregnancy has led to postnatal maternal and child infections. Between 2014 and 2016, no report of vertical transmission occurred, highlighting the initiative's success.<sup>40</sup>

One of the main challenges the MOH faces in keeping vertical transmission cases at zero is the follow up to ensure PCR testing after delivery. In 2016, the MOH reported 100% coverage in the first PCR, followed by 90% on the second, and 63% on the third. This represents a reduction by almost 37% by the end of the third PCR, indicating needed further intervention.

<sup>39</sup> Universal Periodic Report pg 10 pp 47

<sup>40</sup> CCPR, pg 15 pp 52

## Adequate Standard of Living

### Recommendation in paragraph 59 of the Committee's last concluding observation (CRC/C/15/Add.252)

**The Committee recommends that the State party take all necessary measures to provide support and material assistance to guarantee the right of children to an adequate standard of living. The State party should also evaluate the impact of the Poverty Reduction Strategy on children and adolescents and increase its efforts to develop and implement Belize's Food and Nutrition Security Policy, while continuing the primary schools feeding programmes.**

Since 2010, the GOB has initiated social policy reforms under the rubric of the Social Policy Based Loan facility from the Inter-American Development Bank (IDB). Its specific aim was to "improve the capacity to target, coordinate, monitor and evaluate social safety net schemes among others." The reforms have enhanced several existing policies and safety net schemes and introduced new ones, simultaneously enabling system tools to improve the Social Protection System (SPS), inter alia the BOOST programme and the SISB.<sup>41</sup>

In 2017, the GOB with UNICEF and UNDP support, formally evaluated its social protection system to identify policy recommendations towards a social protection plan and systems strengthening. Additionally, the GOB assessed its flagship programme, BOOST, for its effectiveness in alleviating poverty and breaking the family's cycle of poverty through human development of children. Recommendations from both evaluations are under implementation.

BOOST is one of the pro-poor programmes implemented as part of Belize's National Poverty Elimination Strategy (NPES). It targets five specific groups of vulnerable populations of individuals living in households below the poverty line:

- Pregnant women
- Children aged 0-4 years
- School children
- Elderly persons (non-pensioned aged 60 and over)
- Persons with disabilities.

Selections of programme beneficiaries come from a database into which individuals and households can register: The Single Information System of Beneficiaries (SISB), linked to several social welfare programmes.<sup>42</sup> Registrants are criterion-selected, as seen in Table 1 "BOOST Conditions."

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<sup>41</sup> Comprehensive Review of Belize's Social Protection System with Policy Recommendations for System Strengthening - Final Report; February 10, 2017.

<sup>42</sup> Impact Evaluation of Belize's Conditional Cash Transfer Programme pg 5

**Table 1 BOOST Conditions**

<b>Beneficiary Category</b>	<b>Compliance Requirement</b>	<b>Nature of Requirement</b>
1. School aged children	Achieve at least 85% attendance at school	hard
2. Pregnant women or women with infants 0-4 years old	Children 0-4 years must follow the Ministry of Health's vaccination and health check calendar; including antenatal doctor visits beginning in the first trimester.	Soft
3. Elderly	Two health checks per year (produce certificates)	Soft
4. Disabled	Not articulated requirements.	Soft

*Source: Impact Evaluation of Belize's Conditional Cash Transfer Programme*

In 2016, a total of 3,437 households were on the BOOST Program with an annual GOB investment of \$5.2 million dollars. In 2016, GOB implemented the BOOST+, a two-year family program, providing direct economic, social, and psychosocial support for 400 selected BOOST households on Belize City's south side. The BOOST+ Program continues to target indigent families.

The BOOST+ Program has two program modules: (1) Family Program and (2) Job Readiness Course. The first identifies strengths and needs, resources (persons, family, and community), links families to resources/programs, builds knowledge and life skills and helps to work towards dreams and goals. The Job Readiness Course aims to improve their readiness for work, also identifying training and options for self-employment. In 2017, benefiting this program were 953 persons.<sup>43</sup>

The Food Pantry, administered with GOB funding, continues providing basic food baskets at a subsidized cost to poor families in Belize. The food basket comprises basic staples, vegetables, and fruits. At the end of 2017, there were 3,679 households benefiting from this program.<sup>44</sup>

The Banana Accompanying Measures (BAM) and the Accompanying Measures for Sugar (AMS) were also both implemented to support social and economic development towards poverty reduction. BAM focused on the Stann Creek and northern Toledo districts, and the AMS project focused on northern Belize.<sup>45</sup>

The MOH provides non-discriminatory health services based on the principles of universal health access and coverage. The National Health Insurance (NHI) expanded in 2014 to include four out of six districts. It focuses on primary health care services, and the population living in remote villages and the elderly are receiving more tailored services. Regular mobile services have increased services. There is no distinction in providing services. For example, seasonal migrant workers in the banana belt vis-à-vis those permanent in the community. NHI has significantly improved health care quality and outcomes, reducing barriers to primary health care in the rural and poorer population, and a reduction in maternal mortality.<sup>46</sup>

<sup>43</sup> Universal Periodic Report pg. 9 pp 36-37

<sup>44</sup> Ibid pg 9 pp 38

<sup>45</sup> Ibid pg 9 pp 39

<sup>46</sup> Ibid pg 9 pp 40-41

Given that food security and development align, Belize developed its 2015-2030 National Agriculture and Food Policy of Belize (NAFP). Among the five Pillars identified is Pillar Three that focuses on ensuring Belize's food security (e.g. increasing productivity and decreasing food imports by substituting with local products), and providing income-generating opportunities for rural people including women and youth.<sup>47</sup>

Other GOB initiatives include high school subsidies, payment for students' CXC exams, funding of the Second Chance Opportunities, tuition assistance, and scholarships.

Resource constraint is one of the GOB's primary challenges in expanding BOOST.

### **Education, Leisure and Cultural Activities**

#### **Convention on the Rights of the Child**

**Article 28:** The right to primary education that is free and compulsory;

**Article 29:** Education should develop the child's personality, talents and abilities and prepare the child for active adult life;

**Article 30:** Right of indigenous children to enjoy their own culture, to profess and practise their own religion, or to use their own language.

**Article 31:** The right to rest, leisure and cultural and artistic activities.

#### **Education, including vocational training and guidance:**

#### **Recommendation in paragraph 62 (a) of the Committee's last concluding observation (CRC/C/15/Add.252)**

**The Committee recommends that the State party allocate adequate financial, technical and human resources in order to:**

- (a) Urgently take all necessary measures to further reduce the country's illiteracy rates;**
- (b) Progressively ensure that all children countrywide, without any distinction as to gender or ethnic origin, have equal access to compulsory and free quality primary education, without any financial obstacles;**
- (c) Conduct a study to assess the causes, nature and extent of school dropouts and to strengthen its efforts to adopt and implement effective measures to prevent and reduce school dropout rates;**
- (d) Pay special attention to the needs of children belonging to vulnerable groups, including girls; and children who are migrant, working, living in poverty, deprived of their liberty, belonging to minorities, and indigenous children at all levels;**

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<sup>47</sup> Ibid pg 9 pp 42

- (e) **Address the educational needs of pregnant students and teenage mothers in schools and to introduce a national policy on equal treatment at all levels;**
- (f) **Provide schoolchildren with adequate psychological counselling services;**
- (g) **Improve the quality of education throughout the country to ensure conformity with the aims set out in CRC's article 29, accounting for the Committee's general comment No. 1 (2001) on the aims of education;**
- (h) **Provide appropriate training to teachers at all levels of education;**
- (i) **Seek assistance from the United Nations Educational, Scientific and Cultural Organization, UNICEF and other relevant agencies engaged in education.**

The GOB, through the MOE, has taken measures to improve Belize's education quality. In 2012, GOB approved the IDB-funded Educational Quality Improvement Program (EQIP) to support the National Education Strategy regarding its governance and teacher quality. The program sought to train approximately 80% of Teacher Education Institutes (TEI) pre-service instructors, 50% of in-service teachers at the primary level, and 50% of primary school principals. It also sought to develop and implement an Education Management Information System (EMIS) for the primary and secondary levels and to improve the profile of teacher candidates.<sup>48</sup>

Data for 2017 indicate an increase in the percentage of trained teachers at the pre, primary, and secondary school levels of 14.9%, 18.6%, and 28.4% respectively since 2013. A full 75% of primary school teachers have undergone professional training, and some 30 teachers will receive a master's in Early Childhood Development and Education. EQIP includes ongoing onsite practical professional development programmes in 129 primary schools for to improve delivery of English, Math, and Science, as well as a Belize Teacher Professional Exam, teacher education institutional strengthening, and an online Education Management Information System.

In 2016, the MOE established new teacher licensing teachers to increase the number of trained teachers. The Education Amendment Rules Statutory Instrument #87 of 2012 amended the Education Rules of 2000 to provide for the functions of the Belize Teaching Service Commission, to enforce Ministry entry standards, to assure the quality and status of the Belize Teaching Service and the quality and delivery of education, and to enforce all-level administrative regulations. Now, all teachers must obtain a full license. This means they are trained or have a provisional license that allows a period of five years to be trained.

<b>Indicators</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
<b>% age trained teachers at preschool level</b>	30.2%	31.9%	39.0%	39.3%	46.8%
<b>% age trained teachers at primary school level</b>	63.3%	67.6%	72.9%	75.0%	79.2%

<sup>48</sup> Universal Periodic Report pg pp

<b>% age trained teachers at secondary school level</b>	38.8%	39.6%	44.1%	50.3%	58.0%
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An inspectorate of schools was established with a standard framework based on the Quality Child Friendly Schools Philosophy and Program. Inspectorate teams were trained and contracted. Reports are shared with stakeholders and summaries are available on MOE’s website. Additionally, District Education Offices engage in participatory community support.

In 2016, Cabinet endorsed the Early Childhood Development (ECD) Core Commitments, for example, Belize’s ECD Policy Commitments. In tandem with the ECD Core Commitments, the ECD CEO Caucus has prioritized first strengthening existing programs and service delivery within the MOE, MOH, and MHDSTPA. A subsequent focus is on expansion. An Early Childhood Development Technical Working Group spearheaded the development of the revised 2017-2021 National ECD Strategic Plan, Care for Child Development. It is underpinned by a 2010 ECD situation analysis and a 2014-2015 ECD Programme Mapping.<sup>49</sup>

A key component of the ECD programme is the evolution to an Individual Child Tracking System, ready for roll out to facilitate information sharing between sectors and ministries and between data systems.

The ECD strategy incorporates several successful GOB interventions. One such is the Roving Caregivers Programme (RCP), a non-formal early childhood intervention through three years of age. The implementing officers, called Rovers, work in their home communities, making regular home visits, sharing information, and engaging children in stimulating activities. Rovers support children’s cognitive, emotional, social, and physical development.

2008 saw the program’s launch in four Toledo villages: San Miguel, San Jose, San Marcus, and Laguna. Fully GOB funded since 2015, it has since expanded to additional Toledo villages in Toledo and to Belize City’s southside, with the latest being the addition of five Rovers in Belize City. Funding is by the Social Investment Fund (SIF), and 353 families have been served: in southside Belize City, 209, and 144 in seven Toledo villages.

Over the past decade, the MOE has been steadily increasing preschool access. In 2006/2007 there were 152 preschools countrywide, and enrolment was 4,983 students. In 2017/2018 a total of 233 preschools had total enrolment of 7,349. EQIP has slated constructing an additional 22 preschools.

The Education Act provides for free and compulsory primary up to age 14. The MOE and stakeholders are assessing the implications of increasing this age to 16, towards increasing the primary to secondary schools’ transition rate, currently 83.9%.

The MOE also provides free textbooks to all children in primary school.

In 2018, the MOE conducted a national literacy screening for all Standard One students nationwide. Literacy intervention toolkits and CPD training were provided, with the data used towards strengthening literacy. Two other projects work with the Standard One level: One partners with the Peace Corps, providing coaching to teachers from nine schools in all districts

<sup>49</sup> Early Childhood Development National Strategic Plan 2017-2021 pg. 1 pp 2

except Belize, while another targets classrooms determined to be the worst performing based on the Belize Junior Achievement Test (BJAT) and Primary School Exam (PSE) results. For sustenance, the MOE now provides all lower division classrooms with reading books and plan.<sup>50</sup>

The MOE will finalize a Draft National Literacy Strategy for Children from Birth to the End of Primary School in 2019. It outlines 12 key strategies including: English as a Second Language (ESL) policies in all schools, screening and diagnostic testing for all students, appropriate interventions, a national early childhood and literacy intervention resource centre, and technology use.

In 2016, supported by UNICEF, the MOE conducted an Out of School Study utilizing UNICEF and the UNESCO Institute for Statistics (UIS) global Out-of-School Children Initiative's (OOSCI) framework, focusing on five exclusion dimensions: pre-primary school age who are not in pre-primary or primary school (2) primary school age who are not in primary or secondary school (3) lower secondary school age who are not in primary or secondary school (4) in-school primary but at risk of dropping out, and (5) lower secondary school but are at risk of dropping out.

The study found several factors associated with lack of school completion, including poverty, disability, late entry, inadequate preparation for primary, and living in rural areas. Five distinct profiles were developed as indicated below:

#### *Profiles of Excluded Children*

##### Profile 1: Poor, Rural children 4 years old who are not in school

Poor, rural children 4 years (in school year 2014), and not in school comprise 46.53% of Dimension 1, equivalent to 693 children in this profile. These children were from the poorest wealth quintile. Over half were males (51.06%), and were mainly from 2 districts: Cayo (21.28%) and Toledo (38.3%). The ethnicity of the head of household was reported mainly as Mestizo (40.43%) and Maya (34.04%). Based on the MICS5, 25.3% had disabilities<sup>51</sup>.

##### Profile 2: Poor, Rural children 5 to 10 years old who have never attended school

Poor, rural children 5 to 10 years old, who have never attended school, comprise 28.97% of Dimension 2, equivalent to 632 children in this profile. All these children were from rural areas, from the 2 poorest wealth quintiles, and had never attended school. Most were 5 years old (70.97%), and most were females (58.06%). Children were mainly from 2 districts: Orange Walk (38.71%) and Toledo (29.03%). The ethnicity of the head of household for the children in this profile was reported mainly as Mennonite (41.94%), Maya (29.03%), and Mestizo (25.81%). Based on the MICS5, 36.4% had at least one disability.

##### Profile 3: Out of school children 11 to 14 years who completed grade 8 of lower secondary

In 2015, 9.48% of children of lower secondary school age were out of school (OOSC), equivalent to 3901 persons. Of these, 2278 completed grade 8 but did not continue in lower secondary. OOSC of lower secondary school age who completed grade 8 comprise 58.38% of

<sup>50</sup> Universal Periodic Report pg pp

<sup>51</sup> Questions about disabilities and child labour were not included in the MICS5 survey.

Dimension 3. Children were mostly 14 years old (67.02%), over half (54.26%) were females. Most were from rural areas (84.04%) and from the 2 poorest wealth quintiles (69.15%). Children were mostly from Corozal (25.53%), Orange Walk (28.72%), and Cayo (21.28%). The ethnicity of the head of household for over half was Mestizo (53.19%).

Profile 4: Children attending primary school who are repeating the current grade of primary education

Children repeating the current grade of primary education comprised 5.14% of all children attending primary education in 2015, equivalent to 2672 persons in this profile. Of these children, 66.4% were 1-year overage or at medium dropout risk, and 33.6% were 2 or more years overage or at high dropout risk. Most were males (59.06%) and from rural areas (69.13%). Children were mostly from the 2 poorest wealth quintiles (60.40%) and mostly from Stann Creek (26.17%), Belize (18.12%), and Cayo (16.78%). The ethnicity of the household head for over half was Mestizo (51.68%).

Profile 5: Children in grades 9 and 10 of lower secondary who are 2 or more years overage for the grade attended

Children attending grades 9 and 10 of lower secondary who were 2 or more years overage comprised 21.88% of all children in grades 9 and 10 of lower secondary, equivalent to 2737 persons in this profile. By classification, all these children are at high dropout risk (2 or more years overage). Notably, 20.95% were repeating the current grade. Most were 15 or 16 years (71.43%), and most were males (61.69%). Over half were from rural areas (51.30%). Nearly half were from 2 districts: Belize (27.92%) and Toledo (20.13%). The ethnicity of the household head for most of these children was Mestizo (41.56%) and Creole (24.68%).

*Source: Out of School Study, 2016*

The study's identified barriers include restricted age range for compulsory education; affordability; insufficient MOE and School Staff (Truancy, Children with Disabilities, School Counsellors); increased MOE Oversight, low learning outcomes with limited remedial and alternative options, insufficient classroom supply from preschool through secondary, unsupportive parental/social norms and values, and insufficient follow-up of students who drop out.

The MOE is reviewing the recommendations to address identified barriers. One programme is the Early Warning System using the Belize Management Information System (BMIS) to track absences and trends in truancy. Although the BMIS is in place, many schools are not entering the required attendance data that will allow the MOE to effectively monitor and intervene. Consequently, the MOE is reviewing its education regulations to mandate information uploading.

The GOB has been steadily increasing the number of educational facilities at all levels to safeguard the right to education of vulnerable children, including girls, migrant and working children, children living in poverty, deprived of liberty, belonging to minorities, and indigenous children. Adherence to the Education Act is also ensuring that no child is denied a right to an education.

In 2009, the MOE established the Corazon Creek Technical High School in Toledo, catering to students from Toledo's very remote areas. It particularly provides access to girls who

previously travelled long distances to the urban centre or who were non-participatory in secondary education.

Additionally, the MOE introduced a per-student High School Subsidy Grant, levelling the playing field of secondary education financing. It includes an additional compensation for students with academic or socioeconomic needs. All students from Toledo and Stann Creek (the districts with the highest poverty incidence) automatically qualify. In 2018, the Ministry of Education, Youth, Sports and Culture (MoEYSC) announced the expansion of the automatic subsidy grant program to Corozal and rural hardship areas countrywide in hopes of minimizing rural and urban disparities.<sup>52</sup>

Regarding pregnant students and teenage mothers' participation in education, the MOE currently has no formal policy, with variations across educational institutions. The Ministry is working with the Belize Association of Principals of Secondary Schools to draft a national policy, anticipated before the end of 2019.

Regarding psychological counselling support, the GOB has been steadily increasing the number of school counsellors. However, it has identified a need to train and retain additional counsellors to address students' growing mental health needs.

Secondary schools have an adequate number of counsellors (at least one). However, at the primary level, several are served by one counsellor who rotates among designated schools. The NaRCIE also has a Counselling and Care Unit with four counsellors.

#### **Leisure, recreation, and cultural activities**

#### **Recommendation in paragraph 64 of the Committee's last concluding observation (CRC/C/15/Add.252)**

**Considering the recommendations adopted by the Committee at its general discussion on "Implementing child rights in early childhood" (See CRC/C/143, paras. 532-563), the Committee recommends that the State party increase its efforts to promote and protect the right of the child to rest, leisure, cultural, and recreational activities. It requests the adequate information on the implementation of Convention article 31 in the next State periodic report.**

In 2016, the GOB, through the National Sports Council, developed the National Sports Policy 2016-2015, outlining actions to develop recreation and sports for all population sectors. Under the National Sports Council, activities are organized for all primary and secondary school children and adolescents annually featuring the major disciplines: basketball, football, softball, and volleyball.

Additionally, physical education is on the primary school timetable, and a physical education curriculum was developed. One major challenge is limited access to sports and recreation, facilities, particularly urban. In 2017, through the Youth and Community Transformation Project, the Wilton-Cumberbatch Field in the Yarrowborough area of the Port Loyola Community was rehabilitated. The GOB also invested in constructing a modern Sporting Complex in Dangriga, Punta Gorda, and Belize City.

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<sup>52</sup> Universal Periodic Report pg 12, pp 58

The Rotary Club of Belize has also been engaged in constructing primary school-attached playgrounds countrywide.

Regarding culture and creative expression, the Institute of Creative Arts (ICA) since inception has been implementing its annual flagship National Festival of Arts and Expressive Arts Education Programme. It is a platform for free expression, creativity, preservation of culture and cultural identity for preschool to secondary school children.

Under this Programme, ICA has supported the revision of this relevant curriculum in primary schools and provides professional teacher development.

### **Special protection measures**

#### **Economic exploitation**

#### **Convention on the Rights of the Child:**

Article 22: State Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

**Article 30:** Children of minority communities and indigenous population have the right to enjoy their own culture and practice their own religion;

**Article 32:** The right to be protected from labour that threatens health, education or development;

**Article 33:** The right to be protected from use, production and distribution of drugs;

**Article 34:** Children must be protected from sexual exploitation, from prostitution and involvement in pornography;

**Article 35:** To prevent the sale, trafficking and abduction of children;

**Article 36:** Other forms of exploitation;

**Article 37 b-d:** Protection from torture and unlawful deprivation of liberty;

**Article 39:** The recovery of children who are victims of war, neglect and abuse;

**Article 40:** The protection of children in conflict with the law

#### **Recommendation in paragraph 66 of the Committee's last concluding observation (CRC/C/15/Add.252)**

**Considering ILO Conventions No. 138 concerning Minimum Age for Admission to Employment and No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and the relevant provisions of the Convention on the Rights of the Child, the Committee recommends that the State party (a) ensure the full implementation of the child labour provisions, including that of non-formal education and training towards developing children to their full potential; (b) take all necessary measures to prevent child labour, including in rural areas, inter alia, by extending the ILO-funded project to those parts of the country, as well as to urban areas; and (c) improve the country's monitoring of child labour. The Committee encourages strengthening cooperation with ILO and its International Programme on the Elimination of Child Labour (IPEC).**

The laws of Belize established its minimum working age as 14 years. The Belize Labour Act allows for children between 12 to 14 years to be in “light work” for a specified number of hours if their development is not adversely affected. The Ministry of Labour is responsible for the prevention of child labour. The GOB reactivated the National Child and Labour Committee (NCLC) which in turn has rolled out certain preventative measures.<sup>53</sup>

Belize is implementing a four-year project 2018-2021 Level Engagement and Assistance to Reduce Child Labour II (CLEAR II), funded by the United States Department of Labour (USDOL). The CLEAR II Project, in collaboration with 13 ministries and the Labour Department, is working to implement the National Child Labour Policy and to review existing laws, including for child labour’s worse forms, to ensure that Belize adheres to international protocols.

The NCLC is also drafting the National Action Plan to reduce child labour, expected for completion at year’s end. The Clear II Project assists with analysing current legislation for effective monitoring and enforcement. Under the project’s capacity building component, a Belize-specific curriculum on child labour inspection was developed. In 2018, labour inspectors joined representatives from other applicable bodies in training.

During the period 2017 and 2018, under the EU-supported AMS research project, Child Labour and Youth Well Being in Sugar Producing Communities, was implemented by the Ministry of Economic Development and Sugar industry stakeholders, implemented in sixteen sugar producing communities in Corozal and Orange Walk. The project used a participatory approach in identifying, reporting appropriately, and remediating and preventing children found in child labour.

The project identified threats to children’s safety and well-being and recommended redress through a Youth Inclusive Community Based Monitoring and Remediation (YICBMR) methodology developed by Fairtrade International. It also identified risk factors for child labour and identified involved children through a household survey and a Youth in Agriculture Survey.

Findings led to a draft hazardous list for child labour in the sugar industry and a corrective plan of action.

### **Sexual exploitation, child pornography and trafficking**

#### **Recommendation in paragraph 69 (a-g) of the Committee’s last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party continue and strengthen its efforts to:

- (a) **Conduct a comprehensive study to assess the causes, nature, and extent of trafficking and commercial sexual exploitation of children;**
- (b) **Take all necessary measures to effectively prevent, and protect all children from, trafficking, sexual exploitation and child pornography, including implementing the Trafficking in Persons (Prohibition) Act, and to provide the recently established Task Force with adequate resources;**

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<sup>53</sup> Universal Periodic Report pg. 14 pp 78-79

- (c) **Develop adequate systems of prevention and early detection and investigation sexual exploitation cases, ensuring prosecution for perpetrators;**
- (d) **Provide adequate programmes of assistance and reintegration for sexually exploited and/or trafficked children in accordance with the Declaration and Agenda for Action and the Global Commitment adopted at the 1996 and 2001 World Congresses against Commercial Sexual Exploitation of Children;**
- (e) **Critically review its sex offence legislation to ensure equal legal protection from sexual assault and abuse for girls and boys;**
- (f) **Pay particular attention to “sugar daddies” and risk factors like growing regional tourism, collaborating in preventive measures;**
- (g) **Introduce awareness-raising campaigns for stakeholders to prevent trafficking, sexual exploitation and pornography involving children, and to strengthen NGO cooperation.**

Between 2006 and 2009, the GOB partnered with ILO to implement the ILO’s and IPEC’s Sub-Regional Project on Commercial Sexual Exploitation of Children (CSEC) “Contribution to the prevention and elimination of commercial sexual exploitation in Central America, Panama and Dominican Republic”. Under the project, a Situation Analysis of CSEC was conducted, identifying poverty as a leading cause. Recommendations for legislation and programme interventions were made.

The project was three-dimensional: strengthen the capacity of institutions, build a care model for victims or those at risk and their families, and strengthen relevant agencies commercial sexual exploitation laws.

In 2008, Belize developed a protocol for the care of child and adolescent victims of CSEC. It addressed the need for coordination in support of CSEC victims realizing their full potential.

The YES provided education, support services, and referrals for 109 children and adolescent under eighteen years. These activities were mainstreamed into DHS core activities at project conclusion.

In 2010, the Office of the Special Envoy hosted a National Symposium on the Commercial Sexual Exploitation of Children (CSEC) themed “Preserving Innocence and Dignity.” It provided a CSEC awareness-raising platform towards making recommendations for multi-level redress, followed by the Office of the Special Envoy implementing a national campaign “My Body is Precious.”

The YES implemented a mass media and educational campaign “My Body is Not for Sale” that reached over 100,000 persons countrywide.

In 2013, the GOB passed The Trafficking in Persons Prohibition Act-2013 (TIPPA) which prohibits all forms of trafficking and increased the punishment: up to 12 years’ imprisonment if the victim is a child, and up to 25 years’ imprisonment if sexual assault or other aggravating circumstances are involved. The law also elevated summary trafficking offenses from lower courts to indictable Supreme Court level and increased the penalties.<sup>54</sup>

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<sup>54</sup> Universal Periodic Report, pg.8 pp. 30

In 2012, the Commercial Sexual Exploitation of Children Prohibition Bill that prohibits and punishes acts of child commercial sexual exploitation was enacted. It also effectuates and implements the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and child pornography.

In 2013, the Criminal Code (Amendment 2) Bill amended the Criminal Code to ensure equal legal protection from sexual assault and abuse for girls and boys.

Section 5 of the TIPPA elevated the existing committee's status to that of a Council. The Anti-trafficking in Persons (ATIPs) coordinates a cross section of government ministries to increase prevention and protection; use public education and awareness to increase investigation and successful prosecution, reducing factors that fosters trafficking; and increase data-driven knowledge. The ATIPs Council produces and implements an annual action plan prioritizing operations and prosecutions, public sensitization, victim care, and training, also strengthening partnerships and gathering statistics.<sup>55</sup>

In 2017, ATIP's Council and the Belize Police Department (BPD) conducted a series of capacity-building trainings for the BPD's Domestic Violence Unit (DVU) and Criminal Investigative Branch. The Council also partnered with NGOs and international organizations to train stakeholders on human trafficking, victim identification, and reporting, with extensive training for immigration, customs and labour officers, and social workers, prosecutors, and judges. Public education (billboards public service announcements) and community information sessions are ongoing.<sup>56</sup>

To increase efficacy in resolving TIPs crimes, the BPD created a dedicated TIPS Unit in 2018. The Office of the Director of Public Prosecution (DPP) has the mandate to prosecute the alleged traffickers. Given the serious nature of TIPs crime, many such cases are prosecuted directly by the DPP.<sup>57</sup>

The MOH continues to provide shelter and other basic needs, as well as physical and mental health services to trafficking victims for the duration of the criminal proceedings, customizing rehabilitation and/or re-integration. Given Belize's small geographic and population size, individualized safety assessment determines placement options. While the GOB operates its own shelter for trafficking victims and their families, it also signed an MOU with an NGO to provide further shelter services. Both foreign and domestic victims can access the same services. Foreign victims additionally are assured regularization of immigration status. Victims who have obtained temporary residency in Belize receive special consideration in applications for permanent residency.<sup>58</sup>

## **Juvenile justice**

### **Recommendation in paragraph 71 (a-f) of the Committee's last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party establish a juvenile justice system that fully legislatively integrates the Convention, in particular articles 37, 39 and 40, and other relevant

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<sup>55</sup> Ibid pg. 8 pp 31

<sup>56</sup> Universal Periodic Report pg. pp 32

<sup>57</sup> Ibid pg. 8 pp 33

<sup>58</sup> Ibid pg. 9 pp 34

international standards in this area, such as those of the United Nations: Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), and Rules for the Protection of Juveniles Deprived of Their Liberty, as well as the Vienna Guidelines for Action on Children in the Criminal Justice System (Day of General Discussion on the Administration of Juvenile Justice, held by the Committee in 1995). In this regard, the State party is recommended to:

- (a) Establish staff-trained juvenile courts districtwide;**
- (b) Raise the minimum age of criminal responsibility to international standard;**
- (c) Regarding life imprisonment of children without parole provision, urgently review for Convention conformation its domestic legislation, particularly the provisions of the Indictable Procedures Act (chapter 96 of the Laws of Belize) and the Court of Appeal Act (chapter 90 of the Laws of Belize);**
- (d) Ensure that detained persons under the age of 18, including in pretrial detention, are always separated from adults, and that liberty deprivation is only as a last resort measure, for the shortest period of time and in appropriate conditions;**
- (e) In cases where deprivation of liberty is unavoidable and used as a last resort, improve arrest procedure and detention conditions, establishing special units within the police for juvenile case management;**
- (f) To seek technical assistance from, among others, OHCHR, the United Nations Office on Drugs and Crime, and UNICEF.**

The Juvenile Justice System comprises key institutions responsible for protecting the rights of children and youths. The Community Rehabilitation Department (CRD) under the MOH is the central agency in System tasked with the responsibility for the prevention, rehabilitation, and diversion programs. The Department oversees the Belize Community Counselling Centre (BCCC) that provides quality services for at-risk youths. CRD also oversees the New Beginnings Youth Development Center (formerly Princess Royal Youth Hostel), a specialized residential care facility for children in conflict with the law.<sup>59</sup>

While there are no established juvenile courts in Belize, all magistrates are convertible to juvenile courts. CRD Social Workers are present at arraignment supporting the young person and family to prevent rights' violation and that they understand the process. CRD Social workers also collaborate with the BPD to be present when minors are detained and family members are unavailable. The BPD has clear protocols separating detained minors from adults.

GOB is currently working on amendments for the Juvenile Offenders Act, Penal Reform Alternative Sentences Act, Certified Institutions Act, and Probation of Offenders Act to improve the protection of the rights of children and adolescents who come in conflict with the law. These amendments allow parents to be engaged in the process and be held accountable, making provisions for a preventative diversion program.

The Juvenile Offenders Act, Cap 119 of the Laws of Belize, R.E. 2003, establishes the basis for the treatment of such children and youths. It establishes the Juvenile Court and outlines the procedure for rulings. This Act is further supported by the Penal System Reform Act that includes setting out alternative sentences for juvenile offenders.

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<sup>59</sup> UPR pg. 15 pp 84

The Criminal Code of Belize as amended by Act No. 35 of 2005 provides that children cannot be held liable for their criminal acts until they are 12 and where they are found to have the appropriate amount of maturity to understand the nature and consequences of their conduct. Where a child is found to lack the required maturity, the age of criminal liability is extended to 14.<sup>60</sup> There now exists commitment to increase this age from 12 to 14 years.

The Prison Act stipulates the Kolbe Foundation's treatment of juvenile offenders. For example, Section 150 specifies that junior prisoners should be kept separated from all other prisoners. At the Belize Central Prison (BCP), juvenile offenders are on the same premises with other prisoners, but in a separate section separated by a chain link fence. Juveniles receive vocational training and behavioural modification training.

In 2018, the Caribbean Court of Justice ruled that all persons receiving life sentence for murder can receive parole, covering all age groups, and Belize's Cabinet approved legal amendments affecting juveniles. One main recommendation is weighting sentences differently for adults and minors.

A National Diversion Program (NDP) was launched in 2019 through partnership of the BPD, CRD, the Magistracy, and UNICEF. It seeks to prevent children from formal engagement in the criminal justice system while offering a range of psychosocial support and case management services to referrals.

Under the leadership of former Chief Justice Kenneth Benjamin, the Child Justice Committee was formed in 2019, with senior technical officers. The principal role of the committee is to support the implementation of child justice reform through the Child Justice Action Plan, 2020-2024. This comprehensive reform includes amending to enable measures for youth rehabilitation; providing for child needs in court facilities and processes while enhancing the protective and preventative roles of social workers. The expected outcomes are strengthening of the child protection aspects of the legal system in Belize, reduced impunity rates, enhanced alternative sentencing, rehabilitation and reintegration measures for children in conflict with the law, and improved psychosocial support systems for children in contact with the law.

### **Children belonging to minorities and indigenous peoples**

Regarding children belonging to minorities and indigenous peoples, such as Maya and Garifuna children, the Committee is concerned about the widespread poverty among them and the limited rights enjoyment particularly access to social and health services and education. It is generally difficult for girls belonging to minorities and indigenous peoples to be heard in society and that their right to participate and to be heard in proceedings affecting them is often limited.

### **Recommendation in paragraph 73 of the Committee's last concluding observation (CRC/C/15/Add.252)**

The Committee recommends that the State party strengthen its efforts to improve the equal enjoyment of all rights of children belonging to minorities and indigenous peoples, especially prioritizing poverty reduction effective measures to reduce poverty among them. The State

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<sup>60</sup> CCPR pg. 42 pp 243

party should also concretely promote respect for the views of children, especially girls, belonging to minorities and indigenous peoples and facilitate their all-inclusive participation.